

ASS. REC. BY: RAM REF: CS3/II19018706/Fy037 Special Instruction:
 From (Person): Stanley Lai of III Date/Time: 30/01/2020
 Estimated Cost: _____ Bill to: _____
 OD (T) / WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: SMN 4717L Insured: SHD 3134L
 at Workshop n/s ECO Automobile Tel: 9176 5733
 of 13 Kaki Bukit Road 4 #03-29
 Policy No: _____ Claim No: _____
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 21/10/2019
 (Client's Record)

CA / REV / REP. / REV 24 HRS
 Date/Time: 9:50am 23/10/19 Person Contacted: Alfie H.O.D. Endorsement: _____
 Vehicle IN / OUT

Date/Time	Action/Instruction
	SMN 4717L - X
	SHD 3134L - NS/MS/19007063/K/S/D/3/2
	Dismantle - 23/10/19 0344PM
	After - 04/11/19 0113PM
08/11/19	Submit PRS.



6/2/20 Submit US \$6600 7 day repairs

6/2/20 Typist

[Signature]
3/2/2020

RECEIVED 6 FEB 2020

350+11=361
361-131=230

PRS

ASSIGNMENT

From:
 Date: **23/10/2019**
 Estimated Cost:
 OC / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **SMN 4717L**
 at Workshop n/s: **ECO Automobile**
 of **13 kaki Bukit Road 4 # 03-29**
 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
xx	

Bal. or Market Value:
 IDAC Accident Rpt: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: **6** days Res: Yes or No
 Turn Sum: % 3 Val: Yes or No

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: **SMN 4717L** Regn: **AUG 2019**
 Type: **M/Car** / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Toyota vellfire** cc: **2493**
 Colour: **black** A/C: **Insured** / Std / NI / NA
 Sp. Reading: **12557** T/Radio: **Insured** / Std / NI / NA
 Eng/No:
 C/No: **AAH300239668**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **Inorder** / Jammed / Leaked / Burnt or
 Brake: **Inorder** / Jammed / Leaked / Burnt or
 Modi: **Nil** / S/Rim V STD A/Rim or
 Tyre Size: **F 235/50 R18**
 R: **-**

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

Front Rear
 R/Bal: **A** mm R/Bal: **S** mm
 L/Bal: **A** mm L/Bal: **S** mm
 D.O.A: **21/10/19** D.O.I: **23/10/19 1030AM**
 Survey held at: **ECO Automobile**

Des. of Damages: Frt / **Rear** / O/S / N/S / UIC / Rooftop or
 rear

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

Date / Time	Action / Instruction
	Repair days: 6 days
	Range: \$\$\$ 0000 - \$11500 \$7,000 - \$8,000
	24/10/2019.
	MV: \$165599.44
	PV: \$74091
	NV: \$94508.44

(Case/Time, File Pass in?)
 07/11 11:15
 Date/Time, File Pass in?
 ☐ : Preli. Report
 ☐ : Final Report

Days Of Repair: **6**
 Resurvey No. of Trip: **2**

Add Fee:
 ☐ Site Insp: **15**
 ☐ Interview: **15**
 ☐ Early Resp: **12**
 ☐ What says: **10**

Survey Fee:
 Transportation:
 170

170
11
141

Report Format:
 Longword/Short

PRS.

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Thursday, 30 January 2020 4:05 PM
To: 'sur@lkkauto.com'; Admin-D (LKKAuto)
Cc: Pooi Chin Han Daniel; Mekavathanan Sarangapani
Subject: III REF: MCT19100452 | REQUEST PAPER SURVEY TP VEH SMN4717L

Dear LKK Team,

Appreciate your assistance to expedite paper survey for this case.
LOD uploaded in Merimen for your handling.

TP Veh: SMN4717L

Warmest regards,

Stanley Lai

Motor & Work Injury Claims Department

India International Insurance Pte Ltd

64 Cecil Street, IOB Building, Level 5

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

S&P 'A-' rated Company



From: Mekavathanan Sarangapani
Sent: Wednesday, 29 January, 2020 12:05 PM
To: KKLau <kklau@lkkauto.com>; Hsiao Tong (chewht@lkkauto.com) <chewht@lkkauto.com>; Olivia Lau (olivialau@lkkauto.com) <olivialau@lkkauto.com>
Cc: Stanley Lai <stanley.lai@iii.com.sg>; Pooi Chin Han Daniel <danielpooi@iii.com.sg>
Subject: MCT19100452

LKK Team – Is your paper survey report ready for this case.

