Estimated Cost			DOM: Cont	Det	e/Time: 8/1/2020@ 3.52
To Inspect Vel	TP RES / OD RES /	SID 3	768 912.T	Insured:	GBH 7534
at Workshop a	160 Sin Mi	FM SOLU	ition	Tel:	6456 0226
Policy Noc_ Scan Insured:	DMCVSN30	113119011	Claim Not_	SNM20	D200095.
			Exotti		
Make of Veh: (Client's Record)				D.0	DA 07/01/2020
Chent's Recerd)	REP. / REV 24 HRS	Person Contacted	: Bernata	1	O D. Endersoners
(Client's Record) CA / REV / Date/Time: A	REP. / REV 24 HRS	Person Contacted Shirtfull (/) - NA /cTd2()	000130/13	Velú	O D. Endersoners

SIEKenneth	SSIGNMENT
From 09/01/2020	Veh No. STO 3912 J YE RAUM. 031 08
Estimated Cost	Type: Mar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OF TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No. SID 3912 I	Make: Tuy Viel co 1887
at Workshop mis EM Solution	Colour A. Black A/C: Insured / Std / NI / NA
160 Sin Ming Drive # 03-18/16	3 Sp.Reading 208123 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No:	CMG MR053114930 5033881
Claims No.	Gen. Cond. Good/Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingree / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD SIBM or
	Tyre Size: F: 205/45R16
(Policy Condition)	R:
Remark: The veh had commenced its N/S Of	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	70YO YOKO OF
Bal. or Market Value	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est Repairs: 4-5 days Res. Yes or No	D.O.A. 7/1/20 D.O.I. 9/1/202
Lum Sum: 20 % 3 Val. Yes or No	Survey held at
Limit Suite.	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA 1 REV 1 3REP. 1 24 HRS 49	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
GIA not ready	•
,	
REC	EIVED 0 5 FEB 2020
116.5	
Out-Office File Pass (c) Prest Report	2 212 1 14
1. 1.5	Days Of Repair:
DataTine Fin Remarks	Resurvey No. of Trip: Survey Fee:
2.24	Fee: Site Insp. (\$) _3+Psst
2 , , , , , , , , , , , , , , , , , , ,	: Interview (\$) Trake
Report Format: MERTP	
Lump Sem / LP / 13 2950	
730	: Meet and of

Nivitha (LKK Auto)

From:

Ben Tang <Ben.Tang@sg.cntaiping.com>

Sent:

Wednesday, 8 January 2020 3:57 PM

To:

'assignments@lkkauto.com'

Subject:

FW: OUR REF: SNM20D200095/GBH753U/BEN & YOUR REF: E21-112606-20 (SJD

3912J @ 7/1/2020) - TO CONDUCT PRS -SJD3912J

Importance:

High

Dear Sirs

We refer to above matter.

Please assist to arrange for PRS survey of TP vehicle SJD3912J.

Thank you.

Best Regards Ben Tang Executive Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #XX-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6175 | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG

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From: Judy Soh <judysoh@visionlawllc.com> Sent: Wednesday, January 8, 2020 3:05 PM To: Ben Tang <Ben.Tang@sg.cntaiping.com>

Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>; 'EM Solution Pte Ltd'

<emautosolution@singnet.com.sg>; derekkeh@singnet.com.sg; 'Tan Vincent' <tanvin13@yahoo.com.sg>;

sallychong@visionlawllc.com

Subject: RE: OUR REF: SNM20D200095/GBH753U/BEN & YOUR REF: E21-112606-20 (SJD 3912J

@ 7/1/2020) - TO CONDUCT PRS -SJD3912J

Importance: High

URGENT

Dear Ben.

NOTICE TO INSURERS TO CONDUCT PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

CLAIMANT: YU GEQING

ACCIDENT INVOLVING SJD 3912J & GBH 753U ON 7 JAN 2020 ALONG PIE TOWARDS GEYLANG AT ABOUT 08:30 HRS

We refer to your email of even date below and your list of surveyors therein.

Our client now confirms the appointment of KENNETH KONG - LKK as the Single Joint Expert for this matter.

Please be informed that the said vehicle can be inspected at :

Venue

E M SOLUTION PTE LTD

160, Sin Ming Drive, #03-18/19, Sin Ming Autocity,

Singapore 575722

Contact

Mr. Bernard (Tel.: 6456-0226 / 9101-8302)

If you fail to conduct the pre-repair survey within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Thank you.

