

12/05/2018

ASS. REC. BY:

REP: CS3/III19022345/Tif d37

Special Instruction:

ola

Surveyor: Taufik

ASSIGNMENT (Office)

From (Person): Demick Tan

of III

Date/Time: 24/02/2020

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMG 2761H

Insured:

SHD 4185H

at Workshop m/s

Apex Motoring

Tel:

91680825

of

25 kaki Bukit Road 4 # 01-SS Synergy

Policy No:

Claim No:

MCT19120792

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

17/12/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 3:18pm 19/12/19

Person Contacted:

Rachel

Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	SMG 2761H-X
	SHD 4185H-CS/PEI19007164/M/gb.3m3
	Don: 8/1/2017
	Submit PRS Report
	No Dismantle. check with Taufik already only after repair and survey photo.

Submit \$1200. 3days
(Red: 1950; 610/0)

Submit 1/59/200, 3days
6/3/2020

250+11=261

261-131=130

RECEIVED 9 MAR 2020

Taylor

ASSIGNMENT

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

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Est. or Market Value:
 IDAC Accident Rpt. Consistent? Yes or No
 GIA / PR Seen Consistent? Yes or No
 Est. repairs: _____ days Fee: Yes or No
 Lum Sum: _____ % 3 Val. Yes or No

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Vch No: SMG2761H Regn 12 2018
 Type: ☒ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Pro Hybrid cc 1797
 Colour: White ☒ Insured / Std / NI / NA
 Sp Reading: 87171 T/Radio: Insured / Std / NI / NA
 Engine: _____
 C/Nr: ZVW506052428
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: _____
 BS / OUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal: 6 mm R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A. _____ D.O.I. 19/12/19
 Survey held at Apex Motoring 0914 PM
 Des. of Damages: Frt / Rear / O/S / N/S / U/C Rooftop or
Frt o/s.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>1-7481</u>
	<u>NO G1A</u>
	<u>Submit PPS Report.</u>
	<u>After repair: 23/12/19</u>
	<u>0318 PM</u>

Days/Time: File Photo 1/1
☐ : Prelim. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Artd Fee: ☐ Site Insp. (S)
☐ Interview (S)
☐ Tech. Insp. (S)
☐ Other (S)

Survey Fee: _____

Transportation: _____

Phone: _____

Other: _____

120
11
131

Report Format: _____

Survey Date: 19/12/19

RECEIVED 29 JAN 2020

Nivitha (LKK Auto)

From: Derrick Tan <DerrickTan@iii.com.sg>
Sent: Monday, 24 February 2020 6:03 PM
To: 'sur@lkkauto.com'; Admin-D (LKKAuto)
Cc: Manivel Priyadarshini
Subject: PAPER SURVEY SMG2761H III REF: MCT19120792

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. : SMG2761H

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. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.
Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.
Print this email only if it is absolutely necessary and help in preservation of environment.
India International Insurance Pte Ltd.
Registration No. 198703792-K

Nivitha (LKK Auto)

From: Do-Not-Reply <do-not-reply@merimen.com>
Sent: Monday, 24 February 2020 6:40 PM
To: sur@lkkauto.com; assignments@lkkauto.com
Subject: Incoming New Document for SMG2761H

This mail is associated with :
***SMG2761H (MCT19120792)**
[SHD4185H]
TP

-
Dec 17 2019 12:00AM

[-]
Apex Motoring

The following new document(s) has been shared with you by India International Insurance for SMG2761H :

- Letter of Demand from Third Party

This is an auto-generated email. Do not reply to this email.

