

ASS. REC. BY: _____ REF: CS3/111 19012535/Gsf3-01 Social Instruction: _____

Agency: GQ ASSIGNMENT (Office)

From (Person): Stanley Leung of WT Date/Time: 30/11/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKD 30655 Insured: SHA 7534E

at Workshop in/ of: Platinum Works Tel: 8826 1413 Yu Sheng
of 53 Ubi Ave 1 #01-25

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ (Client's Record) D.O.A: 13/7/2019

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

Date/Time: 16/7 Person Contacted: Yu Sheng Vehicle IN OUT

Date/Time	Action/Instruction	Priority (X)
	SKD 30655	NA/INC19012498/24
	SHA 7534E	CC4/ASH19001535/101 pg 3
	Demandite: 18/7/2019	0634pm
	After repair: 23/7/2019	1215pm

\$ 2000, 3 Days.
(\$ 3,700/- red. 65%)

22/11/2020

250-131 = 119
119 + 11 = 130

RECEIVED 22 JAN 2020

Minimum

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: **SKD 3065 S**
 at Workshop no: **Platinum Werkz**
 of **53 Ubi Ave. #01-25**
 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.**
 Sal. or Market Value: **\$26k.**
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: **2** days Res: Yes or No
 Luhn Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

<input checked="" type="checkbox"/>	
N/S	O/S

Veh No: **SKD 3065 S** (i) Regn: **Nov / 10**
 Type: M / Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Volkswagen Scirocco 1.4**
 Colour: **white** ACC: Insured / Std / NI / NA
 Sp. Reading: **112710** TRadio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **WVW ZZZ 138 BV001582**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inoper / Jammed / Leaked / Burnt or _____
 Brake: Inoper / Jammed / Leaked / Burnt or _____
 Mod: Nil / S / Rim / STD A/Rim or _____
 Tyre Size: F: **225/40 ZR18**
 R: **11**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Achilles**
 Front _____ Rear _____
 R/Bal: **6** mm R/Bal: **6** mm
 L/Bal: **6** mm L/Bal: **6** mm
 D.O.A _____ D.O.I: **16-07-19**
 Survey held at **w/s** _____
 Des. of Damages: Fr / Rear / O/S / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	\$1000 - \$2000
	Cost: 16/12

Date/Time, File Path (i): : Prel. Report
 : Final Report
 Days Of Repair: _____
 Resurvey No. of Trip: **2**
 Audit Fee: Site Insp \$
 Interview \$
 Tech. Writ \$
 Wheel Reg \$
 Survey Fee: **120**
 Transportation: _____
 Other: **11**
 Total: **131**
 Report Format: **PRS**

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Saturday, 30 November 2019 4:26 PM
To: 'sur@lkkauto.com'; Admin-D (LKKAuto)
Cc: Mekavathanan Sarangapani; Pooi Chin Han Daniel
Subject: III REF: MCT19070356 | REQUEST PAPER SURVEY TP VEH SKD30655

Dear Sir/Mdm,

Please adjust cost of repair – S\$5.7K let us have your report urgently. LOD uploaded and rights granted to you in Merimen.

TP Veh No. : SKD30655



SKD30655 (SHA7534E) - Submitted by: LKK Auto Consultants Pte Ltd (HQ)

Thank you.

Warmest regards,

Stanley Lai

Motor & Work Injury Claims Department

India International Insurance Pte Ltd

64 Cecil Street, IOB Building, Level 5

Singapore 049711



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RESERVES

TPPD

M-T / PRESERVE
19070356 / 01/08

Merimem werke ✓
Licht - D.S.

TPPI

PRESERVE

UNINSURED LOSS

PRESERVE

SUBRO

PRESERVE

LPPN

INVESTIGATION FEE

SURVEY FEES

300

LEGAL FEES

OTHERS

FRAUD CHECK

UPLOAD TO MERIMEN

GRANT RIGHTS

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 2235
RECIPIENT ADDRESS 62922665
DESTINATION ID
ST. TIME 13/11 11:38
TIME USE 00'29
PAGES SENT 2
RESULT OK

FAXED
13 NOV 2019
MOTCLM DEPT

Our Ref. : RSS/1907-7367 (PW)(PD)
Your Ref. :

W : Natalie Ng
E : natalie_ng@rssolomon.com

5 November 2019

*Alentium
Wk2 AL*



R. S. SOLOMON LLC
ADVOCATES & SOLICITORS

INDIA INTERNATIONAL INSURANCE PTE LTD

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

PO BOX: 8172
WITHOUT PREJUDICE

Dear Sirs,

ACCIDENT INVOLVING SKD3065S & SHA7534E AT THE CAR PARK OF BLOCK 882 TAMPINES STREET 84 ON 13TH JULY 2019 AT ABOUT 1635 HRS

We act for Yeo Kai Jie ("our Client"), owner and the driver of vehicle registration no. SKD3065S, and refer to the above-captioned matter.

