

REF: 053/II19022561/Evd3<sup>09</sup> send instruction:

Assignee: Steve  
Demick Tan

ASSIGNMENT (Office)

Bill to: III Date/Time: 19/02/2020

OBJECT: WSA/TORH-LEAD-BUZZER/MAZ/INV/INV/ICS

Damage: EY 7318 T Insured: SHB 6241 B  
Friendship Motor Tel: 9661 7318

Blk 1005 Bkt merah lane 2 # 01-18

Claim No: MCT19120413

Branch: \_\_\_\_\_

D.O.A: 16/12/2019

CS PREPARED BY: REV 24/11/19

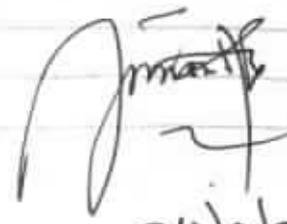
Location: 12:00pm @ 24/12/19 Project Counselor: Terry H.O.D. Endorsement: \_\_\_\_\_

Vehicle: IN / OUT

Ref No	Description	Stat	Start Date	End Date
		X		
			20/12/2019	20/12/2019

27/12/19 Submit PRS  
 Dismantle parts: 26.12.2019 0400PM

24/2/20 Submit LS \$2700 (Recl >600, 49%), 3 days

  
 24/2/2020

RECEIVED 25 FEB 2020

260+11 = 261  
 261-131 = 130

Surveyor Steve

REF: III

PRS

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OO / TP / WS / TP RES / OO RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop no: \_\_\_\_\_  
 of \_\_\_\_\_  
 Hours: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: E4 7318T Yr Regn: 6/3/15  
 Type: (M.Ce) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Joyta Estima cc 9362  
 Colour: White A/C: Insured / (S) / NI / NA  
 Sp. Reading: 131514 TRadio: Insured / Std / NI / NA

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 (Stamp: N/S, O/S)  
 Est or Market Value: \_\_\_\_\_  
 IDAC Approval Ref: \_\_\_\_\_ Consistent? : Yes or No  
 OIA / PP Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Report: \_\_\_\_\_ days Res: Yes or No  
 Lump Sum: \_\_\_\_\_ % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

EngNo: \_\_\_\_\_  
 CNo: ACR507125535  
 Gen. Cond: Good / (F) / Poor / Burnt  
 Steering: (O) / Jammed / Leaked / Burnt or  
 Brakes: (O) / Jammed / Leaked / Burnt or  
 Modi: (N) / (S) / Rim / STD A/Rim or  
 Tyre Size: F: 225 225/50R18  
 R: 11  
 BS / DUN / ERNOVA / DY / FS / LIZA / (M) / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front R/Bat: 6 mm R/Bat: 6 mm  
 L/Bat: 6 mm L/Bat: 6 mm  
 D.O.A: 16/12/18 D.O.A: 24/12/19  
 Survey held at: Friendship mdv 1259PM  
 Des. of Damages: (Frt) / Rear / O/S / N/S / UIC / Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action / Instruction  
MV-91K  
 RECEIVED 2019

Date/Time File Ref: b7  : Prelim. Report  
 : Final Report  
 Date/Time File Return: b7  
 n 27/12-14964  
 Report Format: \_\_\_\_\_  
 Lump Sum / (I.B.): (\$ \_\_\_\_\_)

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech Inv. (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee: 120  
 Transportation: \_\_\_\_\_  
 ) S - RS - SI  
 ) PR/PA  
 ) CHAS  
 ) \_\_\_\_\_  
 TOTAL: 120

## Nivitha (LKK Auto)

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**From:** Celine Fong (LKKAuto) <celinefong@lkkauto.com>  
**Sent:** Wednesday, 19 February 2020 5:33 PM  
**To:** Admin-D (LKKAuto)  
**Subject:** FW: III REF: MCT19120413 | REQUEST PAPER SURVEY TP VEH EU7318T

Best Regards,

Celine Fong

LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email: celinefong@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: Derrick Tan <DerrickTan@iii.com.sg>

Sent: Wednesday, 12 February 2020 12:29 PM

To: SUR <sur@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>

Cc: Zuhaidah Samsuri <aida@iii.com.sg>; Gabriel Wee <Gabriel@iii.com.sg>

Subject: III REF: MCT19120413 | REQUEST PAPER SURVEY TP VEH EU7318T

Dear Sir/Mdm,

Please conduct paper survey for the below TP vehicle and let us have your report urgently. LOD uploaded and rights granted to you in Merimen.

