

22/03/2020

ASS. REC. BY:

REF: CS3/1171902HA 2/R11/322-1

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): Derick Tan of III Date/Time: 13/03/2020

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To inspect Vehicle No: SLV 1550P Insured: SH 530324

at Workshop m/s Gold Autoworks Tel: 81699149

of 48 Toh Guan Rd East #01-119

Policy No: MC0000045 Claim No: MCT1A120036

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 2-12-2019

(Client's Record)

CA / REV / REP. / REV 24 HRS 140

Date/Time: 10.12.19 2.37pm Person Contacted: Simon H.O.D. Endorsement: \_\_\_\_\_

Vehicle IN/OUT

Date/Time Action/Instruction ( X ) Estimate

317 30324 HA 472 P/L 30 380/54 7040 13/03/2020

SLV 1550P X

Submit PRS Report.

Dismantle Part: 11/12/2019 0242PM

19/3/2020

lump sum ~~\$4950~~ (Red: 3750: 43%)

7days

RECEIVED 20 MAR 2020

240+11=261

261-131=130

## ASSIGNMENT

From \_\_\_\_\_ Date \_\_\_\_\_

Estimated Cost \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV \_\_\_\_\_

To Inspect Vehicle No. SLV 1550P

at Workshop no. Good Engineers

of HK, POK HUNG RD

Insured III

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.



Est. or Market Value:			
IDAC Accident Report:	Consistent?	Yes or No	
GIA / PR Seen:	Consistent?	Yes or No	
Est. Repairs:	Days	Res.	Yes or No
Lum Sum:	%	3 Vol.	Yes or No

CA / REV / REP / 24 HRS

Date:	Person Contacted:
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Vch No: SLW1550P      Reg: 2017 DEC  
 Type: Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: TOYOTA SIENTA HYBRID 1.5G C.E. 1496  
 Colour: Black A/C: Insured / Std / Nil / NA  
 Sp Reading: 115083 T/Radio: Insured / Std / Nil / NA  
 Eng/No:  
 C/No: NHP1707098587  
 Gen Cond: Good / Fair / Poor / Burnt  
 Steering: Order / Jammed / Leaked / Burnt or  
 Brake: Order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F 185/60R15  
 R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO (M) TRIANGLE

Front		Rear	
R/Bal	6 mm	R/Bal	6 mm
L/Bal	6 mm	L/Bal	6 mm
D.O.A	02/12/19	D.O.A	10/12/19
Survey held at		GOLD MINE	
Des. of Damages: Frt / Rear / Q/S / N/S / U/C / Rooftop /			

The U/C / Chassis frame / Body Structure affected due to collision

RECEIVED 12 DEC 2019

Endofunctor File Page 6/7

11 12/12/2024

VideoTime File Editor and

#### Experimental Results

Keywords: *Self-esteem, self-esteem threat, self-esteem threat response, self-esteem threat response style, self-esteem threat response style scale*

☐ : Prel. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Field Fee: ☐ Site Insp: 05  
☐ Interview: 05  
☐ Equip. Insp: 05  
☐ Misc. eqpt: 05

Survey Fee

Type of publication

100

120

11

17

**Nivitha (LKK Auto)**

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**From:** Derrick Tan <DerrickTan@iii.com.sg>  
**Sent:** Friday, 13 March 2020 10:05 AM  
**To:** 'sur@lkkauto.com'; 'Admin-D (LKKAuto)'  
**Cc:** Sherini Pillai  
**Subject:** PAPER SURVEY SLV1550P III REF: MCT19120036

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. : SLV1550P

Thank you.

Best Regards,

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.

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It may contain confidential and/or legally privileged information.

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\*\*\*\*\*  
\*\*\* FAX TX REPORT \*\*\*  
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TRANSMISSION OK

JOB NO. 3421  
DESTINATION ADDRESS 962257738  
SUBADDRESS  
DESTINATION ID  
ST. TIME 09/03 15:01  
TX/RX TIME 00' 27  
PGS. 2  
RESULT OK

**ADVANCE**  
ADVANCE LAW LLC

Advocates & Solicitors  
Commissioner for Oaths  
Notary Public  
UEN/GST Reg no.: 201310208H

430 Lorong 6 Toa Payoh  
#11-01 Orangetree Building  
Singapore 319402  
Tel: (65) 6323 5488 (5 lines)  
Fax: (65) 6225 7738

Business Hours: Mon to Fri  
9.00am to 6.00pm

Directors:  
DANNY TEO KIM SOON (MD)  
SIM HUI SHIEN, ADELINE

Senior Associate:  
TAN SHU HUA VANESSA  
CAMMIE LOY WEI WEI

Associate:  
FARHAN TYEBALLY-TYEBALLY  
LIM SHENG KANG, SHAWN

Senior Consultant:  
WONG CHEE MUN  
WILLIAM CHAI AH WAH

Email: admin@advlawllc.com

Secretary-in-charge: Ms Jy / e-mail: [jayun.lee@advlawllc.com](mailto:jayun.lee@advlawllc.com)

Your Ref : **SHD 3032 Y**  
Our Ref : FT/smc/101670/PD (GA) (jy)

05 March 2020

India International Insurance Pte Ltd  
64 Cecil Street  
#04/ #05/ #06-02 IOB Building  
Singapore 049711

**Attention: Motor Claims Department**

Comfort Transportation Pte Ltd  
383 Sin Ming Drive  
Gas Building  
Singapore 575717  
(Your Ref: SHD 3032 Y)

Dear Sir/Ms,

**ACCIDENT INVOLVING SLV1550P & SHD3032Y ALONG UPPER CROSS  
STREET TOWARDS NEW BRIDGE ROAD ON 02/12/2019 @ 09:40 HRS**

We act for **CLT LEASING PTE LTD** the registered owner and driver of **SLV 1550 P** at the material time of the said accident.

