

Surveyor

REF: esi/spf20001546/ Ksd352

Special Instruction:

From (Person): Hafizul Fathan of SPF Date/Time: 22/01/2020
Estimated Cost: Bill to:

ASSIGNMENT (Office)

Third Parties:

Claimant:

Surveyor:

Workshop: Hui Yang Motor

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SDQ 1963 C
at Workshop m/s: Hui Yang Motor
of: 176 Sin Ming Drive # 04-02

Insured: TP 1104
Tel: 6451 5752

Policy No:

Claim No: AEMD/105/009/2019/006

Sum Insured:

Excess:

Make of Veh:

D.O.A. 25/01/2019

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

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

Date/Time: 03/03/20 Submit Final Fig 4/5 \$700/-, 02 days (Red \$ 890.50/56%; Original days)

Date/Time	Action/Instruction
	SDQ 1963 C - CS/MSG/8001291 / ACQ d3e2 DOA: 13/2/2018
	TP 1104 - CS/SPF 19019860 / Avd3e2 DOA: 5/11/2019
<u>22/1/2020</u>	Hafizul said there is no TP survey report and proceed PS base on the documents provided.
	<u>CL by \$700/-</u>
	<u>Range - \$600/- to \$1,000/- (Kenneth say ok) 03/03/20</u>
	<u>Weekend - 0 day</u>

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 03 MAR 2020

Do Not Finalise

Para(3) : Nett Value

Market Value :
Salvage Value :
Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

200

1) Date/Time File Pass to

3) Date/Time File Pass to

5) Date/Time File Pass to

2) Date/Time File Return to

4) Date/Time File Return to

6) Date/Time File Return to

Nivitha (LKK Auto)

From: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>
Sent: Wednesday, 22 January 2020 9:23 AM
To: Admin-D (LKKAuto); assignments
Cc: Cui Fen ENG (SPF); Frankie THAY (SPF); Olivia Lau (LKKAuto)
Subject: Post Survey for SDQ 1963C (vs TP 110U)
Attachments: SDQ1963C.pdf; SDQ1963C 1.jpeg; SDQ1963C 2.jpeg; SDQ1963C 3.jpeg; SDQ1963C 4.jpeg; SDQ1963C 5.jpeg

Our ref: AEMD/105/009/2019/006

Hi,

Kindly do a paper survey on **SDQ 1963C** (vs TP 110U) (PHOTOS attached)

Thank you.

Best Regards,

Hafizul Farhan Bin Rahmat

Assistant Logistics Support Officer

Logistics Support and Services Division

Tel: 6842 8429

Police Logistics Department / Singapore Police Force



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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.
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	20/02/2019 17:21
Date Of Accident	25/01/2019 20:00
Exact Location Of Accident	JUNCTION OF BENDEMEER RD & BOON KENG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ1963C
Insured/Policyholder	
Name Of Registered Owner	HYMS CAR LEASING PTE LTD
Co Reg No	201320561K
Email Address	HYMS@LIVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64515752
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID-1.8 S CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	99994505
Cover Note Number	

Driver

Name of Driver	LIM ZHI-AN ANDREW
NRIC No	S8414800H
Date Of Birth	31/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90032744
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 682C EDGEDALE PLAINS
Postcode	S823682
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	SIDE SWIPE
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	
	NAME: : UNKNOW
	GENDER: : MALE
Passenger 2	
	NAME: : UNKNOW
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ROCHOR N.P.C 11 KAMPONG KAPOR ROAD S208678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED POLICE & SKETCH PLAN REPORT

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	TP110U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

Ar

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

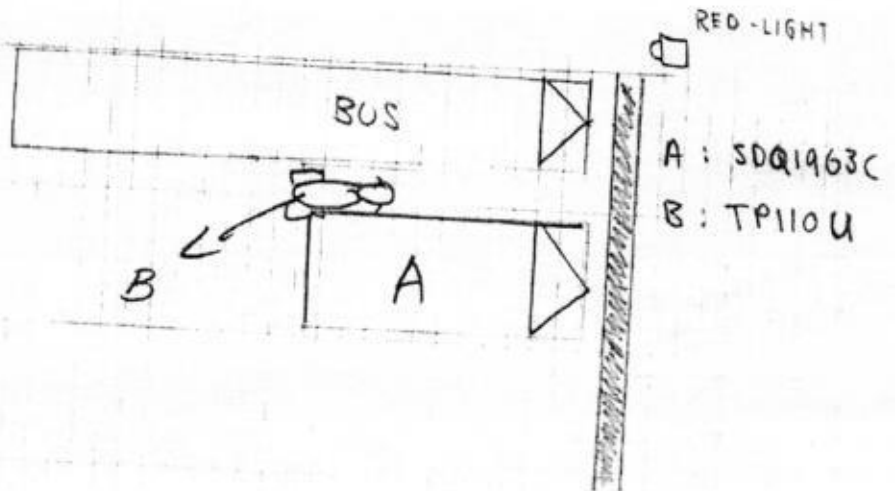


[Signature]

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

輝陽汽車有限公司
HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721
Tel: 64515752 (2 Lines) . Fax: 64514658
Reg No. 201629438M

25/01/2019

Owner: HYMS CAR LEASING PTE LTD

ESTIMATE TO REPAIR TOYOTA PRIUS ALPHA 1.8S - SDQ1963C

1pc	rear bumper	Rd / cm	\$ 681.90	✓
1pc	rear bumper LH side retainer	Per	\$ 172.10	X
			\$ 854.00	
	less 25%		\$ 213.50	
			\$ 640.50	
	wiring	nn	\$ 50.00	X
	spray painting		\$ 500.00	2000
	labour charges		\$ 400.00	2000
	Total		\$ 1,590.50	

C/Per & Foot
2 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDQ 1963C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DENTED / CRACKED	681.90	681.90
1	REAR BUMPER LH SIDE RETAINER	SERVICEABLE	172.10	-
	LESS 25% DISCOUNT		-213.50	-170.48
			640.50	511.42
	<u>LABOUR</u>			
	WIRING.	NOT NECESSARY	50.00	-
	SPRAY PAINTING.		500.00	200.00
	LABOUR CHARGES.		400.00	200.00
			950.00	400.00
	GRAND TOTAL		1,590.50	911.42
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			700.00

Report Ref No. CS1/SPF20001546/Ksd3s2

THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$700.00 - \$1,000.00

RECOMMENDED REPAIR DAYS : 2**WEEKENDS : 0****TOTAL DAYS : 2****KONG SENG CHEONG****Licensed Appraiser**

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