We need to manage TP lawyers for this case and have a very tight time line to meet.

Please assist.

Meka

PRESERVE

MCT/191 WYS 2 | 01 | DP

UNINSURED LOSS

PRESERVE

51c Revis

SUBRO

PRESERVE

LPPN

PS

INVESTIGATION FEE

SURVEY FEES

LEGAL FEES

OTHERS

FRAUD CHECK

UPLOAD TO MERIMEN

GRANT RIGHTS

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 2618
 RECIPIENT ADDRESS 87338183
 DESTINATION ID
 ST. TIME 31/12 09:58
 TIME USE 00'28
 PAGES SENT 2
 RESULT OK



to Antmhill

CHIA S ARUL LLC.
 ADVOCATES & SOLICITORS
 UEN 201330709H

(2456)

ARULCHELVAN S • A. RAVIDASS • DOCTAN

Our ref: AS.191438.a
 Your ref: To be advised



27 DEC 2019

COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 GAS BUILDING
 SINGAPORE 575717

BY POST
 (WITHOUT ENCLOSURES)

MCT/19100452

INDIA INTERNATIONAL INSURANCE PTE LTD
 64 CECIL STREET
 #04-02 IOB BUILDING
 SINGAPORE 049711
 ATTENTION: MOTOR CLAIMS DEPARTMENT

BY PDX
 (WITH ENCLOSURES)

MCT/19100452

Dear Sirs,

Daniel 27/12/2019

ACCIDENT INVOLVING SMN 4717L / SHD 3134L ALONG PIE TOWARDS CHANGI ON 21 OCTOBER 2019

We refer to the above matter.

We act for **JUBSTAR PTE LTD**, the owner of motor vehicle **SMN 4717L** involved in the captioned accident.

We were instructed by our client to claim damages against you in connection with a road traffic accident on **21 OCTOBER 2019 ALONG PIE TOWARDS CHANGI** involving our client's motor vehicle **SMN 4717L** and your motor vehicle **SHD 3134L** driven by you or your authorized driver and/or your insured at the material time

to Automobile

CHIA S ARUL LLC.
ADVOCATES & SOLICITORS
UEN 201330709H

(245rd)

ARULCHELVAN S • A. RAVIDASS • DO NOTATA

Our ref: AS.191438.aj
Your ref: To be advised



27 DEC 2019

COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
GAS BUILDING
SINGAPORE 575717

BY POST
(WITHOUT ENCLOSURES)

MCT/19100482

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04-02 IOB BUILDING
SINGAPORE 049711
ATTENTION: MOTOR CLAIMS DEPARTMENT

BY PDX
(WITH ENCLOSURES)

MCT/19100482

Deniel 27/12/2019

Dear Sirs,

ACCIDENT INVOLVING SMN 4717L / SHD 3134L ALONG PIE TOWARDS CHANGI ON 21 OCTOBER 2019

We refer to the above matter.

We act for **JUBSTAR PTE LTD**, the owner of motor vehicle **SMN 4717L** involved in the captioned accident.

We were instructed by our client to claim damages against you in connection with a road traffic accident on **21 OCTOBER 2019 ALONG PIE TOWARDS CHANGI** involving our client's motor vehicle **SMN 4717L** and your motor vehicle **SHD 3134L** driven by you or your authorized driver and/or your insured at the material time.

We are instructed that the accident was caused by your negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

a)	Cost of Repair	S\$ 13,600.00
b)	Rental Fees inclusive of PRI/weekends/PH	S\$ 3,080.00
c)	Survey Fees	S\$ 450.00
d)	LTA	S\$ 7.49
e)	Costs inclusive of GST	S\$ 1,070.00
	Total	S\$ 18,207.49

A copy of each of the following supporting documents is enclosed.