We are instructed that the accident was caused by your/your insured's driver's negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle



WITHOUT PREJUDICE  
BY HAND & BY EMAIL

BY CERTIFICATE OF POSTING  
(For your information only)

We are pleased to hear from you regarding our attention. We shall be happy to assist you in any way possible and our rights to a full and complete investigation of your claim will be necessary.

Our Ref:

Name:

Date:

Handwritten notes: "SHD 3032 Y", "SLV 1550 P", "3/3/2020", and a signature.

MCT/1912036

TPPI

PRESERVE

INV

516

UNINSURED LOSS

PRESERVE

SUBRO

PRESERVE

Praw

LPPN

INVESTIGATION FEE

SURVEY FEES

LEGAL FEES

OTHERS

FRAUD CHECK

UPLOAD TO MERIMEN

GRANT RIGHTS

# ADVANCE

ADVANCE LAW LLC

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LIM SHENG KANG, SHAUN

Senior Consultant:  
WONG CHEE MUN  
WILLIAM CHAI AH WAH

Website: [www.advlawllc.com](http://www.advlawllc.com)

We do not accept service of court documents by fax transmission.

Secretary-in-charge: Ms Jy / e-mail: [jayun.lee@advlawllc.com](mailto:jayun.lee@advlawllc.com)

Your Ref : **SHD 3032 Y**  
Our Ref : FT/smc/101670/PD (GA) (jy)

05 March 2020

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**Attention: Motor Claims Department**

**Comfort Transportation Pte Ltd**  
383 Sin Ming Drive  
Gas Building  
Singapore 575717  
(Your Ref: SHD 3032 Y)

Dear Sir/Ms,

**ACCIDENT INVOLVING SLV1550P & SHD3032Y ALONG UPPER CROSS STREET TOWARDS NEW BRIDGE ROAD ON 02/12/2019 @ 09:40 HRS**

We act for **CLT LEASING PTE LTD** the registered owner and driver of **SLV 1550 P** at the material time of the said accident.

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

1. Costs of Repairs (Lump Sum)	:	\$	9,309.00
2. LTA Search Fee	:	\$	7.49
3. GIA/ TP Search Fee	:	\$	59.00
4. Loss of Use (PRI - \$150 x 2 days)	:	\$	300.00
5. Loss of Use (\$150 x 8 days)	:	\$	1,200.00
6. Survey Fees	:	\$	576.00
7. Costs	:	\$	963.00
8. Incidentals	:	\$	80.00
		<b>\$</b>	<b>12,494.49</b>

Gold.  
Antwinks



WITHOUT PREJUDICE  
BY HAND & BY EMAIL

BY CERTIFICATE OF POSTING  
(For your information only)

Our Ref: **MC1/19120036**  
Name: **Shenif**

5/3/2020



Advocates & Solicitors  
Commissioner for Oaths  
Notary Public  
UBN/GST Reg no.: 201310208H

430 Lorong 6 Toa Payoh  
#11-01 Orangetree Building  
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LIM SHENG KANG, SHAUN

Senior Consultant:  
WONG CHEE MUN  
WILLIAM CHAI AH WAH

Email: [admin@advlawllc.com](mailto:admin@advlawllc.com)

We do not accept service of Court documents by fax transmission.

We enclose the following documents: -

1. LTA Search ;
2. GIA Report;
3. Tax Invoice;
4. Survey Invoice and Report;
5. Colour-scan photos of the damaged motorcar.

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

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

Thank you.

Yours faithfully,

**ADVANCE LAW LLC**

Encl.

cc. Clients



## Enquire Vehicle & Owner Information ( Vehicle No. SHD3032Y As At 02 Dec 2019 / 09:40:00 )

### Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: 101670 PD

### 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.: SHD3032Y

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

Insurance Company Name: INDIA INT'L INS PTE LTD

## 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	02/12/2019 11:34
Date Of Accident	02/12/2019 09:40
Exact Location Of Accident	UPPER CROSS STREET TOWARDS NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1550P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CLT LEASING PTE. LTD.
Co Reg No	201717731M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98266682
Alternative Phone No	OFFICE-98266682

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X CVT (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111279474 (PERMIUM)
Cover Note Number	

### Driver

Name of Driver	TONG INN LEONG
NRIC No	S1570413F
Date Of Birth	18/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/05/1983
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98266682
Fax Number	
Contact Number	OFFICE-98266682
Email Address	NOEMAIL

Address 1 CHERRY AVE  
 #04-11  
 Postcode S279871  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - RENTAL  
 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?  
 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

PLEASE SEE ATTACHED SKETCH PLAN

### 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 SHD3032Y  
 Vehicle Make/Model/Culour COMFORT TAXI  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**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 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.