Sent by : Priya (India International Insurance Pte Ltd)

SH04185H MP

No	Subject Matter	Current	Revised	Remarks
1	Reserves			Non-reporting case
	TPPD	PRESERVE	31k	NR letter already sent.
	TPPI	PRESERVE	No info reported in TP file	
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	Investigation Fees			
	Survey Fees		300	
	Legal Fees			
	Others		1. San Loop 2. Upload LOD (merimen already created) 3. Enter reserves in Premium live after claim is registered	
2	Fraud Check			
3	Upload to merimen		4. Do First letter. 5. Pass to Pigea	
4	Grant Rights			
5	Payment			

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 2855
 RECIPIENT ADDRESS 64380111
 DESTINATION ID
 ST. TIME 31/01 16:53
 TIME USE 00'32
 PAGES SENT 2
 RESULT OK

Non reporting

CATHERINE LIM LLC

ADVOCATES & SOLICITORS

PUBLIC - 公証官

COMMISSIONER FOR OATHS - 宣誓官

CATHERINE C. LIM

DIRECTOR

LLB (HONS) SINGAPORE - 法律系-律師

M.B.A. (BUSINESS LAW) - 商業系-碩士

20 Havelock Road #03-01
 Central Square Singapore 059765
 UEN No. 201310922K

Tel: (65) 6438 5500

Fax: (65) 6438 0111

www.catherinelimllc.com

Email: info@catherinelimllc.com

CATHERINE LIM LLC is a law
 corporation with limited liability

Our Ref: CL/200152/T/APEX.sg

29 January 2020



India International Insurance Pte Ltd
 64 Cecil Street #04-05
 IOB Building
 Singapore 049711
 Attn: Motor Claims Dept

Comfort Transportation Pte Ltd
 383 Sin Ming Drive
 GAS Building
 Singapore 575717

Dear Sir

WITHOUT PREJUDICE

(to the personal injury claim)

BY HAND

SHD 4185H / MP

31/01/20.

CERTIFICATE OF POSTING
 (Please be informed that all supporting documents
 have been forwarded to your insurer.)

**ACCIDENT INVOLVING SMG 2761H / SHD 4185H ON 17/12/2019 ALONG PORTSDOWN ROAD
 TOWARDS FARRER ROAD**

We act for **ASIA EXPRESS CAR RENTAL PTE LTD**, the owner of motor vehicle No. SMG 2761H, which was involved in the above accident.

Our client has suffered loss and damage as a result of your Insured's negligence in the driving of motor vehicle No. SHD 4185H.

We quantify our client's claim as follows:-

1. Cost of Repair	\$3,150.00
2. Loss of use (3 days x \$150)	\$ 450.00
3. Survey fee	\$ 458.00
4. LTA search fee	\$ 16.00
5. Incidentals, transport & photocopying etc	\$ 53.50
6. Cost contribution	\$ 749.00

CATHERINE LIM LLC

林 林 ADVOCATES & SOLICITORS
翠 NOTARY PUBLIC - 公证官
玲 COMMISSIONER FOR OATHS - 宣誓官
律
師 CATHERINE C.L.LIM
館 DIRECTOR
LL.B (HONS) SINGAPORE - 法律系-律師
M.B.A. (BUSINESS LAW) - 商业系-碩士

20 Havelock Road #03-01
Central Square Singapore 059765
UEN No. 201310922K

Tel: (65) 6438 5500
Fax: (65) 6438 0111
www.catherinelimllc.com
Email: info@catherinelimllc.com
CATHERINE LIM LLC is a law
corporation with limited liability

Our Ref: CL/200152/T/APEX.sg

29 January 2020

India International Insurance Pte Ltd
64 Cecil Street #04-05
IOB Building
Singapore 049711
Attn: Motor Claims Dept

Comfort Transportation Pte Ltd
383 Sin Ming Drive
GAS Building
Singapore 575717

Dear Sir



WITHOUT PREJUDICE

(to the personal injury claim)

BY HAND

SHD 4185H IMP

31/01/20

CERTIFICATE OF POSTING

(Please be informed that all supporting documents
have been forwarded to your insurer.)