- a) Our client's GIA report;
- b) A copy of the LTA search;
- c) A copy of Rental Agreement;
- d) A copy of Repair Invoice;
- e) A copy of Surveyor report & Invoice;
- f) A copy of PARF/COE Rebate for Registered Vehicle.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,



CHIA S ARUL LLC

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	22/10/2019 10:26
Date Of Accident	21/10/2019 06:20
Exact Location Of Accident	[PIE TWRDS CHANGI]
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4717L
Insured/Policyholder	
Name Of Registered Owner	JUBSTAR PTE LTD
Co Reg No	201808107N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90298853

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 8-SEATER 2.5X CVT

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108220109
Cover Note Number	

Driver

Name of Driver	LIM YEW KENG EDMUND
NRIC No	S7835722C
Date Of Birth	30/11/1978
Occupation	OUTDOOR
Date Of Driving Pass	06/01/1997
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92389387
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 12A MARSILING LANE #26-59
Postcode	731012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	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)	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 BELOW STATEMENT/SKETCH PLAN;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3134L
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

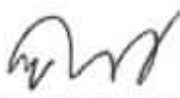
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 claim reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

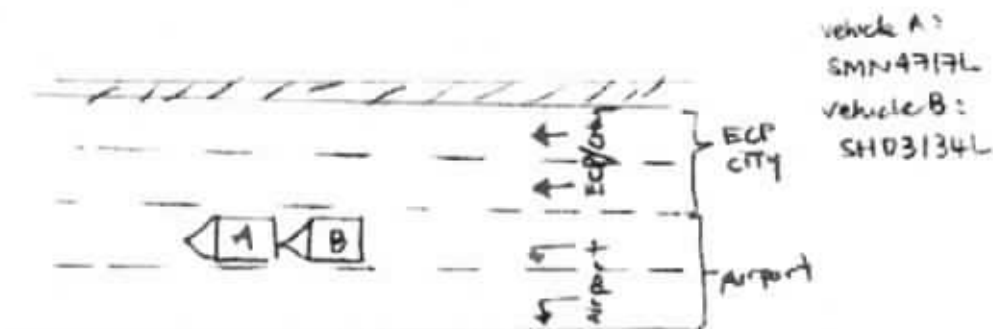

Policyholder's Signature
Date & Time:


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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492306
Email: vackb@vicpm.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 72 OCT 2013

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/10/2019 @ 06:18am, I was travelling straight at
 PE marks change report in front of my red glass down
 and stop I also black down and stop suddenly with B (SHD3134L).
 couldn't stop in time and bang into my rear portion.

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

IDAG KAKI BUKIT (VAG)
 25 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416897 Fax: 67492305
 Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature
 Name
 NRIC/VEH NO:

Enquire Vehicle & Owner Information (Vehicle No. SHD3134L As At 21 Oct 2019 / 06:18:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: SMN4717L

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 Information

Vehicle No.: SHD3134L

Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Insurance Company Name: INDIA INT'L INS PTE LTD



Thank you

Chia See Kim Angela Sharon has successfully logged out.

Your last login date and time was 22 Oct 2019, 14:24:59.

To return to ONE.MOTORING, please click [here](#)

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

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	SHD3134L	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	22 Oct 2019 / 14:25:24

ECO Automobile Claims & Repair Pte Ltd
13 Kaki Bukit Road 4 #03-29
Bartley Biz Centre
S417807
T: 6384 7515 F: 6702 4202
E: ecoautoclaims@gmail.com
Co. Reg No. 201632730M



PROFORMA INVOICE

NAME : JUBSTAR PTE LTD (Co Reg. 201808107N)

DATE : 17/12/2019

PROFORMA INVOICE : 19085

JOB NO. :

VEHICLE NO. : SMN4717L

MAKE&MODEL : TOYOTA VELLFIRE 8-SEATER 2.5X CVT

ADDRESS : 2 VENTURE DRIVE
#14-28 VISION EXCHANGE
SINGAPORE 608526

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
1	COST OF REPAIR			\$ 13,600.00
2	LOSS OF RENTAL			\$ 3,080.00
3	SURVEYOR FEE			\$ 450.00
		TOTAL		\$ 17,130.00

IMPORTANT

Please remit payment within 7 days from the due date

An interest of 1.5% per month will be levied on all overdue amounts

All cheques must be made payable to **ECO AUTOMOBILE CLAIMS & REPAIR PTE LTD**

(WE ARE NOT GST REGISTERED)

This a computer generated document.No signature is required.