Policyholder's Signature  
Date & Time:

*[Signature]*

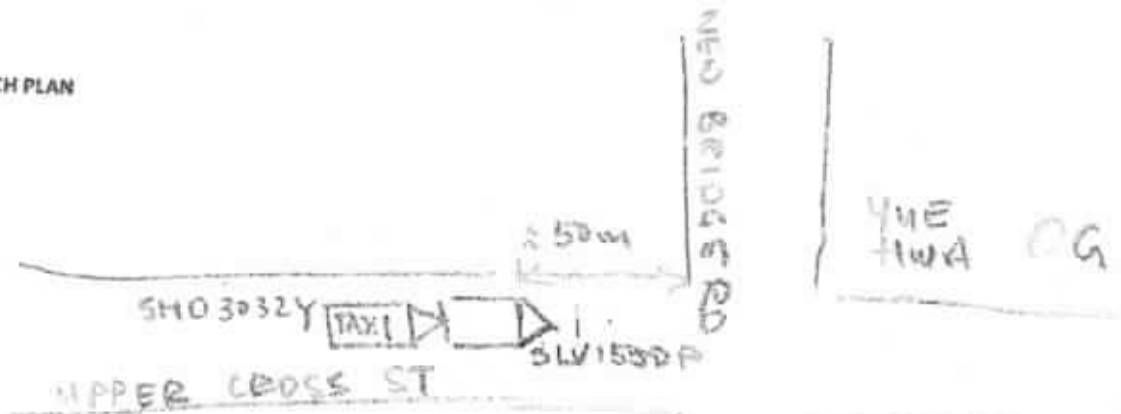
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

- 2 DEC 2019

IDAC BUKIT BATOK (V40)  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3712 Fax: 6560 0177  
Email: [accident@idac.gov.sg](mailto:accident@idac.gov.sg)

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

## SKETCH PLAN



DATE OF ACCIDENT 2 DEC 2019  
TIME  $\approx$  09:38

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, TONG INN LEONG, DRIVER OF SLV1530P WAS STATIONARY ALONG UPPER CROSS ST TOWARDS NEW BRIDGE RD, 50 M FROM JUNCTION OF UPPER CROSS ST AND NEW BRIDGE RD.  
AT ABOUT 09:38 HR TAXI (COMFORT) SHD3032Y HIT MY CAR FROM THE REAR.

TAXI DRIVER IS MR. TAN DEK PENG, SINGAPORE IC S2130743B, HIS CONTACT IS 91886845.

THE WEATHER WAS CLEAR AND SUNNY AND THERE WAS NO RAIN AT POINT OF ~~IMPACT~~ TO IMPACT.

MY CONTACT : TEL 98266682  
EMAIL 11tong@msn.com

## 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:

- 2 DEC 2019

IDAG URBAN (P) LTD  
31, D'Almeida Road, #01-23  
Singapore 050035  
Tel: 6500 3312 Fax: 6589 0722  
Email: vscbb@singnet.com.sg

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

48 Toh Guan Rd East, Enterprise Hub

#01-119, Singapore 608586

Email : claims@goldautoworks.com.sg

Fax : 6264 5948

Company Registration : 201716329M

GST Registration No : 201716329M

**Tax Invoice : GA-19-1550P**

Customer Name : CLT LEASING PTE LTD

Vehicle No : SLV1550P

Make : TOYOTA

Model : SIENTA HYBRID

Chassis No : NHP1707098587

Accident Date : 2/Dec/19

Contact No : 8199-9149

Mileage

Attended By : WINSTON CHUA

Delivery Date

S/N	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1	LUMP-SUM REPAIR			\$ 8,700.00
2	GST 7%			\$ 609.00

SINGAPORE DOLLARS

- 1) GOODS SOLD ARE NOT RETURNABLE.
- 2) ALL CHEQUE TO BE CROSSED AND DRAWN IN FAVOUR OF GOLD AUTO WORKS PTE LTD

**GRAND TOTAL** \$ 9,309.00

**NETT TOTAL** \$ 9,309.00

FOR & ON BEHALF OF  
GOLD AUTO WORKS PTE LTD

AUTHORISED SIGNATURE AND COMPANY  
STAMP



LESS DISCOUNT

**TOTAL PAYMENT**

**BALANCE** \$ 9,309.00



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvos@hotmail.com

Business Reg: 201404434D

## INVOICE

M/s. CLT Leasing Pte Ltd  
C/o. 48 Toh Guan Road East  
#01-119 Enterprise Hub  
Singapore 608586

Invoice No. : HA/1912-34

Date : 28/12/2019

Descriptions	Amount (SGD)
Services rendered for appraiser / inspection report :-	
Survey Fee	
Photographs	
Transport Fees	
Re-inspection Fees	
Total :	SGD : \$ 576.00
SGD Dollar : Five Hundred Seventy Six Dollars Only.	
Our Reference : PAS/TP/0181219	
Vehicle No. : SLV1550P	
Make & Model : Toyota Sienta (Hybrid)	
Your Claim No. : Third Party Claim	

### Notes:

All cheque payment should be Crossed and made payable to "PROMINENT APPRAISER SERVICES PTE LTD".