Judy Soh

VISION LAW LLC 133 NEW BRIDGE ROAD, #18-01/02, CHINATOWN POINT, SINGAPORE 059413

TEL.: 6534-2811 (ext 147)

FAX: 6535-6802

From: Ben Tang [mailto:Ben.Tang@sg.cntaiping.com]

Sent: Wednesday, 8 January, 2020 1:48 PM

To: jenniferguay@visionlawlle.com

Cc: Claims Dept of CTI

Subject: RE: OUR REF: SNM20D200095/GBH753U/BEN & YOUR REF: E21-MISC.20 (SJD3912j @

7/1/2020) - TO CONDUCT PRS -SJD39121

WITHOUT PREJUDICE

Dear Sir.

We refer to your email dated 07 January 2020.

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

LKK / LBS / STA

ADRIAN LING	
Kelvin Ang	
SEE CHEW SENG	
MOHD FADHILAH BIN	
OSMAN	
XING QUO QIANG	
KENNETH KONG	
SIMON HO	

CHUA WEIJIE	
MARCUS CHUA	
HENRY NG	

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Thank you.

Best Regards Ben Tang Executive Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #XX-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6175 | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG

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From: Claims Dept of CTI

Sent: Wednesday, January 8, 2020 1:22 PM

To: Ben Tang < Ben Tang @sg.cntaiping.com >; jenniferguay@visionlawlle.com

Subject: OUR REF: SNM20D200095/GBH753U/BEN & YOUR REF: E21-MISC.20 (SJD3912j @

7/1/2020) - TO CONDUCT PRS -SJD3912J

Importance: High

Dear Ben.

Please conduct PRS-SJD3912J soonest possible.

Email to officer in charge -Ben Tang -DID: 6389 6175.

Dear Jennifer.

*** kindly quote our reference number when replying ***

Thank you.

Claims Department

China Talping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
Tel: 6389 6116

Fax (65) 6224 7175 / 6224 7478

Email: claimsdept@sg.entaiping.com

Website:www.sq.cntaiping.com

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From: Jennifer Guay [mailto:jenniferguay@visionlawllc.com]

Sent: Tuesday, 7 January, 2020 10:51 AM To: Claims Dept of CTI; Chee So Chow

Ce: 'EM Auto'; derekkeh@singnet.com.sg; tanvin13@yahooc.com.sg

Subject: OUR REF : E21-MISC.20 (SJD3912j @ 7/1/2020) & Yr Ref: GBH 753 U

Importance: High

NOTICE TO INSURERS TO CONDUCT PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

CLAIMANT: YU GEQING

ACCIDENT INVOLVING SJD 3912 J & GBH 753 U ON 7 JANUARY 2020 ALONG PIE TOWARDS GEYLANG

Dear Sirs

We are instructed by YU GEQING to notify you of a road traffic accident ON 7 JAN 2020 ALONG PIE TOWARDS GEYLANG AT ABOUT 8.30HRS involving our client's vehicle registration number SJD 3912 J and vehicle registration number GBH 753 U driven by you/your insured at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurers would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without reference to you.

Thank you.

Regards

Jennifer Guay

(Secretary for Ms Audrey Wong)

VISION LAW LLC

133 New Bridge Road #18-01 Chinatown Point Singapore 059413

Tel: 6534 2811 (Ext 116)

Fax: 6535 6802

VISION LAW LLC

Advocates & Solicitors

(Incorporated with limited liability) Unique Entity No. 200721148H

Address: 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413

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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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/01/2020 16:18
Date Of Accident	07/01/2020 08:30
Exact Location Of Accident	PIE TOWARDS SIMS AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD3912J
Insured/Policyholder	
Name Of Registered Owner	YU GEQING
NRIC No	GXXXX858L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81519942
Alternative Phone No	OFFICE-81519942
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	5110331224

Driver

Cover Note Number

Name of Driver	YU GEQING
NRIC No	GXXXX858L
Date Of Birth	07/10/1970
Occupation	INDOOR
Date Of Driving Pass	14/04/2014
Delicino El controlo	1000 E

Driving Experience 5 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81519942

Fax Number

Contact Number OFFICE-81519942

EMail Address NOEMAIL

Address

BLK 163 BUKIT BATOK STREET 11

#08-158 SINGAPORE

Postcode

650163

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 21 BUKIT BATOK EAST AVE 4 . POSTCODE: 659840 . COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT AND 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

GBH753U

Vehicle Make/Model/Colour

Details Of Properties

REFER POLICE REPORT AND ATTACHED

Vehicle Category Name of Driver

COMMERCIAL VEHICLE RAMADOSS RAMKUMAR

NRIC/Passport Number

GXXXX480K

Contact Number

88486298

Address

Postcode

Insurance Company Name

Page 2 of 18

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YU GEQING

Approximate Age

Injuries Sustain

REFER POLICE REPORT AND ATTACHED

Injured person in which vehicle?