S K AUTO CONSULTANTS

Invoice

Bill To: JUBSTAR PTE LTD
c/o ECO Automobile Claims & Repair Pte Ltd
13 Kaki Bukit Road 4 #03-29
Bartley Biz Centre
Singapore 417807

Invoice No:	2019343
Date:	12/12/2019
Our Ref	TP/019/0343SK

Description	Amount (S\$)
PARTICULARS	
Vehicle Registration No. : SMN 4717L	450.00
Date of Accident : 21/10/2019	
Date of Inspection : 22/10/2019	
SERVICES:	
Assessment with report (Inclusive of transport charges and photographs etc)	
Total	450.00
Balance Due	450.00

We would appreciate your cheque crossed and made payable to:
S K AUTO CONSULTANTS


Authorized Signature

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/019/0343SK

Your Reference: TBA

Date: 12/12/2019

TO: JUBSTAR PTE LTD
c/o ECO Automobile Claims & Repair Pte Ltd
13 Kaki Bukit Road 4 #03-29
Bartley Biz Centre
Singapore 417807

Assessment of Vehicle No : SMN 4717L

Date of Accident : 21/10/2019

Date of Inspection : 22/10/2019

We have carried out a physical assessment of SMN 4717L at ECO Automobile Claims & Repair PL according to your instructions on 22/10/2019 and are pleased to submit our report as follows;

1.VEHICLE PARTICULARS

Registration No.	:	SMN 4717L
Make & Model	:	TOYOTA VELLFIRE 2.5XCVT
Year of Registration	:	2019 (SEE NOTE IN NEXT PAGE)
Engine Capacity (cc)	:	2462
Chassis No.	:	AGH300239668
Engine No.	:	2ARJ258668
Colour	:	Black
Mileage (km)	:	13557

2.VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

3.TYRE PARTICULARS & CONDITION

Front

RH Make/Size	:	Dunlop 235/50R18 -80%
LH Make/Size	:	Dunlop 235/50R18 -80%

Rear

RH Make/Size	:	Dunlop 235/50R18 -80%
LH Make/Size	:	Dunlop 235/50R18 -80%

Note: % denotes the remaining percentage of the tyre

S K AUTO CONSULTANTS

Page No. 2

Our Reference TP/019/0343SK
Vehicle No. SMN 4717L

4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the Rear portion

Please see attached schedule for details.

NOTE: The date of registration of SMN 4717L is 13 Aug 2019
As at the date of accident the car was about 2 months old



Estimated Amount : S\$15,257.15
Adjusted Amount : S\$13,600
Estimated Repair Days : 12 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.
The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **S K AUTO CONSULTANTS** for any reliance on this report by any third party.

S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/019/0343SK
Vehicle No. SMN 4717L