TP Veh No. : EU7318T

Thank you.

Derrick Tan

Motor & Work Injury Claims Department

India International Insurance Pte Ltd

64 Cecil Street, #04/#05 IOB Building, Singapore 049711

Tel: 6347 6100, Ext - 264

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

**DISCLAIMER:**

This email is intended solely for the person to whom it has been addressed.

It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful.

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Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K



INDIA INTERNATIONAL  
INSURANCE  
SINGAPORE  
Serving the region since 1987

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 138703741X GST Reg. No. M2-007980944  
1178 Building Singapore 049711  
Office (65) 63476100 Email insure@iil.com.sg  
Fax (65) 62244174 Website www.iil.com.sg

PRESERVE

mc-7119120413.

UNINSURED LOSS

PRESERVE

5k.

SUBRO

PRESERVE

310 712

Friendship  
Mute Co

LPPN

INVESTIGATION FEE

SURVEY FEES

269.00

LEGAL FEES

OTHERS

FRAUD CHECK

UPLOAD TO MERIMEN

GRANT RIGHTS

# FRIENDSHIP MOTOR COMPANY

BLK 125 BUKIT MERAH LANE 1 #01-168 SINGAPORE 150125

TEL: 6274 2122 FAX: 6278 6717

Date : 10.01.20

To: Mr Loi Li Yan

Vehicle No.: EU 7318 T  
Date Of Accident: 16.12.19

Make/Model: Toyota Estima

\$

Lump sum repair costs.

5,300.00

Dollars: Five Thousand Three Hundred Only.

# PRESTIGE APPRAISER SERVICES

Insurance Loss Adjusters and Licensed Appraisers Regn.52868584L  
Blk 131 Rivervale Street #05-872 S'pore 540131 Tel:65528323  
Fax:64574321

No. 23351

## INVOICE

### Customer

To

Mr Loi Li Yan  
c/o Blk 125 Bukit Merah Lane 1  
#01-168  
Singapore 150125

Date 09-Jan-20  
Our ref PS/020/12/19  
Your Ref

VEHICLE REGISTRATION NO : EU 7318 T

VEHICLE MAKE/MODEL : Toyota Estima

INSPECTION REPORT FEES  
(inclusive of photographs & transport charges)

\$490.00

DOLLARS: Four Hundred And Ninety Only

○  
E. & O. E.

for PRESTIGE APPRAISER SERVICES



## PRESTIGE APPRAISER SERVICES

Insurance Loss Adjusters and Licensed Appraiser Regn. 652868584L

Blk 131 Rivervale Street #05-872 S'pore 540131 Tel:65528323 Fax:64574321

Our ref : PS/020/12/19  
Date : 09th January 2020

Mr Loi Li Yan  
c/o Blk 125 Bukit Merah Lane 1  
#01-168  
Singapore 150125

Dear Sir,

**Re : THIRD PARTY CLAIM**

We refer to your instruction to appraise the vehicle **EU 7318 T** on 23rd December 2019.

A static inspection was conducted during our survey and our report is enclosed for your perusal. The estimated repair cost submitted by **Messrs. Friendship Motor Company** for **\$10,367.80** as per our attached schedule have been inspected thoroughly each and every item and revised by us against the actual damages found on the vehicle which have been recommended by us accordingly.

The repairer has agreed to undertake repairs at our revised amount of **\$5,300.00 lump sum** corresponding to supply of parts, labour charges and spray-painting. However, we have not given instruction to authorize the repairs.

Under normal circumstances, the estimated period of repairs would be **FOUR (4) days**. Photographs of the damaged vehicle taken by us during our inspection are enclosed.

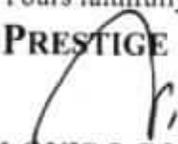
We are reverting the matter to you for a decision.

Please do not hesitate to contact us if you need any clarification.

Assuring you of our best services.

Yours faithfully,

**PRESTIGE APPRAISER SERVICES**

  
**LOUIS S C NG CAE AMIMI**  
**Dip. MTM. Automotive Engineer**  
**Licensed Appraiser**

Encl.