Please indicate our "INVOICE NO." on the reverse side of the cheque.

Should you have any enquiries, please do not hesitate to contact us.



For PROMINENT APPRAISER SERVICES PTE LTD



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St 3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

## VEHICLE INSPECTION REPORT

Report No. : PAS/TP/0181219

Date of Report : 28/12/2019

To : M/s. CLT Leasing Pte Ltd  
C/o. 48 Toh Guan Road East  
#01-119 Enterprise Hub  
Singapore 608586

Date of Assignment : 10/12/2019  
Report requested by : M/s. CLT Leasing Pte Ltd  
Date of Accident : 02/12/2019  
Date of Inspection : 10/12/2019  
Claim No. : Third Party Claim  
Policy No. : -

### **PARTICULARS OF DAMAGED VEHICLE**

Vehicle Registration No. : SLV1550P  
Make & Model : Toyota Sienta (Hybrid)  
Date of Registration : 22/12/2017  
Colour : Met. Black

Engine Capacity (cc) : 1496cc  
Mileage (km) : 115083km  
Chassis / Frame No. : NHP1707098587  
Engine No. : 1NZ8275415

### **TYRE CONDITION**

Front LH : 5 mm  
Make : Triangle

Front RH : 5 mm  
Make : Triangle

Rear LH : 5 mm  
Make : Kapsen

Rear RH : 5 mm  
Make : Kapsen

Road wheels Type : Standard

(The above represents the approximate remaining life of tyre treads)

### **PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)**

General Bodywork : Good  
Paintwork : Good  
Handbrake : Serviceable  
Footbrake : Serviceable  
Steering : Serviceable  
Apparent Engine Modification : Nil

### **PLACE OF REPAIRER OFFICE/WORKSHOP**

Location : M/s. Gold Autoworks Pte Ltd  
48, Toh Guan Road East, #01-119, Enterprise Hub, Singapore 608586

### **ASSESSMENT**

Repairer's Estimate : \$ 12,397.85  
Revised Amount : \$ 10,895.43  
Less Excess : \$ -  
Recommended Reserve : \$ 8,700.00 (Lump Sum)

Estimated Normal Period of Repairs : 8 Working Days

**Disclaimer:** The information contained in this report is intended for exclusive use of the addressee (including any attachments) solely in relation to the loss occurrence in which the assessed vehicle involved. It is confidential and may be protected by legal privilege. No liability or responsibility whatsoever shall be held by PROMINENT APPRAISER SERVICES PTE LTD for any reliance on this report by any third party. If you are not the intended recipient, please contact us immediately to arrange for its return and you should not disseminate, distribute, copy any information contained herein or use of this communication is strictly prohibited.





# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No : SLV1550P

Report No. : PAS/TP/0181219

## GENERAL REMARKS

WITHOUT PREJUDICE

### THE ASSIGNMENT

The survey was conducted at M/s. Gold Autoworks Pte Ltd, 48, Toh Guan Road East, #01-119, Enterprise Hub, Singapore 608586.

(Subsequent inspections have been conducted)

### POINT OF IMPACT

At the rear portion.

### DAMAGES

The tailgate, rear bumper, rear end panel, rear floor panel, rear chassis members, rear fenders, taillamps, rear reflectors, etc.

*Other parts were also found damaged. (See schedule for details)*

### ADJUSTMENT / RECOMMENDATION

We have inspected thoroughly each and every item on the repairer's estimate against the actual damaged found on the vehicle. We list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is SGD \$10,895.43.

### CONCLUSION

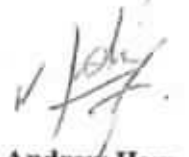
The repairer has agreed to undertake the repairs at a lump sum of SGD \$8,700.00.

This inspection was conducted entirely on a 'Without Prejudice' basis. We have not given an authorization and/or instruction to the repairer to proceed with the repairs.

We hereby reverting the matter to you for your discretion on repairs.

Assuring you of our best services always.

Yours Truly,  
**Prominent Appraiser Services Pte Ltd**

  
**Andrew How**  
Automobile Appraiser  
MSAAA  
Licensed Appraiser



# PROMINENT APPRAISER SERVICES PTE LTD

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Correspondence Address: 1 Simei St 3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No : SLV1550P