ACCIDENT INVOLVING SMG 2761H / SHD 4185H ON 17/12/2019 ALONG PORTSDOWN ROAD TOWARDS FARRER ROAD

We act for ASIA EXPRESS CAR RENTAL PTE LTD, the owner of motor vehicle No. SMG 2761H, which was involved in the above accident.

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We quantify our client's claim as follows:-

1. Cost of Repair	\$3,150.00
2. Loss of use (3 days x \$150)	\$ 450.00
3. Survey fee	\$ 458.00
4. LTA search fee	\$ 16.00
5. Incidentals, transport & photocopying etc	\$ 53.50
6. Cost contribution	\$ 749.00

	\$4,876.50

We enclose herewith photocopies of our client's accident report, LTA search, final repair bill, survey fee, survey report and colour photographs of our client's damaged vehicle for your immediate attention.

Please let us know within the next 14 days from the receipt of this letter, whether you are prepared to admit liability and revert with a settlement proposal, failing which our clients shall have no alternative but to commence legal proceedings against your insured.

Yours faithfully

Encs
cc: clients

(Please note that if your motor vehicle was not driven by you, there is a presumption in law that the said driver was driving as your agent/ servant unless you let us know the particulars of your driver if your motor vehicle was not driven by you.)

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 15:03
 Date Of Accident 17/12/2019 12:45
 Exact Location Of Accident ALONG PORTSDOWN RD TWRDS FARRER ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG2761H
Insured/Policyholder
 Name Of Registered Owner ASIA EXPRESS CAR RENTAL PTE LTD
 Co Reg No 201116882D
 Email Address PIEJIE@EXPRESSCAR.COM.SG
 Mobile Phone No
 Alternative Phone No OFFICE-96253682

Vehicle Particulars

Manufacturer TOYOTA
 Model PRIUS HYBRID 1.8S 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 MSIG INSURANCE (SINGAPORE) PTE. LTD.
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy YES
 Policy Number B 29119902 MCX
 Cover Note Number MOTORMAX COMMERCIAL

Driver

Name of Driver NG KOK CHYE
 NRIC No S1524661H
 Date Of Birth 01/08/1962
 Occupation OUTDOOR
 Date Of Driving Pass 12/11/1984
 Driving Experience 35 YEARS AND 1 MONTH
 Gender FEMALE
 Mobile Number (LOCAL) +65-84683362
 Fax Number
 Contact Number
 Email Address NOEMAIL



Address	BLK 45 TELOK BLANGAH DRIVE #03-141
Postcode	100045
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: : GRAB PASSENGER GENDER: : MALE
Passenger 2	NAME: : GRAB PASSENGER GENDER: : MALE

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 ATTACHED;

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4185H
Vehicle Make/Model/Colour	HYUNDAI / SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	82889194
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 rescind 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 report 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 as the source and to copies of the report being made available if possible.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my insurer and the General Insurance Association of Singapore ("GIA") may be permitted to collect and 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 such information to an Insurer who have insured vehicles involved in this accident (all Insurers) who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyers, the Insurers' 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 issues of correspondence and/or
 - (v) carrying out my instructions in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all Insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes and
- (c) my Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party service providers (including their lawyers/law firms) which may be situated outside of Singapore, for all or none 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 (a) 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 lawfully required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

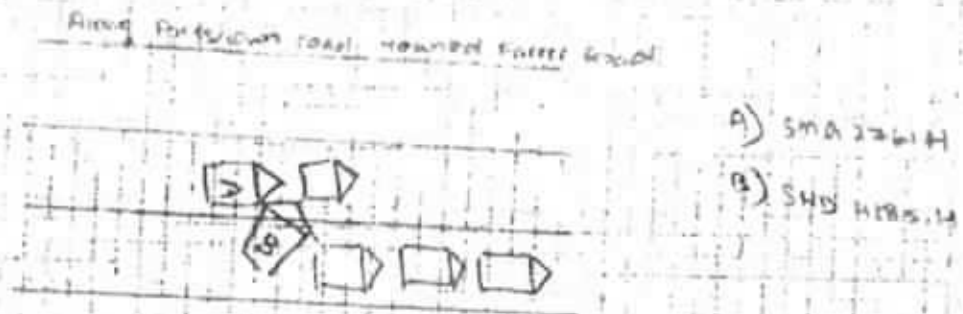
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

