

ASS. REC. BY:

REF:

es/AGI 20003271/t1q03

Special Instruction:

Surveyor:

Taufik

ASSIGNMENT (Office)

From (Person):

Ivy Restilla

of

AGI

Date/Time:

27/2/2020 @ 9:20am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKX 4902 P

Insured:

SLL 6710P

at Workshop m/s

Teamwork Garage

Tel:

68442475

of

53 ubi Avenue 1 #

Policy No:

Claim No:

C10005719

Sum Insured:

Excess:

Make of Veh:

D.O.A.

25/02/2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9:49am @ 27/2/2020

Person Contacted:

Damen

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction

Estimate ☒

SKX 4902P - NA/LIP 20003209/24

DOA: 25/2/2020

SLL 6710P - NA/LIP 20003209/24

DOA: 25/2/2020

23/04/20@2.30pm TAUFIKH FINALISED WITH DARREN LS \$3650, 5 DAYS.

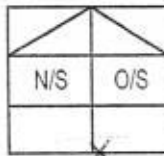
(Red \$9985.83, 73%)

ASSIGNMENT

From: _____ Date: 27/2/2020
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SKX 4902P
 at Workshop m/s Teamwork Garage
 of 53 Ubi Avenue 1 # 01-24
 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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS 1up

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKX 4902P Yr Regn: 2015, Dec
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Typist Wish C.C. 1798
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 328610 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: STD6620W003003498
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/65R15
 R: 1 -
 BS / DUN / 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. 27/2/20
 Survey held at Teamwork Garage
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report

1/23/04 Typist

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Report Format : TP

Lump Sum / Est. (\$) 3650

Nivitha (LKK Auto)

From: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent: Thursday, 27 February 2020 9:20 AM
To: Admin-D (LKKAuto)
Cc: SUR; Loganathan Agoram
Subject: FW: OUR REF : 2002-46 // YOUR REF : SLL6710P ACCIDENT INVOLVINGSLL6710P AND SKX4902P || C10005719
Attachments: image001.png; image003.jpg; SKX4902P.pdf; SLL6710P.pdf

Hi Team,

We would like to arrange TP PRS for SKX4902P. TP has chosen Mr. Taufikh to survey the mentioned vehicle.

Workshop information:
Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park
Singapore 408934
Tel: 68442475
Fax: 68442474

Please confirm. Thank you.

Regards,

Ivy Ratilla
Executive, Claims Admin

T +65 6540 2185
F +65 6725 0853
E ivy.r@budgetdirect.com.sg



Customer Care +65 6221 2111
Claims +65 6221 2199
Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01
Singapore Shopping Centre
Singapore
239924
budgetdirect.com.sg



Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

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From: Darren <claims@teamworkgarage.com>
Sent: Wednesday, 26 February 2020 5:22 PM
To: Ivy Ratilla <ivy.r@budgetdirect.com.sg>; Claims <claims@budgetdirect.com.sg>
Cc: Loganathan Agoram <loganathan.a@budgetdirect.com.sg>
Subject: RE: OUR REF : 2002-46 // YOUR REF : SLL6710P ACCIDENT INVOLVING SLL6710P AND SKX4902P || C10005719

WITHOUT PREJUDICE

Hi Ivy,

We would like to appoint LKK Taufikh.

Darren
Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park
Singapore 408934
Tel: 68442475
Fax: 68442474

From: TEAMWORK <claims@teamworkgarage.com>
Sent: Wednesday, 26 February 2020 3:08 PM
To: Claims <claims@budgetdirect.com.sg>
Cc: TEAMWORK <claims@teamworkgarage.com>
Subject: OUR REF : 2002-46 // YOUR REF : SLL6710P ACCIDENT INVOLVING SLL6710P AND SKX4902P

WITHOUT PREJUDICE

OUR REF : 2002-46
YOUR REF : SLL6710P

Dear Sir / Madam,
PRE-REPAIR INSPECTION FOR SKX4902P
ACCIDENT INVOLVING SLL6710P AND SKX4902P ON 25.02.2020.

We refer to the above matter and enclosed herewith our client's GIA report and notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction-Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Thank you and have a nice day.