MCT119070356
Daniel

2. We are instructed that you are the insurers of vehicle registration no. SHA7534E at the material time. We are further instructed that the aforesaid accident was caused solely by your insured and/or insured driver's negligence in her/his driving, controlling and/or management of the said vehicle. As a result of the accident, our Client's vehicle was damaged and he has been put to loss and expense, particulars of which are as follows: -

(a) Cost of Repair	\$ 5,700.00
(b) Rental for an alternative vehicle for 10 days at \$120.00 per day	\$ 1,200.00
(c) Survey report fee	\$ 398.00
(d) GIA report & search fees	\$ 29.00
(e) LTA search fee	\$ 7.49
(f) Costs	\$ 600.00

8/11/2019

Our Ref. : RSS/1907-7367 (PW)(PD)
Your Ref. :

W : Natalie Ng
E : natalie_ng@rssolomon.com

5 November 2019

Platinum Werkz



R. S. SOLOMON LLC
ADVOCATES & SOLICITORS

By PDX: 8172
WITHOUT PREJUDICE

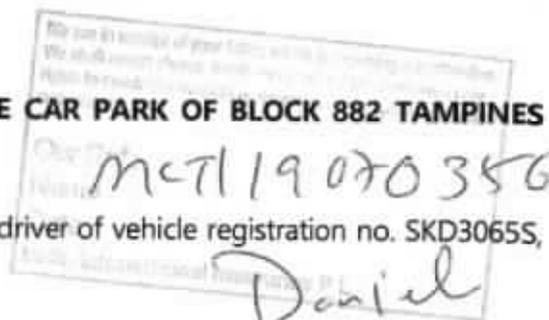
INDIA INTERNATIONAL INSURANCE PTE LTD

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

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ACCIDENT INVOLVING SKD3065S & SHA7534E AT THE CAR PARK OF BLOCK 882 TAMPINES STREET 84 ON 13TH JULY 2019 AT ABOUT 1635 HRS

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2. We are instructed that you are the insurers of vehicle registration no. SHA7534E at the material time. We are further instructed that the aforesaid accident was caused solely by your insured and/or insured driver's negligence in her/his driving, controlling and/or management of the said vehicle. As a result of the accident, our Client's vehicle was damaged and he has been put to loss and expense, particulars of which are as follows: -

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(b) Rental for an alternative vehicle for 10 days at \$120.00 per day	\$ 1,200.00
(c) Survey report fee	\$ 398.00
(d) GIA report & search fees	\$ 29.00
(e) LTA search fee	\$ 7.49
(f) Costs	\$ 600.00
(g) Transport, Xerox, postages & Other Incidentals	\$ 50.00
Total:	\$ 7,984.49

8/11/2019

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

- Final Repair Bill dated 24th July 2019 from Platinum Werkz Pte. Ltd.;
- Survey Report with Invoice No. TP/PLATINUM/2019-245 dated 22nd July 2019 from WG Appraisal Services;
- Invoice from Eazy Rentals Pte Ltd for vehicle rental fee;
- GIA Report lodged by our Client;
- GIA Report lodged by your insured driver with payment advice for search and report fees;
- LTA search result with payment advice; and
- 28 coloured photographs depicting damages to our Client's vehicle registration No. SKD3065S.

2

137

137

(54)

Our Ref. : RSS/1907-7367 (PW)(PD)
Your Ref. :

W : Natalie Ng
E : natalie_ng@rssolomon.com

5 November 2019



R. S. SOLOMON LLC
ADVOCATES & SOLICITORS

PAGE 2

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

Yours faithfully,

R. S. SOLOMON LLC
ADVOCATES & SOLICITORS

Encl,

Cc: **COMFORT TRANSPORTATION PTE LTD**
383 Sin Ming Drive
GAS Building
Singapore 575717

BY CERTIFICATE OF POSTING
WITHOUT PREJUDICE

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

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

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224
Email: Winsongkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

Our Ref: WG/TP/2019-245
Invoice No: TP/PLATINUM/2019-245 Date 22 July 2019
Vehicle No: SKD3065S
Attn: YEO KAI JIE
Company: PLATINUM WERKZ PTE LTD
Address: 53 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK,
SINGAPORE 408934

Invoice

Surveyor Fee:	S\$270
Re-inspection Fee:	S\$50
Transport:	S\$50
Photographs:	S\$28/- (@ \$1 per photo, total 28 photos)
Total:	S\$398

Surveyor:
Signature:
Date:

Winsongkk
22 July 2019



WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647.Singapore 542224
Email: Winsongkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

Our Ref: WG/TP/2019-245
Invoice No: TP/PLATINUM/2019-245 Date 22 July 2019
Vehicle No: SKD3065S
Attn: YEO KAI JIE
Company: PLATINUM WERKZ PTE LTD
Address: 53 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK.
SINGAPORE 408934

Invoice

Surveyor Fee:	S\$270
Re-inspection Fee:	S\$50
Transport:	S\$50
Photographs:	S\$28/- (@ \$1 per photo, total 28 photos)
Total:	S\$398

Surveyor:
Signature:
Date:

Winsongkkoh

22 July 2019



WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224
Email: winsangkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S : YEO KAI JIE
C/O PLATINUM WERKZ PTE LTD
53, UBI AVENUE 1, #01-25, PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

Date : 22 July 2019
Our Ref : WG/TP/2019-245

REFERENCE PARTICULARS

Date of Accident : 13 July 2019
Date of Inspection : 15 July 2019

Type of Inspection : Third Party Claim
Date of Re-Inspr: 18 July 2019

VEHICLE PARTICULARS

Registration No : SKD3065S
Make : VOLKSWAGEN
Model : SCIROCCO 1.4 TSI A
Year : 2010

Engine No : CAV204396
Chassis No : WVWZZZ13ZBV001582
Odometer : 112677km
Colour : White

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

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

	Make	Size
Front Near side	: Achilles	245/40R18
Front Off Side	: Achilles	245/40R18
Rear Near Side	: Achilles	245/40R18
Rear off Side	: Achilles	245/40R18

Thread Balance
5 mm
5 mm
5 mm
5 mm

GENERAL DESCRIPTION OF DAMAGES

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

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was **S\$5,700.00** nett at lump sum basis (Subject to GST if applicable)
Under normal circumstances, estimated period required for repairs : Five (05) working days.

Enclosed Twenty-eight (28) photographs depicting damage to the vehicle.