25 Kallang Road, #02-02
Singapore 415935
Tel: 67416837 Fax: 67482305
E-mail: giv@vicom.com.sg

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving SMD 2761 H and was driving straight suddenly SHD H185.12 cut into my lane and hit my car.

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:

TDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 674 16697 Fax: 67492305
Email: worklog@tdac.com.sg

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

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

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Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.2.400
 Car & Hire

MOTORMAX-COMMERCIAL
Third Party Fire & Theft

Certificate No. B 29119902 MCX

1. Index Mark and Registration Number of Vehicle
SMG2761H
2. Name of Policyholder
Asia Express Car Rental Pte Ltd
3. Effective Date of the Commencement of Insurance for the purposes of the Act
25/03/2019
4. Date of Expiry of Insurance
24/03/2020
5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG
 AUTHORISED WORKSHOP LISTED IN THE ATTACHED.**

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers

for Chief Executive Officer

Enquire Vehicle & Owner Information (Vehicle No. SHD4185H As At 17 Dec 2019 / 12:45:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: 200152

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.: SHD4185H
Make Description/Model: HYUNDAI / SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Insurance Company Name: INDIA INT'L INS PTE LTD



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 17 Dec 2019 / 16:07:44

Receipt Date/Time : 17 Dec 2019 / 16:07:44

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191217-002780

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD4185H As at 17 Dec 2019/12:45:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHD4185H Enquiry Fee 20191217160548228884	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx9400	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



25 Kaki Bukit Road 4 #01-55 S417800

S/no AX-5815

S/no	Description	Amount
1	Parts and labour for repair of Toyota Prius Hybrid SMG2761H (Lump Sum)	\$3,150
Total:		\$3,150

Vehicle No:

SMG2761

H

Date:

7 January
2020


Apex Motoring





6 tampines st 73, #01-03, singapore 528825
tel: 6746 2118 fax: 6746 1148
reg no: 53058468m

Claim Reference
Insured Vehicle No.
Thirty Party Veh No.
Officer-In-Charge

Our Reference : KAAS/TA/5815/2761/TP/12.19
Invoice No. : 5815
Date : 07 January 2020

To: Asia Express Car Rental Pte Ltd
c/o 25 Kaki Bukit Road 4
#01-55, Synergy @ Kaki Bukit
Singapore 417800

INVOICE	
PARTICULARS	AMOUNT
Vehicle No. : SMG 2761H Make/Model : Toyota Prius Hybrid 1.8S (A) <input checked="" type="checkbox"/> Inspection of Vehicle <input checked="" type="checkbox"/> Appraisal Report <input checked="" type="checkbox"/> 18 Colored Photographs <input checked="" type="checkbox"/> Transport charges <input checked="" type="checkbox"/> Re-inspection <input type="checkbox"/> Others (Specify)	SGD 458.00
Total	SGD 458.00

Dollars: Four Hundred and Fifty-Eight Only

(Cheque should be crossed and make payable to " Kelvin Automotive Appraising Services ")



Kelvin Automotive Appraising Services



6 tampines st 73, #01-03, singapore 528825
tel: 6746 2118 fax: 6746 1148
reg no: 53058468m

Claim Reference : -
Insured Vehicle No. : -
Thirty Party Veh No. : -
Officer-In-Charge : -

Our Reference : KAAS/TA/5815/2761/TP/12.19
Date : 07 January 2020

To: Asia Express Car Rental Pte Ltd
c/o 25 Kaki Bukit Road 4
#01-55, Synergy @ Kaki Bukit
Singapore 417800