# PRESTIGE APPRAISER SERVICES

## VEHICLE INSPECTION REPORT

To: Mr Loi Li Yan  
c/o Blk 125 Bukit Merah Lane 1  
#01-168  
Singapore 150125

Date : 09th January 2020  
Our Ref : PS/020/12/19  
Policy No :  
Sum Insured :  
Excess : T/P Claim

Assigned By : Mr Loi Li Yan  
Assignment Date : 23rd December 2019  
Accident Date : 16th December 2019  
Inspection Date : 23rd December 2019  
Workshop Name : FriendshipMotor Company  
Survey Conducted At : Blk 125 Bukit Merah Lane 1  
#01-168  
Singapore 150125

### PARTICULARS OF VEHICLE

Registration No	: EU 7318 T	Mileage	: 131427km
Make/Model	: Toyota Estima	Engine No	: HIDDEN
Type Of Body	: Stationwagon	Chassis No	: ACR50-7125535
Year Of Manu./Regn.	: 2014/2015	Passenger Cap.	: 6 Passengers
Colour	: White	Others	: -

### CONDITION OF TYRES

	R/H SIDE	L/H SIDE
Front Tyre	: 5mm 225/60R18 Michelin	5mm 225/60R18 Michelin
Rear Tyre	: 5mm 225/60R18 Michelin	5mm 225/60R18 Michelin

*The above represent the estimated remaining life of the tyre treads.*

### PRE-ACCIDENT CONDITION (Static tests only)

Handbrake	: Serviceable	Body Work	: Good
Footbrake	: Serviceable	Paint Work	: Good
Steering	: Serviceable	Others	: -

### POINT OF IMPACT

The vehicle sustained an impact on the front L/H portion.

### GENERAL DESCRIPTION OF DAMAGES

The front support panel, bumper assy, L/H fender were dented.

For details of damages please refer to schedule attached.

### REMARKS :

This survey was conducted strictly without prejudice.

# PRESTIGE APPRAISER SERVICES

Vehicle No : EU 7318 T

Our Ref :

PS/020/12/19

Qty	Descriptions	Conditions	Repairer's Est.	Our Revised.
<u>LIST ITEMS</u>				
1	front bumper	dented	\$ 1,463.02	\$ 800/ 1,463.02 ✓
1	front bumper beam	dented	289.00	289.00 X ✓
2	front bumper side retainer	necessary	210.88	210.88 ✓
1	front bumper centre grille	dented	387.94	387.94 ✓
8	front bumper clip	necessary	64.00	64.00 20 ✓
1	L/H fog lamp	scratched	378.52	378.52 ✓
1	front tow hook cover	dented	68.10	68.10 ✓
1	front support panel	dented - repair	677.95	-
1	front support panel top garnish	dented	305.21	305.21 X ✓
1	L/H headlamp	scratched	1,648.13	1,648.13 X ✓
1	L/H front fender	dented - repair	782.40	-
1	L/H front fender dust cover	torn	326.76	326.76 ✓
1	front grille	holder cracked	489.89	489.89 ✓
4	front grille clip	necessary	28.00	28.00 ✓
1	front grille emblem	necessary	68.00	68.00 ✓
			7,187.80	5,727.45
		Less 25%	-	1,431.86
			\$ 7,187.80	\$ 4,295.59
<u>S/NETT ITEMS</u>				
1	front bumper sensor	damaged	300.00	250.00 200 ✓
1	L/H front fender dust cover insulator	necessary	400.00	250.00 100 ✓
1	L/H running day light	scratched	300.00	240.00 ✓
				200 ✓
<u>Labour Charges &amp; Misc</u>				
	To dismantle & replace damaged parts, panel beat where necessary.		1,000.00	400 ✓ 700.00
	To putty, apply primer & spray-paint on the affected portion.		1,000.00	500 ✓ 800.00
	To apply rust-proofing on repaired, replaced panel.		80.00	30 ✓ 50.00
	To check wiring functions.		100.00	30 ✓ 70.00
			\$ 10,367.80	\$ 6,655.59

**Note:** The repairer has agreed to undertake the repairs at our adjusted amount of **\$5,300.00 lump sum** corresponding to supply of parts, labour and spray-painting charges.

Under normal circumstances, the estimated repair period would be **FOUR ( 4 )** days.

Pursuant to your instruction we have **not** authorised repairs on your behalf.