Inspection conducted at : PLATINUM WERKZ PTE LTD
53 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK. SINGAPORE 408934

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4271
Vehicle Details	
Vehicle No.:	SKD30655
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Jul 2019
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	SCIROCCO 1.4 TSI A
Primary Colour:	White
Manufacturing Year:	2010
Engine No.:	CAV204396
Chassis No.:	WVWZZZ13ZBV001582
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$22,768.00
Original Registration Date:	03 Nov 2010
First Registration Date:	03 Nov 2010
Transfer Count:	3
Actual ARF Paid:	\$22,768.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Nov 2020
PARF Rebate Amount:	\$12,522.00
Intended COE Rebate Details	
COE Expiry Date:	02 Nov 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$27,389.00
COE Rebate Amount:	\$3,490.00
Total Rebate Amount:	\$16,012.00

The information contained herein is correct as at 24 Jul 2019

OK

VEHICLE NO : SKD30655
 MODEL : 'SCIROCCO 1.4 TSI A

Our Ref : WG/TF/2019-245

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

SPARE PARTS	QTY	ASSESSED CONDITION	ORIGINAL	REVISED
	PC/SET		QUOTATION	QUOTATION
1 FRONT BUMPER	1	CRACKED	\$ 1,475.03	\$ 1,475.03
2 FRONT BUMPER RETAINER	2	NECESSARY	\$ 75.70	\$ 75.70
3 FRONT BUMPER TOW COVER	1	NOT NECESSARY	\$ 45.00	\$ -
4 FRONT LH HEADLAMP	1	CRACKED	\$ 1,631.57	\$ 1,631.57
5 FRONT LH FOG LAMP	1	CRACKED	\$ 225.34	\$ 225.34
6 FRONT LH FOG LAMP GARNISH	1	CRACKED	\$ 189.46	\$ 189.46
7 FRONT LH SIDE LAMP	1	CRACKED	\$ 138.31	\$ 138.31
			\$ 3,780.41	\$ 3,735.41
		Less 10%	\$ 378.04	\$ 373.54
			<u>\$ 3,402.37</u>	<u>\$ 3,361.87</u>
B) NETT ITEM				
8 FRONT LH SIDE SKIRT	1	CRACKED	\$ 2,500.00	\$ 2,200.00
9 FRONT BUMPER CLIP	1 SET	NECESSARY	\$ 30.00	\$ 20.00
			<u>\$ 2,530.00</u>	<u>\$ 2,220.00</u>
		Parts Total :	<u>\$ 5,932.37</u>	<u>\$ 5,581.87</u>
C) LABOUR CHARGES & MISC				
10 CHECK FRONT WIRING AND LIGHTNING SYSTEM			\$ 60.00	\$ 50.00
11 DIAGNOIS CHECK AND CLEAR FAULT CODE			\$ 400.00	\$ 300.00
12 PANEL BEATING ON AFFECTED AREAS			\$ 600.00	\$ 500.00
13 SPRAY PAINTING ON AFFECTED AREAS			\$ 700.00	\$ 600.00
14 APPLY ANTI RUST ON AFFECTED AREAS			\$ 120.00	\$ 120.00
		Labour Total :	<u>\$ 1,910.00</u>	<u>\$ 1,570.00</u>
		Total Parts and Labour :	<u>\$ 7,842.37</u>	<u>\$ 7,151.87</u>
FINAL LUMP SUM ADJUSTMENT				<u>\$ 5,700.00</u>

Impact
 SVC
 891.65
 99.15
 SVC

800

30
 X
 200
 400
 X

1216.14
 10% : 1094.53
 2544.53
 20% : 2000
 3 Days

POINT OF IMPACT

The impact was confined to the front 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 \$5,700.00 nett corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully
WG APPRAISAL SERVICES



Winson Goh
Automotive Appraiser



EAZY RENTALS
Your Best Car Rental Provider

EAZY RENTALS PTE LTD Company Registration No. 201723629E
Address: 10 Buroh Street West Connect Building #02-20 Singapore 627564
Tel: 64641245 Fax: 64640242 Email: accts.apexautomotive@gmail.com

PLATINUM WERKZ
53 UBI AVENUE 1 #01-25
PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

ATTN: ACCOUNT DEPARTMENT

(REPLACEMENT CAR FOR SKD3065S)

INVOICE

BMW 318I SGJ5775D

Dates	Amount (\$) \$120 / Day
15 JULY 2019 – 24 JULY 2019	10 DAYS
<u>Total Payable</u>	<u>\$1200</u>



Payment

- 1) Cheque should be crossed and made payable to Eazy Rentals Pte Ltd **OR**
- 2) Transfer to Ocbc - 712395052001 with a transfer proof

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	15/07/2019 12:14
Date Of Accident	13/07/2019 16:35
Exact Location Of Accident	BLK 882 TAMPINES ST 84 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD3065S
Insured/Policyholder	
Name Of Registered Owner	YEO KAI JIE
NRIC No	S9211427I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97972658
Alternative Phone No	OFFICE-97972658

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4 TSI A
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	5106322968
Cover Note Number	

Driver

Name of Driver	YEO KAI JIE
NRIC No	S9211427I
Date Of Birth	31/03/1992
Occupation	INDOOR
Date Of Driving Pass	06/01/2014
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97972658
Fax Number	
Contact Number	OFFICE-97972658



Address	BLK 882 TAMPINES STREET 84 #07-80
Postcode	521882
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

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

Circumstances of Accident

REFER TO STATEMENT.