Report No. : PAS/TP/0181219

## APPRAISEMENT SCHEDULE

S/No.	Qty	Parts Descriptions	Condition		Repairer's Estimate (\$S)	Our Assessment (\$S)
1	1 pc	Tailgate	Dented		\$ 1,123.70	1086 \$ 1,123.70 ✓
2	2 pcs	Tailgate hinge R/L	Bent/Repair	\$ 62.10	\$ 124.20	\$ - 20 ✓
3	2 pcs	Tailgate stay R/L	Refit	\$ 262.00	\$ 524.00	\$ - 50 ✓
4	1 pc	Tailgate windscreen moulding top	Necessary		\$ 32.60	\$ 32.60 ✓
5	2 pcs	Tailgate windscreen moulding R/L	Necessary	\$ 39.60	\$ 79.20	\$ 79.20 ✓
6	2 pcs	Tailgate windscreen spacer R/L	Necessary	\$ 12.30	\$ 24.60	\$ 24.60 ✓
7	2 pcs	Tailgate windscreen quarter R/L	Necessary	\$ 9.20	\$ 18.40	\$ 18.40 ✓
8	2 pcs	Tailgate windscreen channel guide	Necessary	\$ 10.50	\$ 21.00	\$ 21.00 ✓
9	2 pcs	Tailgate reflector R/L	Cracked/Broken	\$ 248.70	\$ 497.40	\$ 497.40 X
10	1 pc	Tailgate emblem (Logo)	Necessary		\$ 68.40	\$ 68.40 ✓
11	1 pc	Tailgate emblem (Hyogo Toyota)	Necessary		\$ 44.70	\$ 44.70 ✓
12	1 pc	Tailgate emblem (Hybrid)	Necessary		\$ 52.60	\$ 52.60 ✓
13	1 pc	Tailgate no.plate garnish	Refit		\$ 242.60	\$ - 50 ✓
14	2 pcs	Tailgate no.plate lamp	Refit	\$ 32.70	\$ 65.40	\$ - 50 ✓
15	1 pc	Tailgate inner trim	Refit		\$ 233.70	\$ - 50 ✓
16	13 pcs	Tailgate inner trim clip	Necessary	\$ 2.80	\$ 36.40	\$ 36.40 ✓
17	1 pc	Tailgate pull handle	Dented/Deformed		\$ 41.20	\$ 41.20 ✓
18	1 pc	Tailgate lock assy	Dented/Jammed		\$ 470.60	280.80 \$ 470.60 ✓
19	1 pc	Tailgate lock striker	Bent		\$ 25.30	\$ 25.30 ✓
20	1 pc	Tailgate weatherstrip	Torn/Necessary		\$ 368.60	\$ 368.60 ✓
21	2 pcs	Taillamp R/L	Cracked/Broken	\$ 389.80	\$ 779.60	\$ 779.60 X
22	1 pc	Rr bumper (w/col.)	Dented		\$ 1,106.20	485 \$ 1,106.20 ✓
23	1 pc	Rr bumper center garnish	Dented		\$ 197.20	\$ 197.20 ✓
24	2 pcs	Rr bumper side garnish R/L	Dented/Cracked	\$ 136.60	\$ 273.20	136.60 \$ 273.20 ✓
25	8 pcs	Rr bumper clip	Necessary	\$ 3.40	\$ 27.20	\$ 27.20 ✓
26	2 pcs	Rr bumper retainer R/L	Cracked/Necessary	\$ 72.80	\$ 145.60	72.80 \$ 145.60 ✓
27	2 pcs	Rr bumper bracket R/L	Cracked/Necessary	\$ 122.70	\$ 245.40	82 \$ 245.40 ✓
28	1 pc	Rr end panel assy	Dented		\$ 684.80	\$ 684.80 ✓
29	1 pc	Rr end panel trim	Dented/Deformed		\$ 208.50	\$ 208.50 ✓
30	4 pcs	Rr end panel trim clip	Necessary	\$ 3.20	\$ 12.80	\$ 12.80 ✓
31	2 pcs	Rr fender inner trim R/L	Cracked/Deformed	\$ 697.40	\$ 1,394.80	697.40 \$ 1,394.80 ✓
32	12 pcs	Rr fender inner trim clip R/L	Cracked/Deformed	\$ 3.20	\$ 38.40	19.20 \$ 38.40 ✓
33	1 pc	Rr luggage board cover RH	Dented/Deformed		\$ 253.60	\$ 253.60 X
34	1 pc	Rr luggage board cover LH	Dented/Deformed		\$ 237.30	\$ 237.30 X
35	1 pc	Rr luggage tray	Cracked/Deformed	5196.30	\$ 438.40	393 \$ 438.40 ✓
36	1 pc	Rr floor panel repair	Dented/Distorted	259	\$ 686.20	\$ 686.20 R
37	2 pcs	Rr fender R/L	Dented/Repair			(Refer labour no. 4, 7, & 8)
38	2 pcs	Rr chassis member R/L	Dented/Repair	3897.22		(Refer labour no. 4, 6, 7, & 8)
					\$ 10,823.80	\$ 9,633.90
				Less Discount : 25%	\$ 2,705.95	25% \$ 2,408.48
				List Parts Sub-Total :	\$ 8,117.85	\$ 7,225.43
1	1 pc	Rr windscreen sealant	Necessary	300 S/N	\$ 50.00	\$ 40.00 ✓
2	1 pc	Rr end panel sealant	Necessary	S/N	\$ 50.00	\$ 40.00 ✓
3	1 pc	Rr floor panel sealant	Necessary	S/N	\$ 50.00	\$ 40.00 X
4	1 set	Reverse sensor	Dented/Broken	S/N	\$ 220.00	\$ 220.00 ✓
				Special Nett Sub-Total :	\$ 370.00	\$ 340.00
				Parts Total :	\$ 8,487.85	\$ 7,565.43