Regards,

Shu Shan

Teamwork Garage Pte Ltd

Blk 53 Ubi Avenue 1

#01-24

Paya Ubi Industrial Park

Singapore 408934

Tel: 6844 2475

Fax:6844 2474

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	722Z
Vehicle Details	
Vehicle No.:	SKX4902P
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 CVT
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	2ZR1688181
Chassis No.:	JTDGG20W00J003498
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	\$19,953.00
Original Registration Date:	16 Dec 2015
First Registration Date:	16 Dec 2015
Transfer Count:	2
Actual ARF Paid:	\$19,953.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Dec 2025
PARF Rebate Amount:	\$14,964.00
Intended COE Rebate Details	
COE Expiry Date:	15 Dec 2025
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$62,019.00
COE Rebate Amount:	\$34,939.00
Total Rebate Amount:	\$49,903.00

The information contained herein is correct as at 26 Mar 2020

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	26/02/2020 14:04
Date Of Accident	25/02/2020 21:40
Exact Location Of Accident	UPP SERANGOON RD TWDS POTONG PASIR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX4902P
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	2XXXXX722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V13180/VPZ/R01
Cover Note Number	

Driver

Name of Driver	HADI BIN HASSAN
NRIC No	SXXXX127B
Date Of Birth	30/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2004
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98487027
Fax Number	
Contact Number	OFFICE-98487027
Email Address	NOEMAIL

Address	BLK 65 KALLANG BAHRU #02-337
Postcode	330065
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?	YES
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 STATEMENT.

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	SLL6710P
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	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	HADI BIN HASSAN
------	-----------------

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKX4902P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



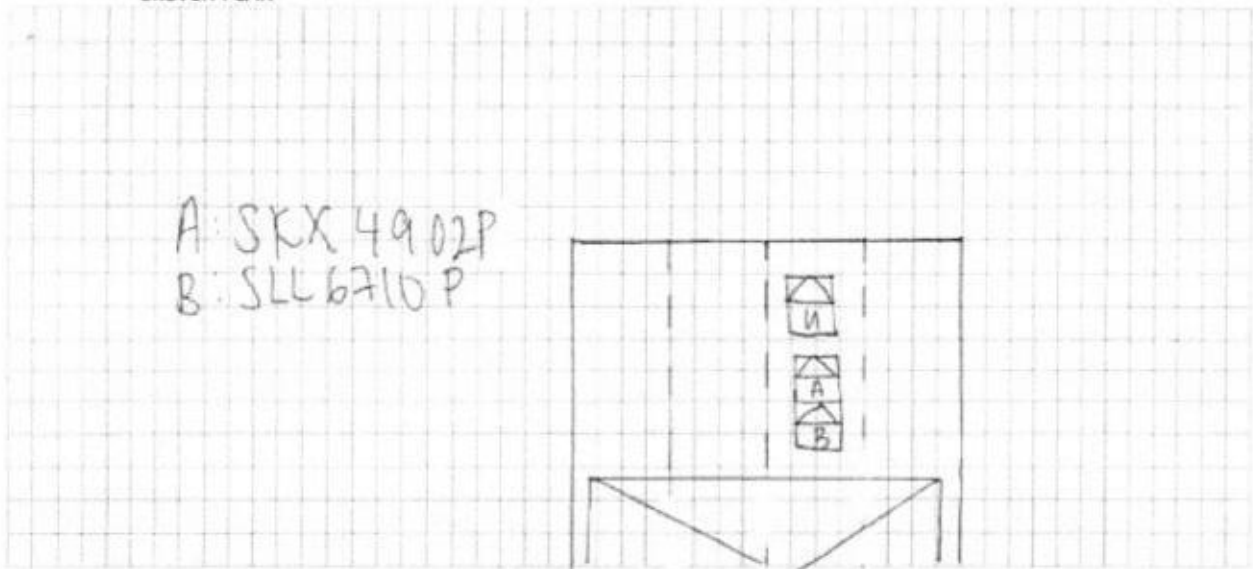
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along upper serangoon road towards potong pasir.

As the traffic light turn green, the vehicle in front of me started to move off out of the sudden, ~~therefore~~ the vehicle in front of me apply brakes. Therefore, I also applied my brakes without making any contact with the vehicle in front of me.

out of the sudden, i felt an impact from the rear portion of my vehicle. when i got down, i realised vehicle B had collide onto my rear portion.

DECLARATION

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



Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

Page 6

AUTO & GENERAL

Vehicle number	SKX4902P
Make / Model	TOYOTA WISH
Chassis number	JTDGG20W00J003498
Accident date	25/2/20
Reference	2002-46