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	SHA7534E
Vehicle Make/Model/Colour	HYUNDAI SONATA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAIMEI BIN RAHMAN
NRIC/Passport Number	S7328806A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. The form must be completed by the policyholder and/or the Ratched 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 liability.
4. The issue and acceptance of this form by insurance companies is not an admission of primary 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 the 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 storing of this report at the centre and to copies of the report being made available should it.
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) or additional 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) establishing my claims including the handling of any correspondence, statements, affidavits, reports or other documents which could involve disclosure of certain personal data about me to third parties about delivery of the same as well as in 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) My 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 also be disclosed by any of the Insurers and for disclosure to any third parties or agents (including third law enforcement agencies) which may be located outside 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 of claims and all future claims.
- (e) My Personal Information collected under this form may also be used:
 - (i) by 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 the policyholder)
Date & Time:

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

Accident Sketch Plan

171-100002

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/11/11 at 10:00 AM, I was driving on Highway 101, southbound, in the right lane. I was traveling at approximately 65 mph. I noticed a vehicle in the left lane that was changing lanes into the right lane. I attempted to brake and change lanes to the left, but the vehicle struck the rear of my vehicle. The vehicle was a dark-colored sedan. I was not injured. The vehicle was damaged. I stopped at the scene and called the police. The police arrived at the scene and investigated. They issued a citation to the driver of the vehicle that struck me. The driver was a male, approximately 30 years old, with a valid driver's license. The vehicle was a 2008 dark-colored sedan. The driver was traveling at approximately 65 mph. The driver was changing lanes into the right lane. I was traveling at approximately 65 mph. I was in the right lane. The vehicle struck the rear of my vehicle. The vehicle was damaged. I was not injured. The vehicle was a dark-colored sedan. I stopped at the scene and called the police. The police arrived at the scene and investigated. They issued a citation to the driver of the vehicle that struck me. The driver was a male, approximately 30 years old, with a valid driver's license. The vehicle was a 2008 dark-colored sedan. The driver was traveling at approximately 65 mph. The driver was changing lanes into the right lane.

DECLARATION

I declare the foregoing particulars to be true and correct.