SJD3912J

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Page 3 of 18

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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

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:
 - 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:
 - 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.

3

Policyholder's Signature Date & Time: 3

Driver's Signature (If driver is not the policyholder) Date & Time: 1

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

1

SKETCH PLAN		
	SACCHARIT POLICER	
		(A) STO 38121J
	(towards sim are precified)	(B) G8H753V

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Oh 7/1/2020 at about 8.30 AM g was driving
nwy	velticle - SJD 3912 J along Kallang Flyover towards
Sim	Ave. There were Veltilles infront stopped Due to
Slig	W Traffic jam, A VEHicle-GBH 753 U from
	and collided onto the rear of my vetticle and 9
ам	reporting this incident for 7/porty chain against GAH
	3 u for my Jamesty.

DECLARATION

(Alter conclusing the foregon a promotions are that in every maporit.

Policyhoder's Signature Date 5 Times

Driver's Signature

(If criver is not the policyholder) bare & Time:

Reporting Central Personnell's Dignature

Hersel NSJC/PIN NEJ

protest fewerige.





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 1 of 3 Report No. T/20200108/2092

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2020 15:09		Vide Report No.:	Station Diary No.: 78		
Informa	nt's Particu	ilars	(MONEY) 直接 (G) E.	SEE BOARD CHARLEST CO.	
Name of Informant: YU GEQING			Address: APT BLK 163 BUKIT BATOK STREET 11 #09-158 SINGAPORE 650163		
ID Type / ID No.: FIN NO / G7619858L			Contact No.: Home/Office:	Mobile: 81519972	
National			Email:		
Sex: Age: Date of Birth; Male 49 07/10/1970		Type of Informant: Driver			
Race: Chinese		Language: Institution / School Nam			
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3 Date of Expiry: 13/04/202		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/01/2020 08:30	Type of Location Y-Junction
ALONG KAL	EXPRESSWAY	R TOWARD SIMS AV		
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:
CICOI.		Traffic Control:	17	AP 33.1
Traffic Flow: One Way		Not Controlled	N.	raffic Volume: //oderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBH753U	Van	RENAULT	KANGOO	White	Seriously Damaged	177
SJD3912J	Car	TOYOTA	VIOS G AUTO	Black	Seriously Damaged	

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJD3912J	NTUC Income Insurance Co-Operative Limited	5110331224	11/06/2019	10/06/2020	

Common Statement Pg. 1





2 of 3

Report No. T/20200108/2092

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE

Tel No: 1800-6659999

.

CONTINUATION OF REPORT

Details of Perso	n Involved	1-1-1-1	25-	400	STEEL VIEW HOUSE
Any Pedestrian Ir	tvolved: No				
No. of Pedestrian	Use of Pede	Use of Pedestrian Crossing: NA			
Driver	· 建工程的建筑工具和 (1980年)			- 1	of all village of the art
Name	RAMADOSS RAMKUMAR		D No.		G3323480K
Related Vehicle	GBH753U (Van)	- 1	Conta	ct No.	88466298
Hospital/Clinic	NIL		Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	njury	NIL	
Driver		(0.8 (1.8 4.1 %)			15 July 200 - 10 July 34
Name	YU GEQING		ID No.		G7619858L
Related Vehicle	SJD3912J (Car)		Conta	ct No.	81519972
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD		Class Driving Licens Expiry	g ce &	Class: 3 Date of Expiry: 13/04/2024
Date Treatment	07/01/2020	Date Disch	arge	07/0	/2020
No. of Days gran	ted Medical Leave 03	Degree of I	njury	Serio	US

Brief Details.

On the above mentioned date, time and location. I am driving my car, V1 (SJD3912J) along Kallang way flyover towards Sims Avenue. There was vehicle in front stopped and due to the slight traffic jam, a Van, V2(GBH753U) from behind collided onto the rear of V1.

Later the day, my back shoulder, neck and back feel pain and I went to see a doctor and was given 3 days of MC.

V1 is not equipped with any in car camera.