Qty	Particulars	Unit Price - SGD \$	
<u>PARTS REPLACEMENT - LIST ITEMS</u>			
1	REAR BUMPER	570 764.75 de✓	
2	REAR BUMPER RETAINER	LH x m 139.26 RH ? de✓ 69.63	
2	REAR BUMPER BRACKET	LH x m 250.92 RH ? de✓ 125.46	
2	REAR BUMPER REFLECTOR	LH x m 225.56 RH ? de✓ 112.78	
1	REAR BUMPER DAMPER	LH x m 281.30 ? RH - de✓ 140.65	
1	TAILGATE	1314.33 R✓	
1	TAILGATE WEATHERSTRIP	200 309.10 ? cut✓	
1	TAILGATE INNER TRIM BOARD	680.20 x m	
2	TAILGATE LAMP	920.69 x m	
1	TAILGATE EMBLEM - LOGO	68.80 81.90 ner	
1	TAILGATE EMBLEM - VALVE MATIC	62.50 98.00 ner	
1	TAILGATE LOCK	509.30 x m	
1	TAILGATE LOCK STRIKER	54.20 x m	
1	TAILGATE GLASS MOULDING	180.00 x m	
2	TAILGATE HINGE	131.70 x m	
1	KEYLESS SENSOR	144.20 281.60 ? cut✓	
1	KEYLESS SENSOR HOLDER	102.20 ? cut✓	
1	END PANEL	548.80 703.87 ? de✓	
1	END PANEL TOP GARNISH	281.30 382.61 x de✓	
2	TAILMAP	852.51 x m	
1	FLOOR PANEL	1089.20 x m	
1	SPARE TYRE TOP BOARD	301.45 x m	
1	EXHAUST SILENCER	649 791.34 ? de✓	
2	EXHAUST MOUNTING	30.00 ? de✓	
		10475.99	3114.32
	Less 25%	2619.00	2335.74
		7856.99	
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>			
1 SET	REAR BUMPER CLIP	50.00 30 ner✓	
1 SET	END PANEL TOP GARNISH CLIP	60.00 x 20 ner✓	
1	REAR NUMBER PLATE	80.00 x m	
1	REAR NUMBER PLATE GARNISH	80.00 x m	
1 SET	REAR REVERSE SENSOR	800.00 200 m✓	
	Subtotal	1070.00	250
	Balance C/F	8926.99	

<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
	Balance B/F	8926.99
1	CHECK REAR WIRING AND LIGHTNING SYSTEM	60.00 30.
2	REMOVE, REFIT REAR LINING, TRIM AND GARNISH	200.00 60.
3	REMOVE AND RENEW REAR REVERSE SENSOR	120.00 30
4	REMOVE AND RENEW EXHAUST ASSY	150.00 60
5	REMOVE AND REFIT REAR WINDSCREEN	120.00 x nn
6	TRANSFER PARTS, ATTACHMENT FROM OLD TAILGATE TO NEW	200.00 x nn.
7	PANEL BEATING ON AFFECTED AREAS	1400.00 700
8	SPRAY PAINTING ON AFFECTED AREAS	1400.00 700
9	APPLY ANTI RUST ON AFFECTED AREAS	120.00 30.
	Subtotal	3770.00
	Grand total	12696.99

1610.



28/2/2020

Taufik 9749 5749
- WP

27/2/20

Lumpun

Resurvey after repair

st Taufik 16 hours with
05 days

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

AUTO & GENERAL

Vehicle number	SKX4902P
Make / Model	TOYOTA WISH
Chassis number	JTDGG20W00J003498
Accident date	25/2/20
Reference	2002-46

Qty	Particulars	Unit Price - SGD \$
	<u>PARTS REPLACEMENT - LIST ITEMS</u>	
2	REAR FENDER INNER TRIM	841.60 Xnn
1	REAR LOWER INNER PANEL	311.50 BT ✓
1	REAR RH MUD FLAP	98.69 de ✓
		1251.79
	Less 25%	312.95
		938.84

h/n

27/2/20

410.19

367.64

2335.74

250

1610

367.64

4563.38

4563.38

5 days

Shiau Chan (LKKAUTO)

From: Darren <claims@teamworkgarage.com>
Sent: Monday, 9 March 2020 4:02 PM
To: Taufikh (LKKAUTO)
Subject: SKX4902P TOYOTA WISH2
Attachments: 1cd986ae-0e7c-4536-8ba9-cc5b61898efa.jpg; 24b43be3-b5ee-4f05-8ebc-264402e32ad4.jpg; 1968f2fd-1ba3-416d-9ba7-b93f70098368.jpg; 307784f6-ea74-4d55-95b9-51913051c2b6.jpg; a24b446e-86ce-4927-8755-a8afe58a85a2.jpg; bd034db6-6c96-437a-a853-33ab169b0f4f.jpg

Hi Taufikh,

FYNA

Based on estimate calculation:

COR @ \$4150

DOR @ 5 Days

Kindly revise and get back to us.

Darren
Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park
Singapore 408934
Tel: 68442475
Fax: 68442474