3 days

**PRESTIGE APPRAISER SERVICES**

  
**LOUIS S C NG CAE AMIMI (UK)**  
 Licensed Appraiser  
 Dip. MTM. Automotive Engineer

\*\*\*\*\*  
 \*\*\* TX REPORT \*\*\*  
 \*\*\*\*\*

TRANSMISSION OK

TX/RX NO	2835
RECIPIENT ADDRESS	62356939
DESTINATION ID	
ST. TIME	29/01 09:47
TIME USE	00'27
PAGES SENT	2
RESULT	OK

# Centro-Legal Law Corporation

ADVOCATES AND SOLICITORS

Your Ref : To be advised

Our Ref: CLLC.PD.178.2019

17 JANUARY 2020



151 Chin Swee Road  
 #02-21 Manhattan House  
 Singapore 169876  
 Tel: 6235 0633  
 Fax: 6235 6939

**India International Insurance Pte Ltd**

64 Cecil Street

#04/06-00 IOB Building

Singapore (670153)

**Attn: Manager/Motor Claims Department**

Comfort Transportation Pte Ltd

383 Sin Ming Drive

Gas Building

Singapore (575717)

WITHOUT PREJUDICE BY HAND

Dear Sirs,

**ACCIDENT ON 16.12.2019 ALONG CALTEX PETROL KIOSK ALEXANDRA ROAD INVOLVING  
 MOTOR VEHICLES EU 7318T AND SHB 6241B**

We act for Loi Li Yan (S7437856J), the owner of the motor vehicle EU 7318T involved in the captioned accident.

From our insurance search, you are the insurer of motor vehicle SHB 6241B.

We are instructed by our client to claim damages against your insured in connection with a road

M-7/19/20413  
 And 28/1/2020

# Centro-Legal Law Corporation

ADVOCATES AND SOLICITORS

Your Ref : To be advised  
Our Ref: CLLC.PD.178.2019  
17 JANUARY 2020



151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel: 6235 0633  
Fax: 6235 6939

**India International Insurance Pte Ltd**

64 Cecil Street  
#04/06-00 IOB Building  
Singapore (670153)

**Attn: Manager/Motor Claims Department**

Comfort Transportation Pte Ltd  
383 Sin Ming Drive  
Gas Building  
Singapore (575717)

**WITHOUT PREJUDICE BY HAND**

Dear Sirs,

**ACCIDENT ON 16.12.2019 ALONG CALTEX PETROL KIOSK ALEXANDRA ROAD INVOLVING MOTOR VEHICLES EU 7318T AND SHB 6241B**

M-7/19/20413  
Ard  
28/1/2020

We act for Loi Li Yan (S7437856J), the owner of the motor vehicle EU 7318T involved in the captioned accident.

From our insurance search, you are the insurer of motor vehicle SHB 6241B.

We are instructed by our client to claim damages against your insured in connection with a road traffic accident on 16.12.2019 along Caltex Petrol Kiosk Alexandra Rd involving our client's motor vehicle no EU 7318T and motor vehicle no SHB 6241B was driven by your insured and/or your insured's servant and/or agent at the material time.

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

# Centro-Legal Law Corporation

151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel: 6235 0633  
Fax: 6235 6939

## ADVOCATES AND SOLICITORS

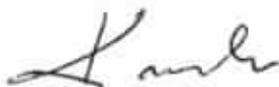
a)	Cost of repairs	\$ 5,300.00
b)	Loss of use/ rental	\$ 600.00
c)	Loss of use (PRI) \$150X2 days	\$ 300.00
d)	Survey report fee	\$ 490.00
e)	Colour copies (\$1.00X10)	\$ 10.00
f)	LTA search fee	\$ 7.49
g)	GIA reports fee	\$ 29.00
h)	Costs contribution	<u>\$ 1,000.00</u>
		<u>\$ 7,736.49</u>

A copy each of the following supporting documents marked [X] is enclosed:-

- GIA reports
- Repairers bill and evidence of payment
- Excess bill/receipt
- Vehicle Registration Card
- COE/PARF Certificate
- Names and addresses of witnesses
- Photographs of damage to our client's motor vehicle
- Photocopied photographs of damage to our client's motor vehicle
- Rental Agreement, Invoice and receipt for rental
- Supporting documents for all other expenses claimed

Please take note that you 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 your insured without further notice to you.

Yours faithfully,



(This is digitalized signature)

**P KAMAL DEWI**

**CENTRO-LEGAL LAW CORPORATION**

Enc.

# *Centro-Legal Law Corporation*

ADVOCATES AND SOLICITORS

151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel: 6235 0633  
Fax: 6235 6939

## **Comfort Transportation Pte Ltd**

Please note that we have notified your insurers. Please inform them of the claim. If your insurers are not the above-named and if you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurers.