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	OUR ASSESSMENT(S\$)
PARTS (LIST ITEMS)				
1	Rear tailgate <i>BLU</i>	Distorted	1982.00	1982.00 <i>\$1800</i>
1	Rear tailgate VELLFIRE emblem <i>NEC</i>	Necessary	96.20	96.20
1	Rear tailgate inner lock mechanism <i>BT</i>	Damaged	497.80	497.80 <i>\$1313</i>
1	Rear tailgate lock striker <i>XGVL</i>	Bent	42.00	42.00
1	Rear tailgate reflector LHS <i>XGVL</i>	Slot cracked	682.00	682.00
1	Rear tailgate inner trim board <i>CRA</i>	Slot cracked	619.50	619.50 <i>\$526</i>
1	Rear boot edge weatherstrip <i>DEF</i>	Deformed	357.97	357.97
2	Rear tailgate dampers @294.50 <i>XGVL</i>	Dmg (stiffened)	589.00	589.00
1	Rear tailgate centre chrome garnish <i>XGVL</i>	Necessary	328.00	328.00
1	Rear boot edge top black chrome protector <i>XGVL</i>	Deformed	294.00	294.00
1	Rear bumper <i>DEF</i>	Deformed	1654.64	1654.64 <i>\$1380</i>
1	Rear bumper reflector LHS <i>CRA</i>	Cracked	120.65	120.65
2	Rear bumper side retainers <i>XGVL</i>	Necessary	168.00	168.00
1	Rear bumper tow cover <i>BT</i>	Dented	72.00	72.00
2	Rear bumper bracket @126.50 <i>BT</i>	Bent	253.00	253.00 <i>\$105</i>
1	Rear bumper top chrome moulding <i>NEC</i>	Necessary	372.00	372.00 <i>\$250</i>
1	Rear smart keyless antenna <i>DM</i>	Damaged	180.00	180.00
1	LHS Rear fender <i>X(R)</i>	Distorted	982.00	982.00
1	LHS Taillamp <i>CRA</i>	Damaged	798.00	798.00
1	Rear spare tyre panel <i>X(R)</i>	Distorted	1280.00	1280.00
1	Rear spare tyre panel top cover <i>XGVL</i>	Deformed	275.00	275.00
1	Rear end panel <i>BLU</i>	Distorted	1120.00	1120.00 <i>\$1050</i>
1	Rear end panel top garnish <i>DEF</i>	Deformed	259.10	259.10 <i>\$180</i>
			13022.86	13022.86
less 25%			3255.71	3255.71 <i>\$1544</i>
			9767.15	9767.15
SPECIAL NETT ITEMS				
1	Rear windscreen sealant <i>NEC</i>	Necessary	100.00	80.00 <i>\$50</i>
1	Rear licence plate Trim (chrome) <i>SCR</i>	Necessary	180.00	180.00 <i>\$150</i>
1	Rear Reflector LHS Trim (Chrome) <i>SCR</i>	Necessary	150.00	150.00 <i>\$100</i>
1set	Rear bumper clips <i>NEC</i>	Necessary	60.00	40.00
1	Reverse sensor w/holder <i>BT</i>	Damaged	280.00	250.00
1	Reverse sensor wire harness <i>XGVL</i>	Necessary	120.00	120.00
1	Rear end panel top garnish clips <i>XNN</i>	Necessary	50.00	30.00
1	LHS Rear fender glass sealant <i>XNN</i>	Necessary	100.00	600.00
1	Rear end panel sealant <i>NEC</i>	Necessary	100.00	80.00 <i>\$50</i>
1	Rear spare tyre panel sealant <i>XNN</i>	Necessary	100.00	80.00
Total Parts			11007.15	11377.15

\$6084.11

S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/019/0343SK
Vehicle No. SMN 4717L

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	OUR ASSESSMENT (\$\$)
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas; replace the damaged parts and components	1800.00	1600.00 \$1000
2	To supply paint materials, expandable items & putty, respray paint on parts replaced and repaired areas	1600.00	1400.00 \$800
3	To remove and refix rear tailgate windscreen	140.00	120.00 \$100
4	To remove and refix LHS fender glass	80.00	60.00 X100
5	To check electrical wiring at rear damage areas	120.00	80.00 \$50
6	To remove and refix rear interior fittings, components trimmings so as to facilitate repairs at rear	180.00	150.00 \$80
7	To remove and replace reverse sensor and check for proper function	120.00	100.00 \$60
8	To perform anti rust treatment on affected areas	210.00	180.00 \$80
	Labour Total :	4250.00	3690.00
	TOTAL (PARTS & LABOUR):	15257.15	15067.15

Note: (For Lump Sum Repair)

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements.

The final adjusted Lump Sum contract amount is S\$13,600/-


S. Kumanan
Motor Surveyor



\$8254.11
L/S: \$6600/-
7 repair days

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	107N

Vehicle Details

Vehicle No.:	SMN4717L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VELLFIRE 8-SEATER 2.5X CVT
Primary Colour:	Black
Manufacturing Year:	2019
Engine No.:	2ARJ258668
Chassis No.:	AGH300239668
Maximum Power Output:	134.0 kW (179 bhp)
Open Market Value:	\$39,195.00
Original Registration Date:	13 Aug 2019
First Registration Date:	13 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$46,873.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Aug 2029
PARF Rebate Amount:	\$35,154.00

Intended COE Rebate Details

COE Expiry Date:	12 Aug 2029
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$42,002.00
COE Rebate Amount:	\$31,782.00
Total Rebate Amount:	\$66,936.00