# PROMINENT APPRAISER SERVICES PTE LTD

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Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg 201404434D

Vehicle No : SLV1550P

Report No. : PAS/TP/0181219

S/No.	Labour Descriptions	Repairer's Estimate (\$\$)	Our Assessment (\$\$)
1	To transfer tailgate component parts to new tailgate.	\$ 100.00	<del>\$ 60</del> 80.00
2	To transfer rear windscreen to new tailgate.	\$ 120.00	\$ 120.00
3	To check rear electrical wiring system.	\$ 60.00	\$ 50.00 X
4	To remove and reinstall rear interior trims, garnishes, etc. for necessary repairs.	\$ 140.00	\$ 120.00 6
5	To remove, replace and reinstall rear reverse sensors & control unit.	\$ 50.00	\$ 50.00
6	To conduct chassis alignments.	\$ 320.00	\$ 300.00 5
7	To straighten, repair, realign on affected area and replace damaged parts.	\$ 1,500.00	\$ 1,320.00 8c
8	To spray painting, blending on affected and adjacent area.	\$ 1,500.00	\$ 1,200.00 7a
9	To spray anti-rust coating on new and affected panels.	\$ 120.00	\$ 90.00 6c
Labour Total :		\$ 3,910.00	\$ 3,330.00
Total (Parts & Labour) :		\$ 12,397.85	\$ 10,895.43

## For Lump Sum Repairs

The final adjusted Lump Sum contract amount is \$ 8,700.00

Under normal circumstances, the repairs should be completed within a reasonable period

of **8 Working Days.** (Exclude waiting days of PRI, Sunday, Public Holiday and awaiting of shipment for spare parts)

86 Photographs were taken at the time of inspection.

**N.B:** By accepting to carry out the repairs on a contract Lump Sum basis, the repairer shall has the prerogative and discretion to replace the damaged parts with new, used, OEM or reconditioned parts and/or to repair the vehicle on a roadworthy condition to the entire satisfaction of owner.

3897.22

300.00

2000.00

6197.22

202

45-4,950

4957.77

7 days

Note: The revised estimate has been adjusted from a visual inspection. Any discrepancies or unseen damages should be notified to the company within 7 days from the date hereof. Otherwise this revised amount shall be deemed as valid.

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5111279474-000005

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SLV1550P  
Chassis Number : NHP1707098587
2. Name of Policyholder : CLT LEASING PTE. LTD.
3. Effective Date of Insurance : 19 Jul 2019
4. Expiry Date of Insurance : 18 Jul 2020
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other 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#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	:	
EXCESS (SECTION 2)	:	
WINDSCREEN EXCESS	:	
ADDITIONAL EXCESS	:	
UNNAMED DRIVER EXCESS	:	N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	:	PLEASE REFER OVERLEAF
INSURE WITH COE	:	YES
NCD PROTECTION	:	YES
TRANSPORT ALLOWANCE	:	NO
EXCESS WAIVER	:	NO
PRIMARY DRIVER	:	NO
NAMED DRIVER (1)	:	N/A
NAMED DRIVER (2)	:	N/A
HIRE PURCHASE COMPANY	:	N/A
SUM INSURED	:	MAYBANK SINGAPORE LIMITED
	:	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : B.A.S. INSURANCE AGENCY (00000573236)

Date of Issue : 18 Jul 2019 18:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## 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	02/12/2019 11:34
Date Of Accident	02/12/2019 09:40
Exact Location Of Accident	UPPER CROSS STREET TOWARDS NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1550P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CLT LEASING PTE. LTD.
Co Reg No	201717731M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98266682
Alternative Phone No	OFFICE-98266682

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111279474 (PERMIUM)
Cover Note Number	

### Driver

Name of Driver	TONG INN LEONG
NRIC No	S1570413F
Date Of Birth	16/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/05/1983
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98266682
Fax Number	
Contact Number	OFFICE-98266682
Email Address	NOEMAIL

Address	1 CHERRY AVE #04-11
Postcode	S279871
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
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?	
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

PLEASE SEE ATTACHED SKETCH PLAN

#### 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	SHD3032Y
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