Please note that you or your insurers should send us an acknowledgement of receipt of this letter within 14 days of 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 insurers.

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

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The 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	16/12/2019 17:00
Date Of Accident	16/12/2019 14:00
Exact Location Of Accident	CALTEX PETROL KIOSK ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EU7318T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOI LI YAN
NRIC No	S7437856J
Email Address	OLIVIALOILIYAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98633815
Alternative Phone No	OFFICE-NOPHONE
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	ESTIMA-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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
<b>Insurance Company</b>	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00601109
Cover Note Number	
<b>Driver</b>	
Name of Driver	WEE KEAT SIONG
NRIC No	S7140404H
Date Of Birth	30/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1991
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96617318
Fax Number	
Contact Number	
E-Mail Address	TERRYWEE71@GMAIL.COM

Address BLK 122 JURONG EAST STREET 13 #24-41  
 Postcode 600122  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SPOUSE  
 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? 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 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 SHB6241B  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver TEH LIAN HUAT  
 NRIC/Passport Number S1520127D  
 Contact Number 9795 4208  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

11/12/17  
16/12/17 19:00

IMPORTANT NOTICE

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

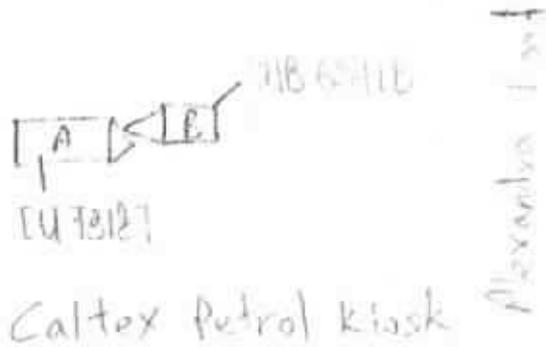
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

*[Handwritten Signature]*  
16/12/17  
16:35

*[Handwritten Signature]*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/12/19 at about 2pm after I finish washing my car at caltex petrol kiosk & my car was stationary suddenly the taxi (SHB 6241B) hit onto my car (EU 7318T)

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:  
16/12/19  
16:35

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:



## Enquire Vehicle & Owner Information ( Vehicle No. SHB6241B As At 16 Dec 2019 / 14:00:00 )

### Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: CLLC.0896.2019 LI

### 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.: SHB6241B

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

Insurance Company Name:INDIA INT'L INS PTE LTD



Kasturi D/o Devasathayam has successfully logged out.  
Your last login date and time was 20 Dec 2019, 10:48:38.  
To return to ONE.MOTORING, please [click here](#)  
For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

Sl No	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transa
1	Vehicle	SHB6241B	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49

## 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	17/12/2019 13:46
Date Of Accident	16/12/2019 13:55
Exact Location Of Accident	CALTEX @ ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6241B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	TEH LIAN HUAT
NRIC No	S1520127D
Date Of Birth	26/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1979
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97954208
Fax Number	
Contact Number	
Email Address	TEHLIANHUAT@GMAIL.COM

Address	606 06-51 SENJA ROAD
Postcode	670606
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	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)	0

#### 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

AS PER ATTACH.