Witness's Signature
Date & Time

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

Reporter's Signature
Date & Time

Accident Photo



Accident Photo



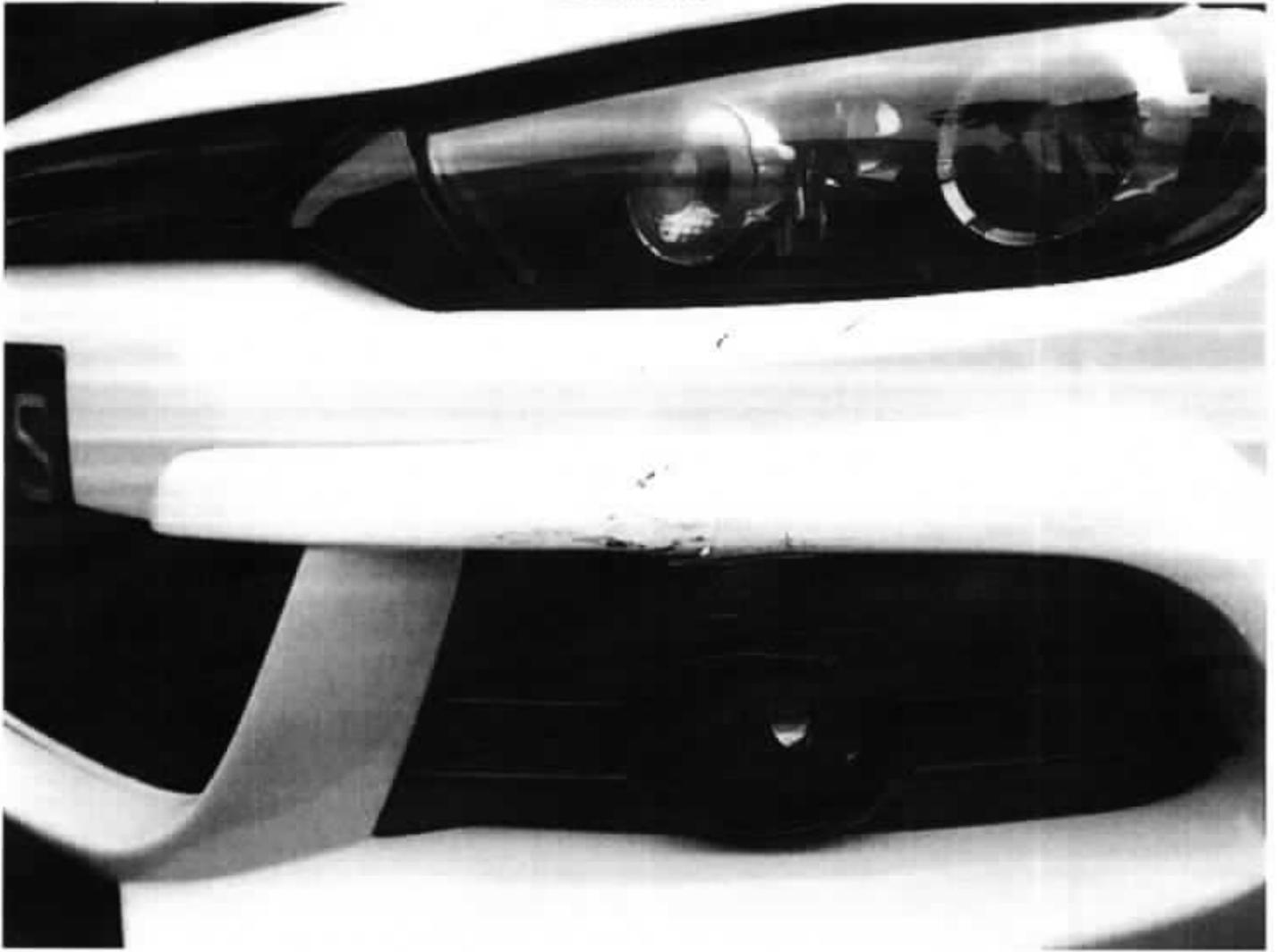
Accident Photo



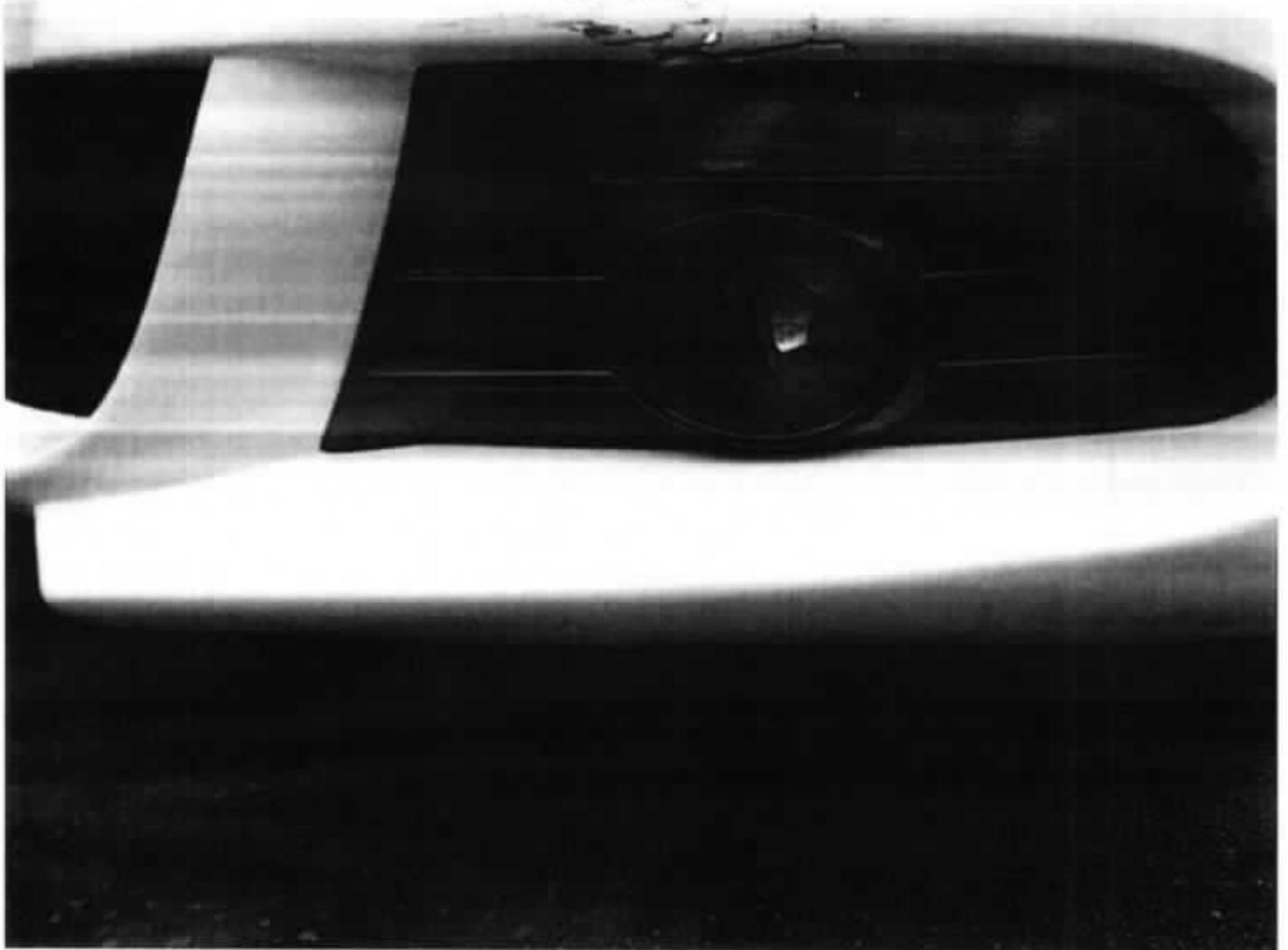
Accident Photo



Accident Photo



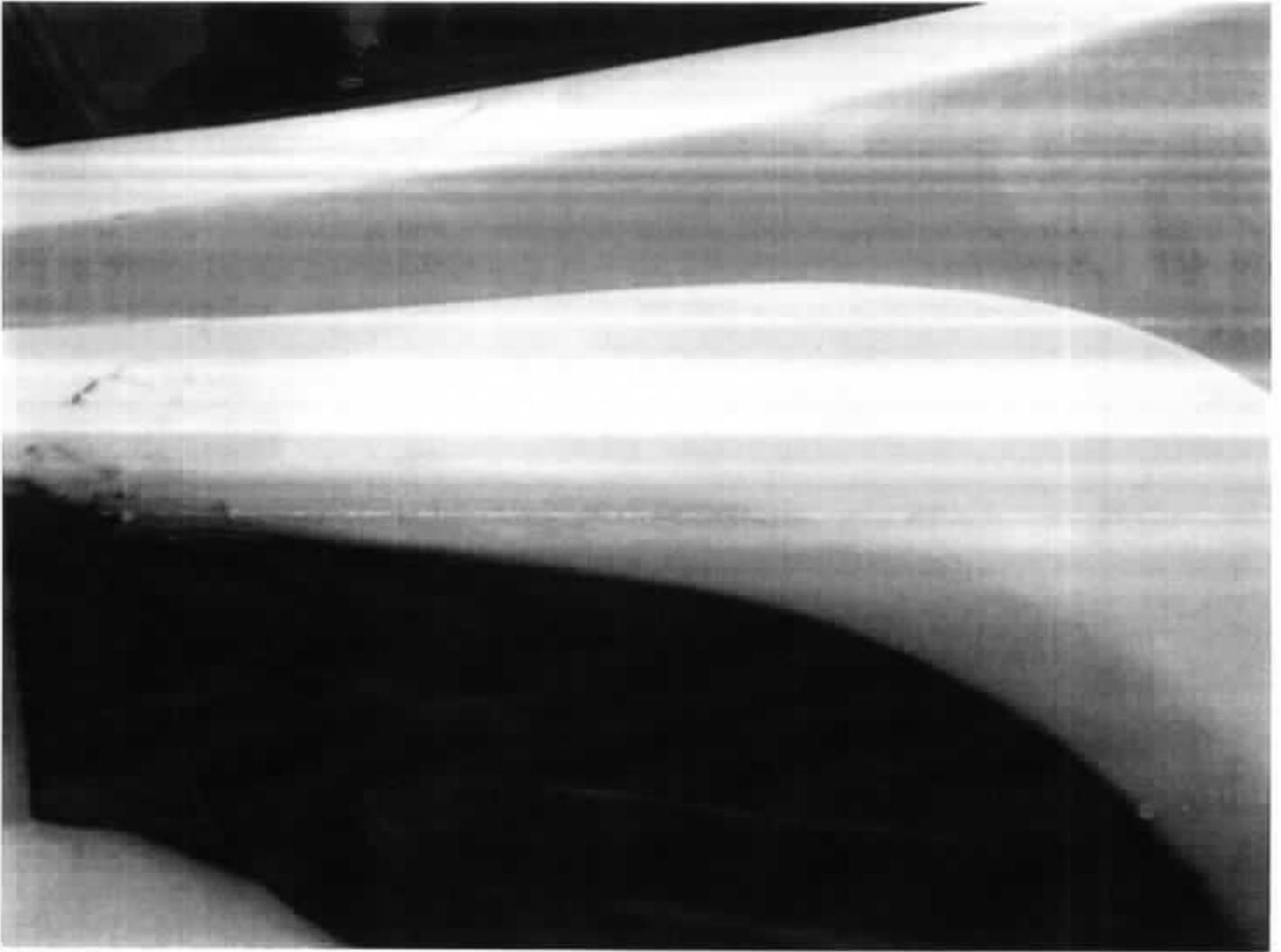
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



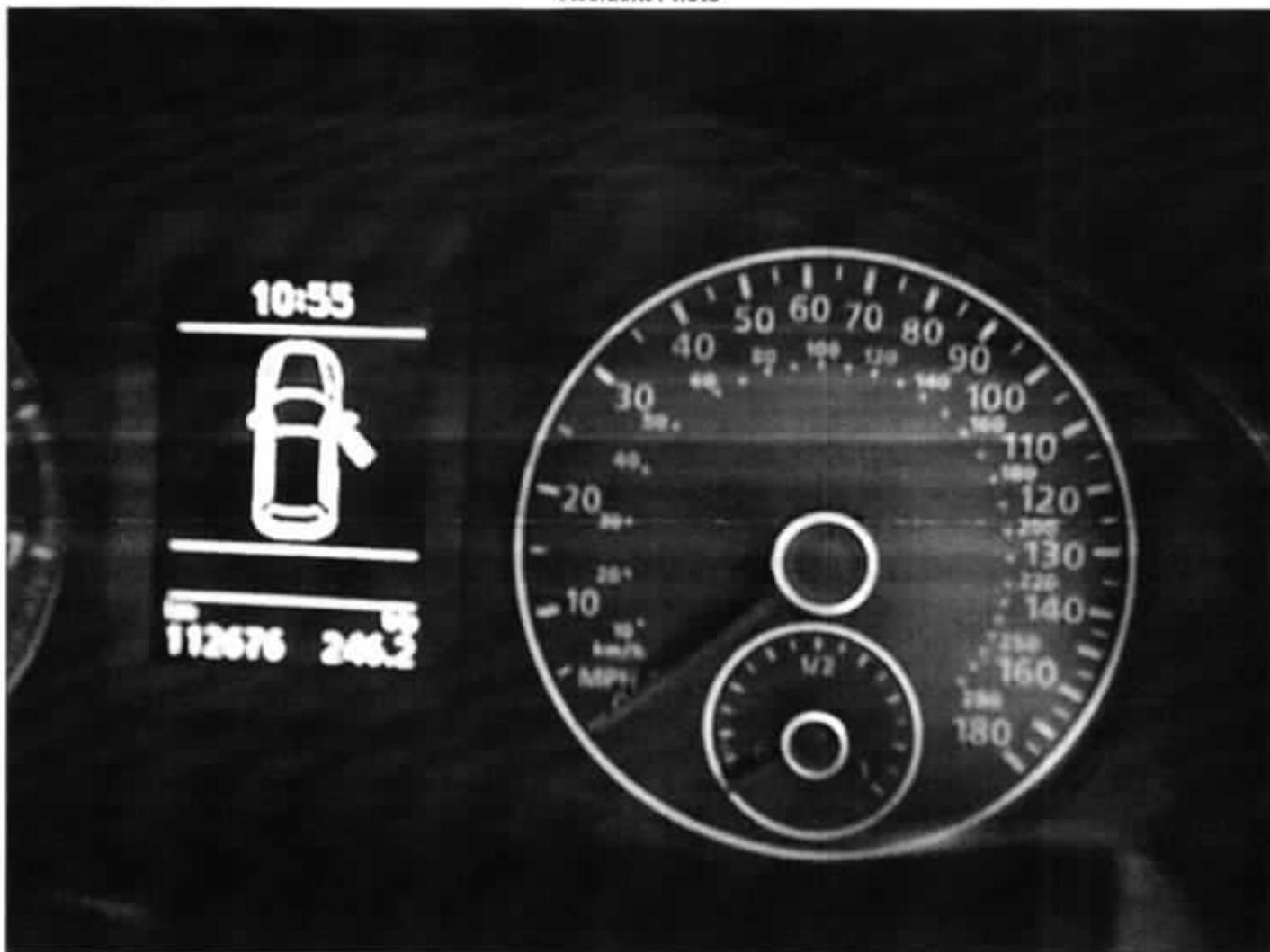
Accident Photo



Accident Photo



Accident Photo



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	15/07/2019 12:12
Date Of Accident	13/07/2019 16:25
Exact Location Of Accident	BLK 883 TAMPINES ST 84 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7534E
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	RAIMEI BIN RAHMAN
NRIC No	S7328806A
Address	BLK 138 PASIR RIS STREET 11 #02-203