VEHICLE APPRAISAL REPORT

Name of Workshop : Apex Motoring
Place of inspection : 25 Kaki Bukit Road 4 #01-55, Synergy @ Kaki Bukit, Singapore 417800
Date of Assignment : 19 December 2019
Date of Accident : 17 December 2019
Date of Inspection : 19 December 2019

PARTICULARS OF INSPECTED VEHICLE

Registration No.	: SMG 2761H	Chassis Frame No.	: ZVW50-6052428
Make / Model	: Toyota Prius Hybrid 1.8S (A)	Engine No. (Logcard)	: 2ZRR942325
Year of Manufacture/Reg	: 2018	Odometer Reading	: 87,171 KM
Colour	: White		
Class / Type	: Saloon		

CONDITION OF VEHICLE DURING SURVEY (Visual & Static Check Only)

General Condition : Excellent
Paintwork : Excellent
Market Value : -
Scrap Value : -

CONDITION OF TYRES ON VEHICLE

	<u>Make/Size</u>	<u>Thread Balance</u>
Front L	DUNLOP 195 / 65 R15	8 mm
Front R	DUNLOP 195 / 65 R15	8 mm
Rear L	DUNLOP 195 / 65 R15	8 mm
Rear R	DUNLOP 195 / 65 R15	8 mm

*The above is an estimate of the remaining life of the tyre thread in millimeters

The information contained in these documents may be privileged and confidential, and is intended for the exclusive use of the addressee designation. If you are not the addressee, any enclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this survey report in error, please contact us immediately by phone so that we can arrange for its return.

APPRAISEMENT SCHEDULE

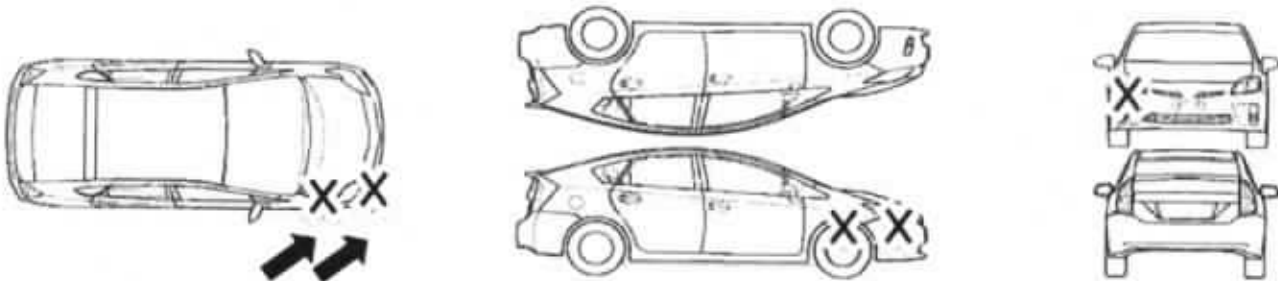
S/N	Qty	Descriptions	Conditions	Repairer's Estimate	Revised Amount
		LIST ITEMS:-			
1	1 pc	front bumper	deformed	\$ 1,020.70	\$ 1,020.70
2	1 pc	front bumper sponge	unconfirmed	\$ 128.70	not affected
3	1 pc	front bumper l/h side retainer	necessary	\$ 85.10	SVLX 85.10
4	1 pc	front bumper r/h side retainer	necessary	\$ 85.10	\$ 85.10
5	1 set	front bumper clips	necessary	\$ 35.00	\$ 35.00
6	1 pc	front logo emblem	necessary	\$ 87.10	\$ 87.10
7	1 pc	r/h headlamp	cracked	\$ 2,531.60	SVLX 2,531.60
				\$ 3,973.30	\$ 3,844.60
		Less 25%			\$ 961.15
				\$ 3,973.30	\$ 2,883.45
					1227.90
					920.92
Sub - Total				\$ 3,973.30	\$ 2,883.45