#### Attachment(s)

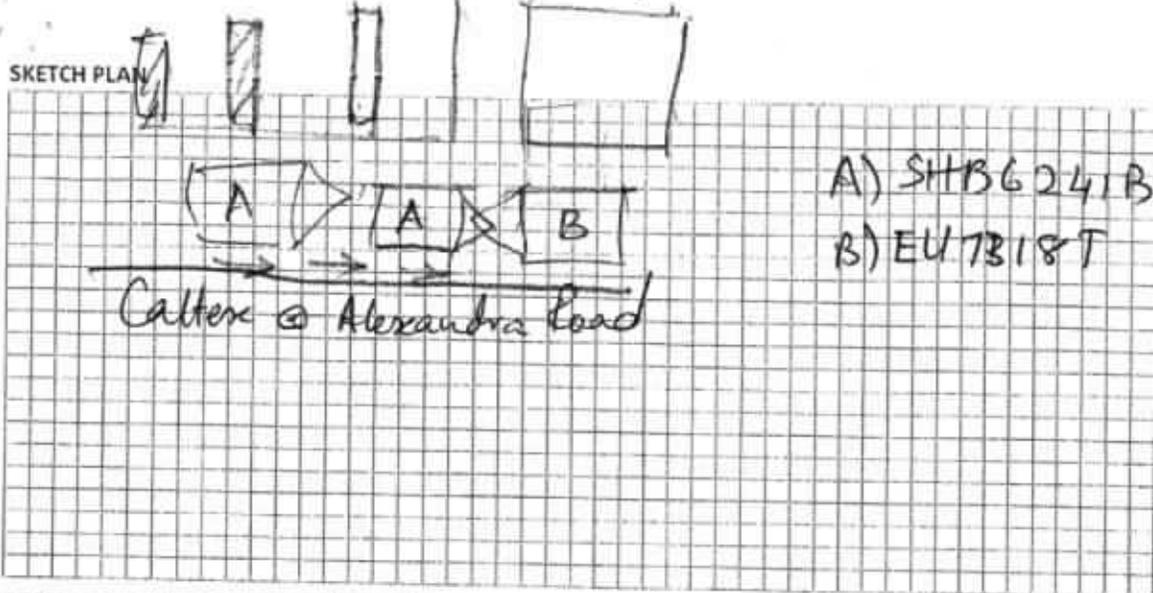
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EU7318T
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	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



A) SHB6241B  
B) EU7318T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/12/19 at about 13:55hrs while I Veh A had stopped in the driveway of the Kiosk and rushed to the rest room. When I was almost reached the rest room heard a sound and noticed my vehicle rolled forward and collided into the front of the parked Veh B that was waiting for dry cleaning after the car wash.

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:  
NRIC/Fin No.:

*[Signature]*  
19/12/19

**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 regulate 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

Policyholder's Signature \_\_\_\_\_

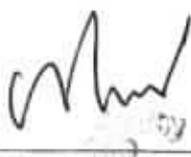
Date & Time: \_\_\_\_\_



Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time: \_\_\_\_\_



Reporting Centre Personnel's Signature \_\_\_\_\_

Name: \_\_\_\_\_

NRIC/FIN No.: \_\_\_\_\_

17/12/19



Accident Photo



Accident Photo



Accident Photo



Accident Photo



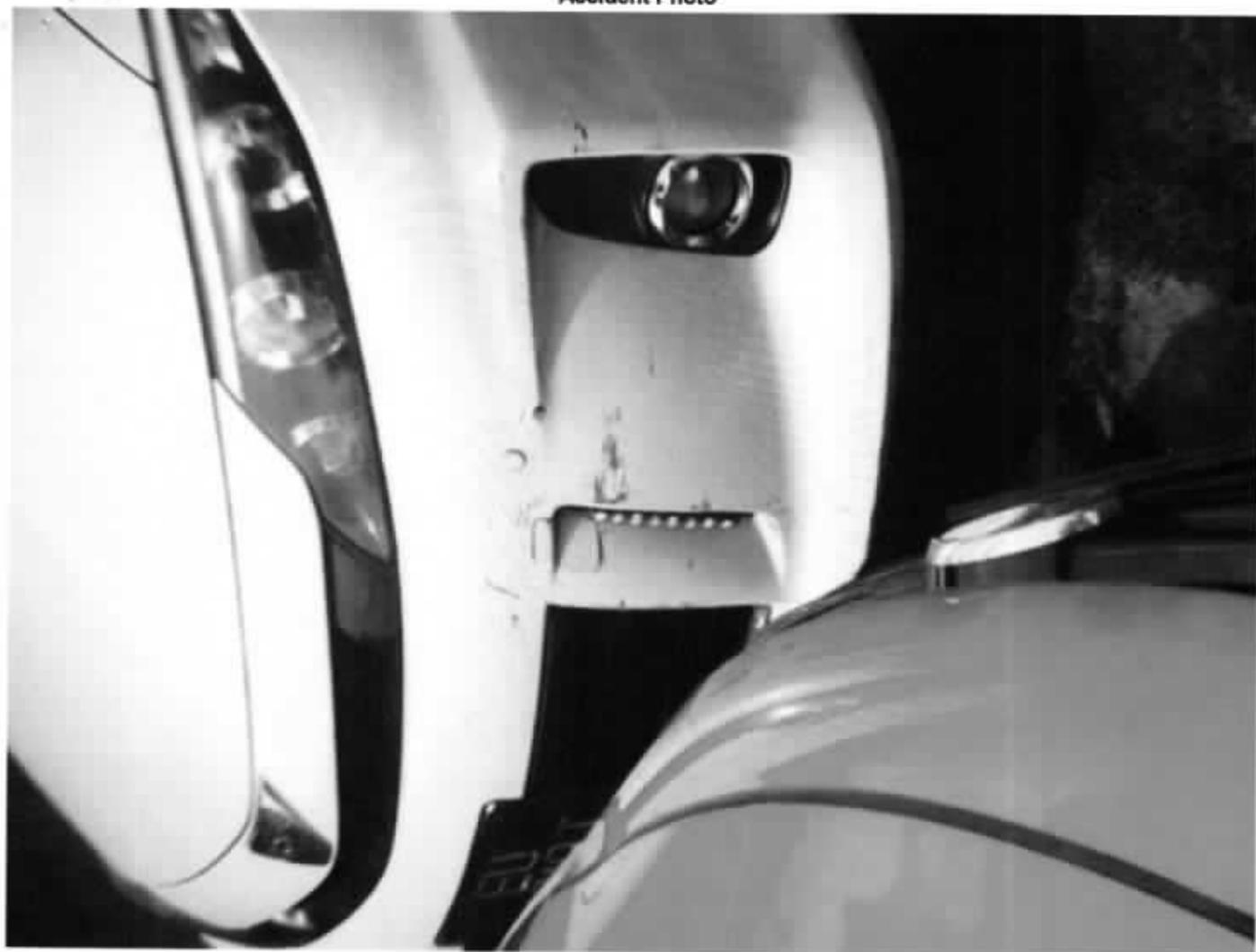
Accident Photo



Accident Photo



Accident Photo



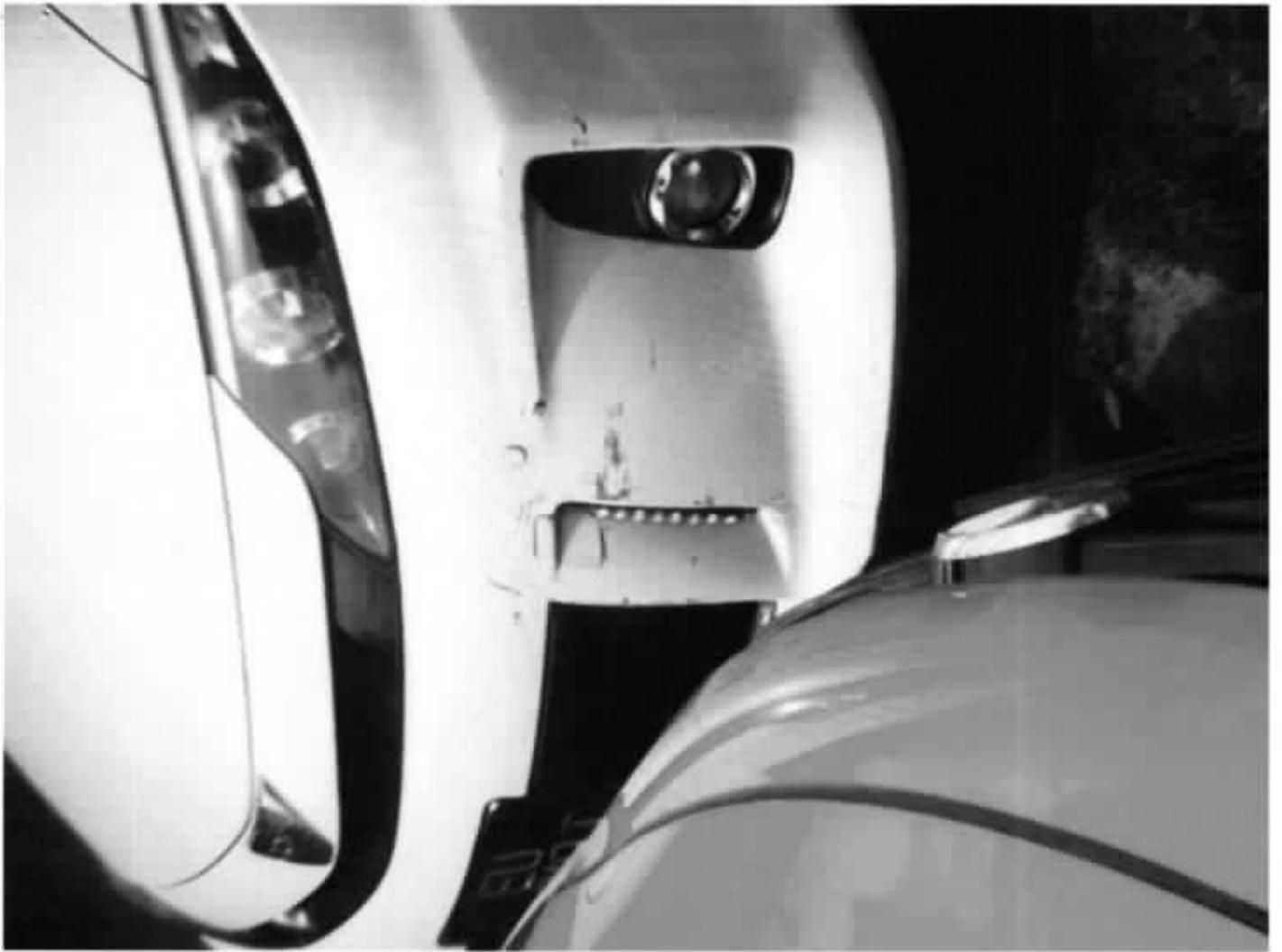
Accident Photo



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/III19022561/Evd3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 25-02-2020	
		Code : III2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHB 6241B	Veh. Inspected	EU 7318T
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT19120413	Excess (\$)	0.00
Assign From	DERRICK TAN	Assign Date	19/02/2020
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA ESTIMA	c.c	2362
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	ACR507125535	Colour	WHITE
Odometer	131514	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	225/50 R18	MICHELIN	6 mm
L/H Front Tyre	225/50 R18	MICHELIN	6 mm
R/H Rear Tyre	225/50 R18	MICHELIN	6 mm
L/H Rear Tyre	225/50 R18	MICHELIN	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	16/02/2019	Inspection Date	24/12/2019
Survey held at	BLK 1005 BUKIT MERAH LANE 2# 01-18		
Repairer	FRIENDSHIP MOTOR CO		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>3 Working Days</b>	



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

Page No.:1 of 2

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. EU 7318T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER	DENTED	1,463.02	800.00