E M SOLUTION PTE LTD

160, Sin Ming Drive, #03-18/19, Sin Ming Autocity, Singapore 575722 Tel: 64560226 64584500 Fax:

Registration No: 201016308K

Yu Geging

07.01.2020

Permy Afar Pains

1897.45

REPAIR ESTIMATE FOR TOYOTA VIOS - SJD 3912 J

KEPAIR	RESTIMATE FOR TOTOTA VIOS - SJD 3	4 day
1 pc	rear bumper 363-10	Bn 546.10 —
2 pcs	rear bumper side retainers	48.60 0// 97.20
1 pc	boot lid	1 771.40 ×
1 pc	boot inner lock	₹ 156.90 Å
1 pc	boot outer garnish	In 102.40 x
2 pcs	boot number plate lamps	41.30 /- 82.60 X
1 pc	boot emblem	ne. 33.50 —
1 pc	boot "Vios" badge	ne 36.60 —
1 pc	boot "G" badge	ne 34.30 —
1 pc	boot rubber	Sm 127.60 ₹
2 pcs	boot hinges	72.50 × 145.00 ×
2 pcs	tail lamps @ 277-62 Wisse x	0/1 7 417.80 835.60 T
2 pcs	tail lamp lower brackets	26.30 ~ 52.60 X
1 pc	rear end panel 617-30	8 864.80 Z
1 pc	rear end panel top garnish	My 011 96.20 2
1 pc	spare tyre panel	781.10 ×
1 pc	spare tyre cover	1 125.40 x
1 pc	rear exhaust silencer	₹ 513.70 ≾
2 pcs	rear exhaust mountings	36.80 A 73.60 X
. 10. # 0. 1000	11-esum europii (ab e hecocali mechanocam) ← (c)	5,403.00
		Less 25% 1,350.75
		4,052.25 4107-45
1 pc	rear number plate	1 70.00 SN X
1 set	rear end panel top garnish clips	1 30.00 SN 2
1 set	rear bumper clips	Me 40.00 SN -
1 set	reverse sensors	Man 270.00 SN 20012
1 pc	rear bumper lower spoiler	CM 1,200.00 SN 8000n
1)	Check electrical wirings.	60.00 20
2)	Renew reverse sensors	80.00 5cg
3)	Repair accident damages and renew about	
4)	Spray paint on accident affected portions.	
5)	Rust proofing on accident affected portion	
- /	the Repairer or me	
	• To resurvey accounts	17,072.20

· Part prices are not as a second

Adjuster Report 2/6/2020

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/CTI20000551/KQD3N2

Date:

06/02/2020

REFERENCE

Handling Insurer:

China Taiping Insurance (Singapore) Pte.

Policy No:

DMCVSN30113119011

Claimant Vehicle

SJD3912J

Insured Vehicle No

GBH753U

Engine No:

Chassis No:

Odometer:

Date of Loss:

No:

07/01/2020

Nature of Claim: TP

Claim No:

1NZX640903

208123 km

MR053HY9305033981

SNM20D200095

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

Reg. Date: Colour

SJD3912J

Make & Model:

TOYOTA VIOS, 1.5 E (A)

20/03/2008 (Man. Year: 2007)

Metallic Black

Engine Capacity:

1497 oc

N/A

Market Value/New Car Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: Front Left Side:

205/45R16

Rear Tyre Size: Rear Left Side:

205/45R16 Toyo 6 mm

Front Right Side:

Toyo 6 mm Toyo 6 mm

Rear Right Side:

Toyo 6 mm

The above values represent the remaining tyre treads depth

Repairer's	Adjuster's	Difference	Diff %
5,717.45	2,236.86	3,480.59	60.88
0.00	0.00	0.00	
2,180.00	1,500.00	680,00	31.19
0.00	0.00	0.00	
0.00	0.00	0.00	
I (S\$) 7,897.45	3,736.86	4,160.59	52.68
) (S\$)	2,950.00		
(S\$) 7,897.45	2,950.00	4,947.45	62.65
6 (S\$) 552.82	206.50	346.32	62.65
t (S\$) 8,450.27	3,156.50	5,293.77	62,65
	5,717.45 0.00 2,180.00 0.00	5,717.45 2,236.86 0.00 0.00 2,180.00 1,500.00 0.00 0.00 0.00 0.00 1 (\$\$) 7,897.45 3,736.86 2,950.00 (\$\$) 7,897.45 2,950.00 (\$\$) 7,897.45 2,950.00 (\$\$) 552.82 206.50	5,717.45 2,236.86 3,480.59 0.00 0.00 0.00 2,180.00 1,500.00 680.00 0.00 0.00 0.00 0.00 0.00 0.00 1(S\$) 7,897.45 3,736.86 4,160.59 0(S\$) 7,897.45 2,950.00 4,947.45 6(S\$) 552.82 206.50 346.32