APPRAISEMENT SCHEDULE

S/N	Qty	Descriptions	Conditions	Repairer's Estimate	Revised Amount
		B/F		\$ 3,973.30	\$ 2,883.45
		LABOUR & OTHER CHARGES:-			
1		To panel beat and renewal of all necessary damaged body parts		\$ 800.00	\$ 250 600.00
2		To realign headlamp focus		\$ 35.00	\$ n x 20.00
3		To check wiring and rewire		\$ 60.00	\$ 30 50.00
4		To putty and spray-paint of affected areas		\$ 600.00	\$ 250 400.00
				\$ 1,495.00	\$ 530 1,070.00
					1450.92 1154/1200 # 3days
Sub - Total				\$ 5,468.30	\$ 3,953.45

ASSESSMENT SUMMARY

Damages sustained were consistent with the subject vehicle being involved in a collision with another vehicle and the impact was delivered **Diagonally to the RH Side from rear to front; right to left;** portion of the vehicle.



The general area of damages is at the **RH Side portion**
(Please refer to the parts list and photographs as attached for more information)

ASSESSOR'S RECOMMENDATIONS

The estimated repair costs submitted by Messrs **Apex Motoring** is \$ 5,468.30
We have adjusted the cost to \$ 3,953.45 and the repairer has agreed to undertake the repairs at a
Contract Lump Sum of \$ 3,150.00 to a acceptable quality and standards.
However, we have not given authorization and instruction to the repairer to proceed with the repairs.

The repairs should be completed within a reasonable period of **3** working days.

18 photographs were taken at the time of static inspection.

This report is strictly done in a **Without Prejudice Basis**.

We are reverting the matter to you a decision.

We enclose herewith our Invoice No. **5815** for our services rendered and
we thank you for engaging our services.

Conducted By :



TERRENCE HONG
Dip Engineering / DECC (SP)
Certs Automotive Technology (NP)
Cert. Crash Investigation & Reconstruction
Cert SCI (General Insurance)
AMSAAA, AM SAE-A

Approved By :



KELVIN TEO
Licensed Automotive Appraiser
Nitec in Automotive Technology
Cert. Crash Investigation & Reconstruction
Dip MS
MSAAA, AM SAE-A

NOTE : This revised estimate was from a visual inspection. Should there be any discrepancy or unseen items not listed in this survey, kindly notify the company within Seven (7) days from the date hereof. Otherwise this revised amount shall be treated as valid.

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	07/02/2020 13:39
Date Of Accident	12/12/2019 12:45
Exact Location Of Accident	PORTSDOWN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4185H
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-85508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (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 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	CHENG SUNG MENG
NRIC No	S1506802G
Date Of Birth	01/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	15/12/1995
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82889194
Fax Number	
Contact Number	
E-Mail Address	CHENGSGUNGMEENG@GMAIL.COM

Address	BLK 484 PASIR RIS DRIVE 4 #05-373
Postcode	510484
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

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 ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG2761H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

NO DAMAGED

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:

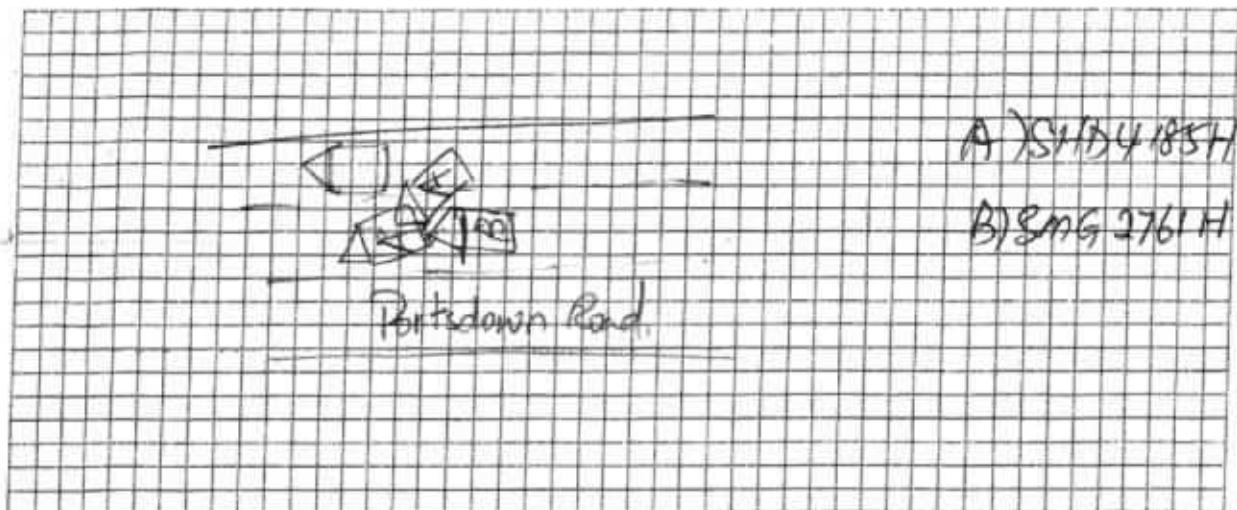
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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.: 712120



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/12/19 at about 1245hrs when I Veh A filtered onto lane 2, Veh B collided onto the rear of my vehicle. I did not make a report earlier because there was no visible damage on Veh B except an old damage on the left front portion.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
60, ROSS RD, #01-01/02/03

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:

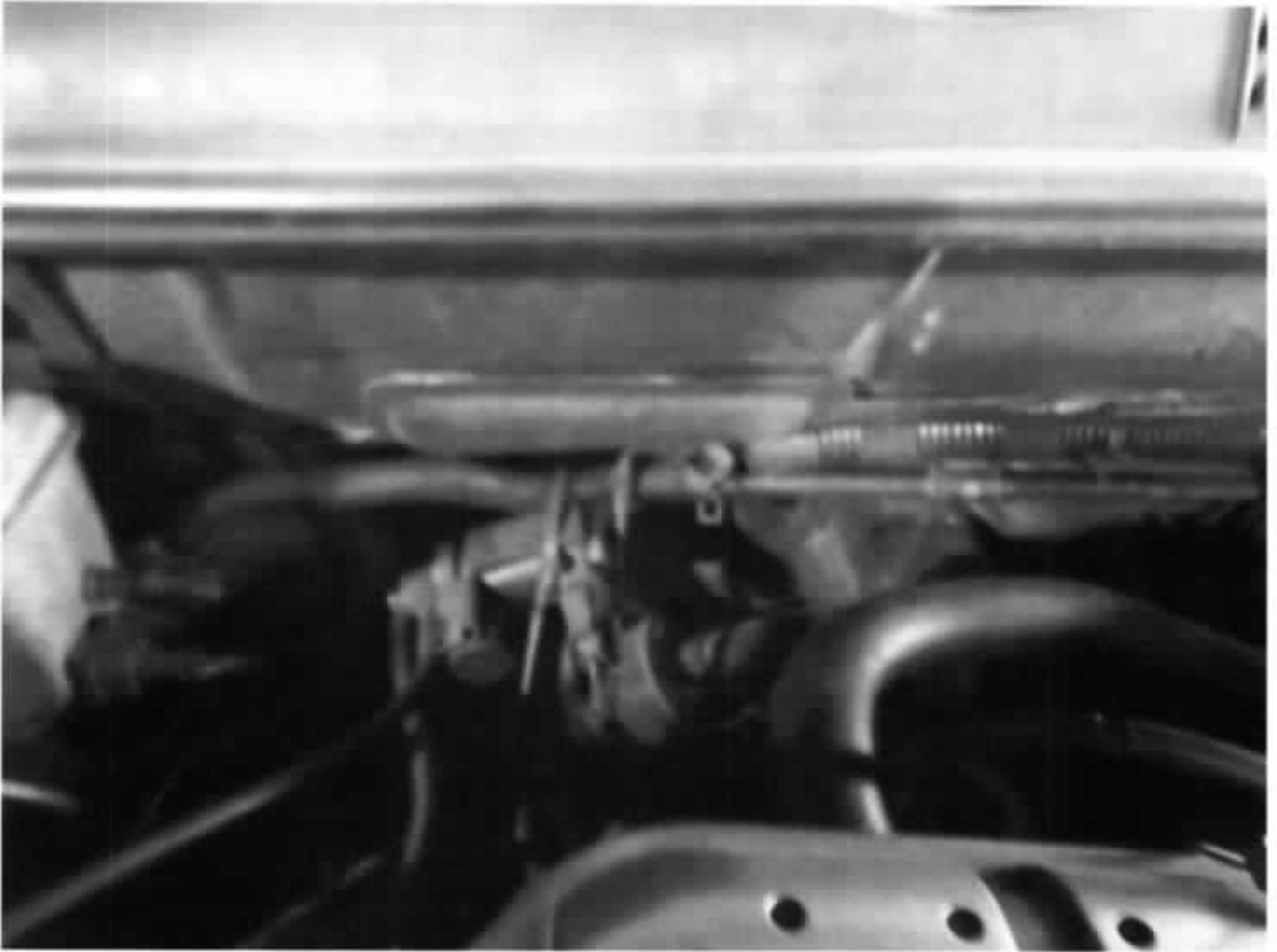
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