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

Circumstances of Accident

REFER ATTACHED * TYPE OF ACCIDENT :- TAXI REVERSING

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES

Remarks/ Reasons:

-

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD3065S
Vehicle Make/Model/Colour	VOLKSWAGEN
Name of Driver	K J
Insurance Company Name	

Sketch Plan Pg. 1

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

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

Policyholder's Signature
Date & Time:



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

 15/7/19

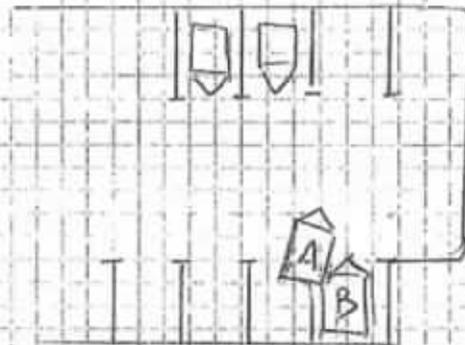
Reporting Centre Personnel's Signature
Name: **Loke Wei Yieng**
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

A: SMA 7534E

B: SKD3065S



Blk 883 Tampines 81 84

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/7/17 at about 16:25 hrs, when I reversing into lot at above said location my taxi accidentally hit onto the front left portion of Veh B parked down there. I left a note to the owner for private settle purpose, but he want pursue through insurance claim. No injury reported in this accident.

DECLARATION

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

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

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: **Loke Wei Yieng**
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



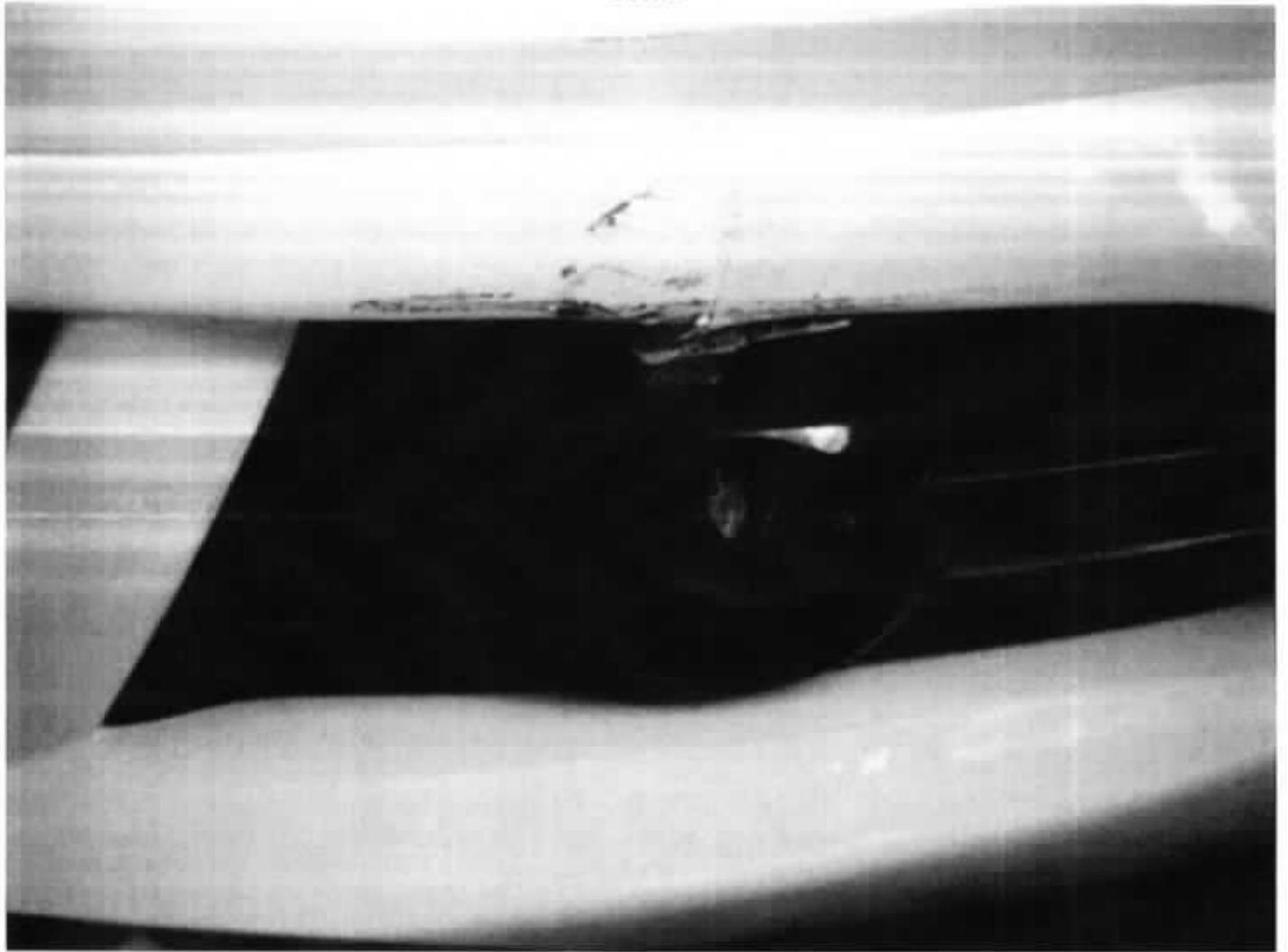
Accident Photo



SCENE



SCENE



SCENE



11/4/2019

Invoice



RECORDS MANAGEMENT CENTRE

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

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

TAX INVOICE

 Our Ref No: GR-19-181286
 Date of Request: 04/11/2019

Your Ref No: RSS/1907-7367(PW)(PD)