1	FRONT BUMPER BEAM	SERVICEABLE	289.00	-
2	FRONT BUMPER SIDE RETAINER	NECESSARY	210.88	210.88
1	FRONT BUMPER CENTRE GRILLE	DENTED	387.94	387.94
8	FRONT BUMPER CLIP	NECESSARY	64.00	30.00
1	L/H FOG LAMP	SCRATCHED	378.52	378.52
1	FRONT TOW HOOK COVER	DENTED	68.10	68.10
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	677.95	-
1	FRONT SUPPORT PANEL TOP GARNISH	SERVICEABLE	305.21	-
1	L/H HEADLAMP	SERVICEABLE	1,648.13	-
1	L/H FRONT FENDER	TO REPAIR SEE LABOUR	782.40	-
1	L/H FRONT FENDER DUST COVER	TORN	326.76	243.00
1	FRONT GRILLE	HOLDER CRACKED	489.89	374.00
4	FRONT GRILLE CLIP	NECESSARY	28.00	20.00
1	FRONT GRILLE EMBLEM	NECESSARY	68.00	68.00
	LESS 25% DISCOUNT		-	-645.11
			7,187.80	1,935.33
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT BUMPER SENSOR (SN)	DAMAGED	300.00	200.00
1	L/H FRONT FENDER DUST COVER INSULATOR (SN)	NECESSARY	400.00	100.00
1	L/H RUNNING DAY LIGHT (SN)	SCRATCHED	300.00	200.00
			1,000.00	500.00
<b><u>LABOUR</u></b>				
	TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY. INCLUSIVE OF THE REPAIR OF FRONT SUPPORT PANEL AND L/H FRONT FENDER.		1,000.00	400.00
	TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.		1,000.00	500.00
	TO APPLY RUST-PROOFING ON REPAIRED, REPLACED PANEL.		80.00	30.00

Report Ref No. CS3/III19022561/Evd3e2-1



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TEL: 6256 3561 FAX: 6256 4315

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

Page No.2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK WIRING FUNCTIONS.		100.00	30.00
			2,180.00	960.00
	<b>GRAND TOTAL</b>		<b>10,367.80</b>	<b>3,395.33</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,700.00</b>

Report Ref No. CS3/III19022561/Evd3e2-1

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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