SCENE






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/III19022345/T1td3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 09-03-2020	
		Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 4185H	Veh. Inspected	SMG 2761H
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT19120792	Excess (\$)	0.00
Assign From	DERRICK TAN	Assign Date	24/02/2020
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS HYBRID	c.c	1797
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	ZVW506052428	Colour	WHITE
Odometer	87171	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	DUNLOP	6 mm
L/H Front Tyre	195/65 R15	DUNLOP	6 mm
R/H Rear Tyre	195/65 R15	DUNLOP	6 mm
L/H Rear Tyre	195/65 R15	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	17/12/2019	Inspection Date	19/12/2019
Survey held at	APEX MOTORING 25 KAKI BUKIT ROAD 4 #01-55 SYNERGY @ KB SINGAPORE 417800.		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMG 2761H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	DEFORMED	1,020.70	1,020.70
1	FRONT BUMPER SPONGE	NOT AFFECTED	128.70	-
1	FRONT BUMPER L/H SIDE RETAINER	SERVICEABLE	85.10	-
1	FRONT BUMPER R/H SIDE RETAINER	NECESSARY	85.10	85.10
1	SET FRONT BUMPER CLIPS	NECESSARY	35.00	35.00
1	FRONT LOGO EMBLEM	NECESSARY	87.10	87.10
1	R/H HEADLAMP	SERVICEABLE	2,531.60	-
	LESS 25% DISCOUNT		-	-306.98
			3,973.30	920.92
	<u>LABOUR</u>			
	TO PANEL BEAT AND RENEWAL OF ALL NECESSARY DAMAGED BODY PARTS.		800.00	250.00
	TO REALIGN HEADLAMP FOCUS.	NOT NECESSARY	35.00	-
	TO CHECK WIRING AND REWIRE.		60.00	30.00
	TO PUTTY AND SPRAY-PAINT OF AFFECTED AREAS.		600.00	250.00
			1,495.00	530.00
GRAND TOTAL			5,468.30	1,450.92
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,200.00

Report Ref No. CS3/III19022345/T1td3e2-1

MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
Automotive Assessor

ADRIAN LING WAI PING
B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI
Licensed Appraiser

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