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

Dear Sir/Madam,

 Date of Accident: 13/07/2019
 Vehicle No: SKD3065S
 Place of Accident: BLK 882 TAMPINES ST 84 CARPARK
 Involving Vehicle No: SHA7534E

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\$)
SHA7534E	BLK 882 TAMPINES ST 84 CARPARK	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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

Thank You.

This is a computer generated document and requires no signature.

 For GIARMC Official use:

Date:

 GIRO Cash Cheque

11/4/2019

Invoice



RECORDS MANAGEMENT CENTRE

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

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

TAX INVOICE

Our Ref No: GR-19-181044
Date of Request: 04/11/2019

Your Ref No: RSS/1907-7367(PW)(PD)

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

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 13/07/2019
Place of Accident: CARPARK RI K RR? TAMPINES ST 84
Client Vehicle No: SKD3065S

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque

14/2019

Invoice



**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-19-181044

Date of Request: 04/11/2019

Your Ref No:

RSS/1907-7367(PW)(PD)

T.S. SOLOMON LLC
00 Beach Road
12-03/04 The Concourse
Singapore 199555

Dear Sir/Madam,

our Search Criteria:

Date of Accident: 13/07/2019

Place of Accident: CARPARK BLK 882 TAMPINES ST 84

Client Vehicle No: SKD3065S

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
SHA7534E	BLK 883 TAMPINES ST 84 OPEN SPACE CARPARK	13/07/2019 16:25

Thank You.

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

This is a computer generated document and requires no signature.

Enquire Vehicle & Owner Information (Vehicle No. SHA7534E As At 13 Jul 2019 / 16:35:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: RSS/1907-7367(PW)PD

Current Owner Details

Owner ID Type: Company
Owner ID: 199303821R
Owner Name: COMFORT TRANSPORTATION PTE LTD
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 383
Registered Street Name: SIN MING DRIVE
Registered Unit No.: -
Registered Building Name: GAS BUILDING
Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SHA7534E
Make Description/Model: HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR
Insurance Company Name: INDIA INT'L INS PTE LTD

MOTERING



TRIP

Saw Koh Yow has successfully logged out.
 Your last login date and time was 15 Jul 2019, 17:47:26.
 To return to ONE MOTOBINK, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

Asset ID	Asset Type	Asset Owner ID	Transaction Type	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	SH40734E	18.19 Enquire Veh Owner Info (Othard) by Lee Firo	7.48	15 Jul 2019 17:48:26

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

Last updated: 01 Jul 2019
 Best viewed using IE 11, Firefox 52, Chrome 54, Safari 8, Opera 43 and above
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LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

INDIA INTERNATIONAL INSURANCE PL

Ref : CS3/III19012535/Gsf3e2-1

64 CECIL STREET
#05-02 IOB BUILDING SINGAPORE 049711

Date : 22-01-2020



Code : III2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 7534E	Veh. Inspected	SKD 3065S
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT19070356	Excess (\$)	0.00
Assign From	STANLEY LAI	Assign Date	30/11/2019

2. Vehicle Particulars & Condition

Make & Model	VOLKSWAGEN SCIROCCO 1.4	c.c	1390
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	WWWZZZ13ZBV001582	Colour	WHITE
Odometer	112710	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/40Z R18	ACHILLES	6 mm
L/H Front Tyre	225/40Z R18	ACHILLES	6 mm
R/H Rear Tyre	225/40Z R18	ACHILLES	6 mm
L/H Rear Tyre	225/40Z R18	ACHILLES	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	13/07/2019	Inspection Date	16/07/2019
Survey held at	53 UBI AVENUE 1# 01-25		
Repairer	PLATINUM WERKZ PTE LTD		

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: **3 Working Days**



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKD 3065S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	TO REPAIR SEE LABOUR	1,475.03	-
2	FRONT BUMPER RETAINER	SERVICEABLE	75.70	-
1	FRONT BUMPER TOW COVER	SERVICEABLE	45.00	-
1	FRONT LH HEAD LAMP	CRACKED	1,631.57	891.65
1	FRONT LH FOG LAMP	CRACKED	225.34	225.34
1	FRONT LH FOG LAMP GARNISH	CRACKED	189.46	99.15
1	FRONT LH SIDE LAMP	SERVICEABLE	138.31	-
	LESS 10% DISCOUNT		-378.04	-121.61
			3,402.37	1,094.53
SPECIAL NETT ITEMS				
1	FRONT LH SIDE SKIRT (SN)	CRACKED	2,500.00	800.00
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	30.00	20.00
			2,530.00	820.00
LABOUR				
	CHECK FRONT WIRING AND LIGHTNING SYSTEM.		60.00	30.00
	DIAGNOIS CHECK AND CLEAR FAULT CODE.	NOT NECESSARY	400.00	-
	PANEL BEATING ON AFFECTED AREAS, INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		600.00	200.00
	SPRAY PAINTING ON AFFECTED AREAS.		700.00	400.00
	APPLY ANTI RUST ON AFFECTED AREAS.	NOT NECESSARY	150.00	-
			1,910.00	630.00
GRAND TOTAL			7,842.37	2,544.53
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,000.00

Report Ref No. CS3/III19012535/Gsf3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

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.