INSPECTION

Date of Assignment:

05/02/2020

160 SIN MING DRIVE #03-18/19

Date Inspected:

Adjuster:

09/01/2020 Inspected At: SIN MING AUTOCITY SINGAPORE 575722

REPAIRER: EM SOLUTION PTE LTD

Estimated Period of Repair:

KENNETH KONG

4.0 days

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Referen	ce		
Part Source:	: MRM-SG	Version: 1.0 (Last Synchronised: 06 Feb 2020)	
Parts:	143	TOYOTA VIOS 1.5 E (A) (Catalogue:Merimen Singapore 1.0)	
Labour:	Repairer's	(Price-denominated Standard List)	
Print Code:	(Unsubmitted	no print-code for SJD3912J)	
Validity:	ty: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers the END OF ESTIMATES marker on the last estimate page		
Further Info	Items/values	not in reference catalogue are prefixed with an asterisk *.	

Pacam	mended	Parte
	ппепсес	FAILS

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*REAR BUMPER	Buckled	546.10 FL	*363.10 FL
2	2	*REAR BUMPER SIDE RETAINERS	Distorted	97.20 FL	*97.20 FL
3	1	*BOOT LID	Repair	771,40 FL	*-FL
4	1	*BOOT INNER LOCK	Repair	156.90 FL	*-FL
5	1	*BOOT OUTER GARNISH	Serviceable	102.40 FL	*-FL
6	2	*BOOT NUMBER PLATE LAMPS	Serviceable	82.60 FL	*-FL
7	1	*BOOT EMBLEM	Necessary	33.50 FL	*33.50 FL
8	1	*BOOT VIOS BADGE	Necessary	36.60 FL	*36.60 FL
9	1	*BOOT G BADGE	Necessary	34,30 FL	*34.30 FL
10	1	*BOOT RUBBER	Serviceable	127.60 FL	*-FL
11	2	*BOOT HINGES	Repair	145.00 FL	*-FL
12	1	*TAIL LAMPS	Os Mtg Cracked/Ns Serviceable	835.60 FL	*277.62 FL
13	2	*TAIL LAMP LOWER BRACKETS	Serviceable	52.60 FL	*-FL
14	1	*REAR END PANEL	Bent	864.80 FL	*617.30 FL
15	1	*REAR END PANEL TOP GARNISH	Mtg Distorted	96.20 FL	*96.20 FL
16	1	*SPARE TYRE PANEL	Repair	781.10 FL	*-FL
17	1	*SPARE TYRE COVER	Serviceable	125.40 FL	*- FL
18	1	*REAR EXHAUST SILENCER	Repair	513.70 FL	*-FL
19	2	*REAR EXHAUST MOUNTINGS	Serviceable	73,60 FL	*-FL
20	1	*REAR NUMBER PLATE	Serviceable	70.00 FS	*-FS
21	1	*SET REAR END PANEL TOP GARNISH CLIPS	Necessary	30.00 FS	*30.00 FS
22	1	*SET REAR BUMPER CLIPS	Necessary	40.00 FS	*40.00 FS
23	1	*SET REVERSE SENSORS	Shorted	270.00 FS	*200.00 FS
24	1	*REAR BUMPER LOWER SPOILER	Cracked	1,200.00 FS	*800.00 FS
F=Fn	anchise	part. S=SpcNett. L=ListItemDisc.	Cub Total (CC)	7.005.50	2,625.82
		- List Item Disco	Sub Total (S\$) unt on L Items 25.00/25.00% (S\$)	7,086.60 1,369.15	388.96
			Total Parts (S\$)	5,717.45	2,236.86

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	CHECK ELECTRICAL WIRINGS	New	60.00	20.00
2	RENEW REVERSE SENSORS	New	80.00	50.00
3	REPAIR ACCIDENT DAMAGES AND RENEW ABOVE PARTS	New	980.00	600.00
4	SPRAY PAINT ON ACCIDENT AFFECTED PORTIONS	New	980.00	800.00
5	RUST PROOFING ON ACCIDENT AFFECTED PORTIONS	New	80.00	30.00
	Gross L	abour Cost (S\$)	2,180.00	1,500.00
	Report was unsubmitted during	this print-out.		

< END OF ESTIMATES >