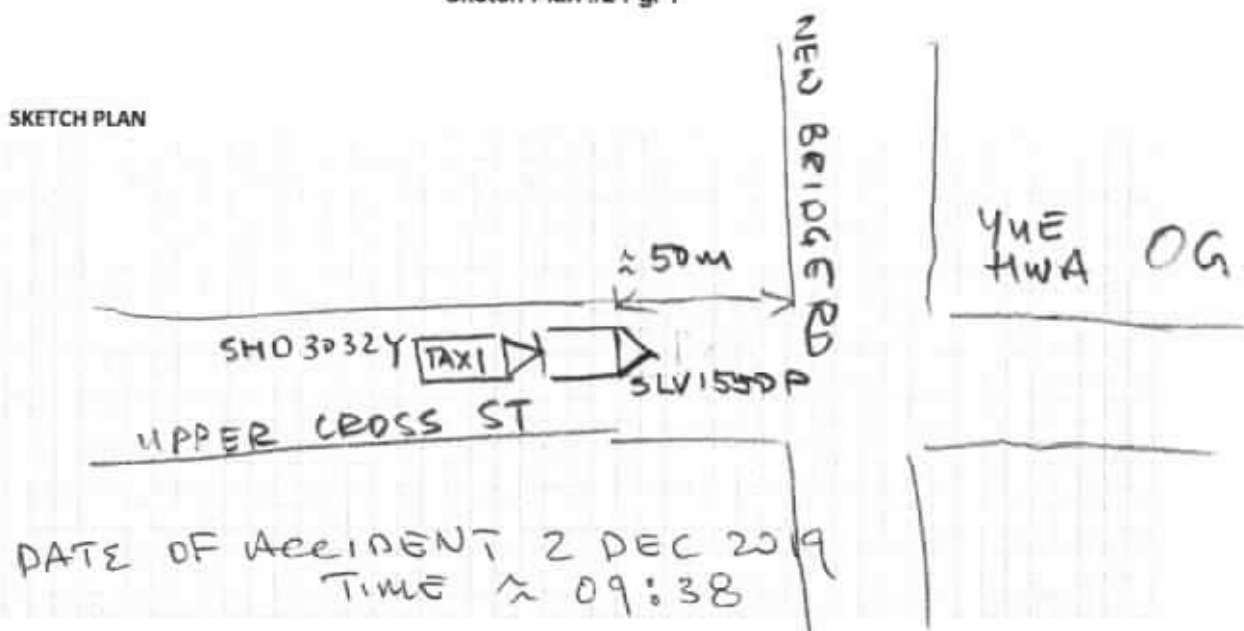
- 2 DEC 2019

**IDAC BUKIT DATOK (IAC)**  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6560 6113  
Email: val.bbb@idac.gov.sg

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



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, TONG INN LEONG, DRIVER OF SLV 1550P WAS STATIONARY ALONG UPPER CROSS ST TOWARDS NEW BRIDGE RD, 50 M FROM JUNCTION OF UPPER CROSS ST AND NEW BRIDGE RD.

AT ABOUT 09:38 HR TAXI (COMFORT) SHD 3032Y HIT MY CAR FROM THE REAR.

TAXI DRIVER IS MR TAN PEK PENG, SINGAPORE IC S2130743B, HIS CONTACT IS 91886845.

THE WEATHER WAS CLEAR AND SUNNY AND THERE WAS NO RAIN AT POINT OF ~~IMPACT~~ IMPACT.

MY CONTACT : TEL 98266682  
EMAIL itong@msn.com

IDAC BURIT SINGAPORE (P/L)

511 Bukit Batok Street 23

Singapore 659545

Tel: 6560 3312 Fax: 6569 0722

Email: vacbb@singnet.com.sg

## DECLARATION

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



Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

- 2 DEC 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## 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	03/12/2019 08:02
Date Of Accident	02/12/2019 09:45
Exact Location Of Accident	CROSS ST TWDS UPP CROSS ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3032Y
<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	TAN DEK PENG
NRIC No	S2130743B
Date Of Birth	22/08/1948
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1966
Driving Experience	53 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91886845
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	645 08-4971 ANG MO KIO AVENUE 6
Postcode	560645
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACH.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV1550P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/12/19 at about 09:45 hrs, I Veh A was driving at above said location without passenger. Suddenly Veh B in front brakes to stop. I can't manage to stop in time and collided into the rear portion of Veh B. No injury reported.

## Page 3 of 11

**IMPORTANT NOTICE**

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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.

OMFORT 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.:

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/III19021742/R1tf3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711			Date : 20-03-2020	
			Code : III2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 3032Y	Veh. Inspected	SLV 1550P	
Policy No.	MCOM0015	Coverage (\$)	0.00	
Claim No.	MCT19120036	Excess (\$)	0.00	
Assign From	DERRICK TAN	Assign Date	13/03/2020	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA SIENTA HYBRID 1.5G	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	NHP1707098587	Colour	BLACK	
Odometer	115083	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	185/60 R15	TRIANGLE	6 mm	
L/H Front Tyre	185/60 R15	TRIANGLE	6 mm	
R/H Rear Tyre	185/60 R15	TRIANGLE	6 mm	
L/H Rear Tyre	185/60 R15	TRIANGLE	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	02/12/2019	Inspection Date	10/12/2019	
Survey held at	GOLD AUTOWORKS PTE LTD 48 TOH GUAN ROAD EAST #01-119 ENTERPRISE HUB SINGAPORE 608586			
<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>7 Working Days</b>	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLV 1550P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	TAILGATE	DENTED	1,123.70	1,086.00
2	TAILGATE HINGE R/L @\$62.10	SERVICEABLE	124.20	-
2	TAILGATE STAY R/L @\$262.00	SERVICEABLE	524.00	-
1	TAILGATE WINDSCREEN MOULDING TOP	NECESSARY	32.60	32.60
2	TAILGATE WINDSCREEN MOULDING R/L @\$39.60	NECESSARY	79.20	79.20
2	TAILGATE WINDSCREEN SPACER R/L @\$12.30	NECESSARY	24.60	24.60
2	TAILGATE WINDSCREEN QUARTER R/L @\$9.20	NECESSARY	18.40	18.40
2	TAILGATE WINDSCREEN CHANNEL GUIDE @\$10.50	NECESSARY	21.00	21.00
2	TAILGATE REFLECTOR R/L @\$248.70	SERVICEABLE	497.40	-
1	TAILGATE EMBLEM (LOGO)	NECESSARY	68.40	68.40
1	TAILGATE EMBLEM (HYOGO TOYOTA)	NECESSARY	44.70	44.70
1	TAILGATE EMBLEM (HYBRID)	NECESSARY	52.60	52.60
1	TAILGATE NO. PLATE GARNISH	SERVICEABLE	242.60	-
2	TAILGATE NO. PLATE LAMP @\$32.70	SERVICEABLE	65.40	-
1	TAILGATE INNER TRIM	SERVICEABLE	233.70	-
13	TAILGATE INNER TRIM CLIP @\$2.80	NECESSARY	36.40	36.40
1	TAILGATE PULL HANDLE	DENTED / DEFORMED	41.20	41.20
1	TAILGATE LOCK ASSY	DENTED / JAMMED	470.60	280.80
1	TAILGATE LOCK STRIKER	BENT	25.30	25.30
1	TAILGATE WEATHERSTRIP	TORN / NECESSARY	368.60	368.60
2	TAILLAMP R/L @\$389.80	SERVICEABLE	779.60	-
1	RR BUMPER (W/COL)	DENTED	1,106.20	485.00
1	RR BUMPER CENTER GARNISH	DENTED	197.20	197.20
2	RR BUMPER SIDE GARNISH R/L @\$136.60	O/S DENTED / CRACKED	273.20	136.60
8	RR BUMPER CLIP @\$3.40	NECESSARY	27.20	27.20
2	RR BUMPER RETAINER R/L @\$72.80	CRACKED / NECESSARY (1PC ONLY)	145.60	72.80

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	RR BUMPER BRACKET R/L @\$122.70	CRACKED / NECESSARY (1PC ONLY)	245.40	82.00
1	RR END PANEL ASSY	DENTED	684.80	684.80
1	RR END PANEL TRIM	DENTED / DEFORMED	208.50	208.50
4	RR END PANEL TRIM CLIP @\$3.20	NECESSARY	12.80	12.80
2	RR FENDER INNER TRIM R/L @\$697.40	CRACKED / DEFORMED (1PC ONLY)	1,394.80	697.40
12	RR FENDER INNER TRIM CLIP R/L @\$3.20	CRACKED / DEFORMED (6PCC ONLY)	38.40	19.20
1	RR LUGGAGE BOARD COVER RH	SERVICEABLE	253.60	-
1	RR LUGGAGE BOARD COVER LH	SERVICEABLE	237.30	-
1	RR LUGGAGE TRAY	CRACKED / DEFORMED	438.40	393.00
1	RR FLOOR PANEL	TO REPAIR SEE LABOUR	686.20	-
2	RR FENDER R/L (NPA)	TO REPAIR SEE LABOUR	-	-
2	RR CHASSIS MEMBER R/L (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 25% DISCOUNT		-2,705.95	-1,299.08
			8,117.85	3,897.22
	<b>SPECIAL NETT ITEMS</b>			
1	RR WINDSCREEN SEALANT (SN)	NECESSARY	50.00	40.00
1	RR END PANEL SEALANT (SN)	NECESSARY	50.00	40.00
1	RR FLOOR PANEL SEALANT (SN)	NOT NECESSARY	50.00	-
1	SET REVERSE SENSOR (SN)	DENTED / BROKEN	220.00	220.00
			370.00	300.00
	<b>LABOUR</b>			
	TO TRANSFER TAILGATE COMPONENT PARTS TO NEW TAILGATE.		100.00	60.00
	TO TRANSFER REAR WINDSCREEN TO NEW TAILGATE.		120.00	120.00
	TO CHECK REAR ELECTRICAL WIRING SYSTEM.	NOT NECESSARY	60.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REINSTALL REAR INTERIOR TRIMS, GARNISHES, ETC. FOR NECESSARY REPAIRS.		140.00	60.00
	TO REMOVE, REPLACE AND REINSTALL REAR REVERSE SENSORS & CONTROL UNIT.		50.00	50.00
	TO CONDUCT CHASSIS ALIGNMENTS.		320.00	150.00
	TO STRAIGHTEN, REPAIR, REALIGN ON AFFECTED AREA AND REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF RR FLOOR PANEL, RR FENDER R/L AND RR CHASSIS MEMBER R/L.		1,500.00	800.00
	TO SPRAY PAINTING, BLENDING ON AFFECTED AND ADJACENT AREA.		1,500.00	700.00
	TO SPRAY ANTI-RUST COATING ON NEW AND AFFECTED PANELS.		120.00	60.00
			3,910.00	2,000.00
<b>GRAND TOTAL</b>			<b>12,397.85</b>	<b>6,197.22</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>4,950.00</b>

Report Ref No. CS3/III19021742/R1tf3e2-1

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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