The information contained herein is correct as at 23 Dec 2019

OK

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	21/10/2019 10:52
Date Of Accident	21/10/2019 06:20
Exact Location Of Accident	ALONG PIE TOWARDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3134L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	REPORTING ONLY
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	LEE KIM ENG
NRIC No	S7041371Z
Date Of Birth	14/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	12/04/1991
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97428155
Fax Number	
Contact Number	
EMail Address	LEE_KIMENG@HOTMAIL.COM

Address	BLK 479 PASIR RIS DRIVE 4 #02-437
Postcode	510479
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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	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)	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

PLS REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN4717L
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	REAR LEFT
No. Of Passenger (Including Driver)	

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. 199303821K

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.:

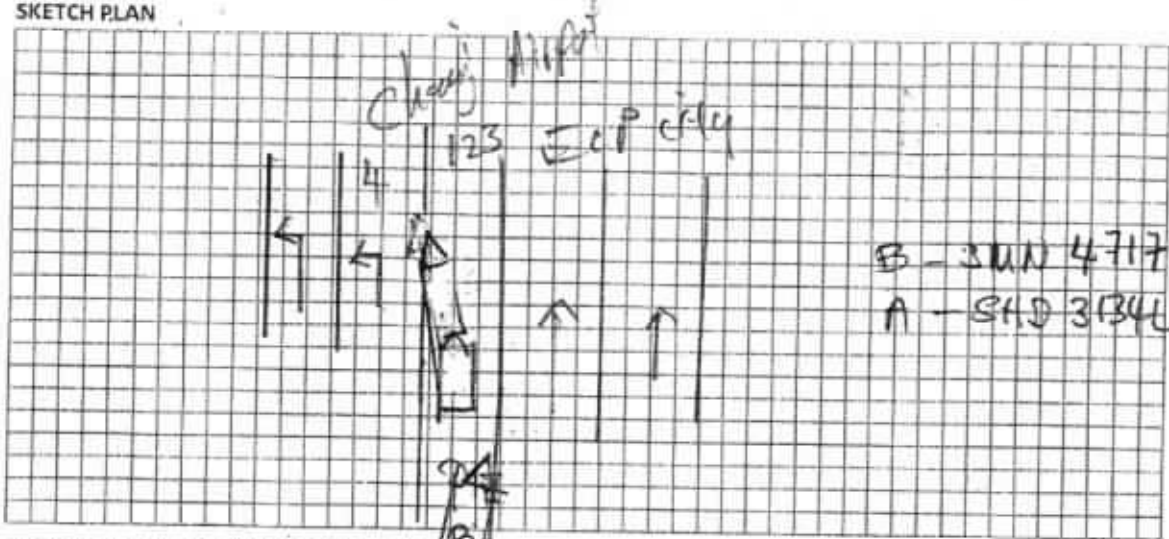
21 OCT 2019

GIA/MC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving toward PIE to Changi Airport while suddenly my front vehicle SKN 4717L jammed his brake and I did quickly reacted to brake my vehicle but it was still moving forward and collided with the front vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 189303821H

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Wendy
NRIC/FIN No.: 21 OCT 2013

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo






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/III19018796/Fyd3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 07-02-2020	
		Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 3134L	Veh. Inspected	SMN 4717L
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT19100452	Excess (\$)	0.00
Assign From	STANLEY LAI	Assign Date	30/01/2020
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VELLFIRE	c.c	2493
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	AGH300239668	Colour	BLACK
Odometer	13557	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	235/50 R18	DUNLOP	4 mm
L/H Front Tyre	235/50 R18	DUNLOP	4 mm
R/H Rear Tyre	235/50 R18	DUNLOP	5 mm
L/H Rear Tyre	235/50 R18	DUNLOP	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	21/10/2019	Inspection Date	23/10/2019
Survey held at	ECO AUTOMOBILE CLAIMS & REPAIR PTE LTD 13 KAKI BUKIT ROAD 4 #03-29 BARTLEY BIZ CENTRE SINGAPORE 417807		
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:		7 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMN 4717L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR TAILGATE	BUCKLED	1,982.00	1,800.00
1	REAR TAILGATE VELLFIRE EMBLEM	NECESSARY	96.20	96.20
1	REAR TAILGATE INNER LOCK MECHANISM	BENT	497.80	313.00
1	REAR TAILGATE LOCK STRIKER	SERVICEABLE	42.00	-
1	REAR TAILGATE REFLECTOR LHS	SERVICEABLE	682.00	-
1	REAR TAILGATE INNER TRIM BOARD	CRACKED	619.50	526.00
1	REAR BOOT EDGE WEATHERSTRIP	DEFORMED	357.97	357.97
2	REAR TAILGATE DAMPERS @\$294.50	SERVICEABLE	589.00	-
1	REAR TAILGATE CENTRE CHROME GARNISH	SERVICEABLE	328.00	-
1	REAR BOOT EDGE TOP BLACK CHROME PROTECTOR	SERVICEABLE	294.00	-
1	REAR BUMPER	DEFORMED	1,654.64	1,380.00
1	REAR BUMPER REFLECTOR LHS	CRACKED	120.65	120.65
2	REAR BUMPER SIDE RETAINERS	SERVICEABLE	168.00	-
1	REAR BUMPER TOW COVER	BROKEN	72.00	72.00
2	REAR BUMPER BRACKET @\$126.50	BENT	253.00	105.00
1	REAR BUMPER TOP CHROME MOULDING	NECESSARY	372.00	280.00
1	REAR SMART KEYLESS ANTENNA	DAMAGED	180.00	180.00
1	LHS REAR FENDER	TO REPAIR SEE LABOUR	982.00	-
1	LHS TAILLAMP	CRACKED	798.00	798.00
1	REAR SPARE TYRE PANEL	TO REPAIR SEE LABOUR	1,280.00	-
1	REAR SPARE TYRE PANEL TOP COVER	SERVICEABLE	275.00	-
1	REAR END PANEL	BUCKLED	1,120.00	1,050.00
1	REAR END PANEL TOP GARNISH	DEFORMED	259.10	180.00
	LESS 25% DISCOUNT		-3,255.72	-1,814.71
			9,767.14	5,444.11
SPECIAL NETT ITEMS				
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	100.00	50.00
1	REAR LICENCE PLATE TRIM (CHROME) (SN)	SCRATCHED	180.00	150.00
1	REAR REFLECTOR LHS TRIM (CHROME) (SN)	SCRATCHED	150.00	100.00

Report Ref No. CS3/III19018796/Fyd3e2-1



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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	60.00	40.00
1	REVERSE SENSOR W/HOLDER (SN)	BROKEN	280.00	250.00
1	REVERSE SENSOR WIRE HARNESS (SN)	SERVICEABLE	120.00	-
1	REAR END PANEL TOP GARNISH CLIPS (SN)	NOT NECESSARY	50.00	-
1	LHS REAR FENDER GLASS SEALANT (SN)	NOT NECESSARY	100.00	-
1	REAR END PANEL SEALANT (SN)	NECESSARY	100.00	50.00
1	REAR SPARE TYRE PANEL SEALANT (SN)	NOT NECESSARY	100.00	-
			1,240.00	640.00
	LABOUR			
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS; REPLACE THE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF LHS REAR FENDER AND REAR SPARE TYRE PANEL.		1,800.00	1,000.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED AND REPAIRED AREAS.		1,600.00	800.00
	TO REMOVE AND REFIX REAR TAILGATE WINDSCREEN.		140.00	100.00
	TO REMOVE AND REFIX LHS FENDER GLASS.	NOT NECESSARY	80.00	-
	TO CHECK ELECTRICAL WIRING AT REAR DAMAGE AREAS.		120.00	50.00
	TO REMOVE AND REFIX REAR INTERIOR FITTINGS, COMPONENTS TRIMMINGS SO AS TO FACILITATE REPAIRS AT REAR.		180.00	80.00
	TO REMOVE AND REPLACE REVERSE SENSOR AND CHECK FOR PROPER FUNCTION.		120.00	60.00
	TO PERFORM ANTI RUST TREATMENT ON AFFECTED AREAS.		210.00	80.00
			4,250.00	2,170.00
GRAND TOTAL			15,257.14	8,254.11
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				6,600.00

Report Ref No. CS3/III19018796/Fyd3e2-1

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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