

(PAYMENT BREAKDOWN)

Vehicle No	:	SFT 1121B (Insd veh)	Model	:	Land Rover
	:	SFA82822 (TP veh)			
Date of Accident	:	10.10.20			

Global Sum Settlement	:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Liability	:	100 %	(Agreed/Assessed)

Repair Estimate	:	\$ 18495.16	
Final Repair Cost	:	\$ 11333.95	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 1080.00	6 days at \$ 180 (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$	

Remarks: _____

Payment Instruction: Payee's Breakdown		
1)	Repair bill	: \$ 11333.95
2)	Rental	: \$ 1080.00
3)		: \$
4)		: \$

MOTOR EDGEVANTAGE PTE LTD

160 Sin Ming Drive, Sin Ming AutoCity #03-01/02, Singapore 575722 & GST 201534758N
+65 6453 7683 clientservices@edgevantage.com www.edgevantage.com

To:

Mr Shik

SFT1121B, LAND ROVER , DISCOVERY SPORT 2.0D SE 7-SEATER

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way

#08 -16

Singapore 079120

Attn: Shik (97948172)

Work Order

Job No. : WJ2010133

Date : 06/11/2020

Mil in (KM) : 65615

Time in : 06/11/2020 10:00

Time out : 11/11/2020 15:00

T	Job Description	Operation	Quantity	UOM	Unit Price	Amt
Essential Works						
P	LR rear bumper assembly DS		1.00	PCS	1,680.00	1,680.00
P	LR rear bumper tow eye cover DS		1.00	PCS	545.35	545.35
P	LR Rear reinforcement bar DS		1.00	PCS	594.30	594.30
P	LR rear bumper tow hook cover opening		1.00	PCS	28.10	28.10
P	LR tailgate assembly DS		1.00	PCS	3,272.20	3,272.20
P	LR windscreen glass adhesive sealant		1.00	PCS	38.00	38.00
P	LR tailgate emblem (DISCO)		1.00	PCS	59.30	59.30
P	LR tailgate emblem (VERY)		1.00	PCS	82.80	82.80
P	LR tailgate emblem (Sport)		1.00	PCS	81.30	81.30
P	LR tailgate badge oval rear RRS RRS3 (Land Rover)		1.00	PCS	81.30	81.30
P	LR parking aid retainer assembly with sensor		2.00	PCS	239.60	479.20
P	LR rear exhaust muffler LH		1.00	PCS	2,140.63	2,140.63
S	To replace rear bumper, rear bumper lower tow eye cover, rear bumper reinforcement , side bracket rear parking sensor , rear tailgate,		1.00		600.00	600.00
S	To putty and respray rear bumper , rear tailgate		1.00		600.00	600.00
S	To transfer tailgate components parts		1.00		80.00	80.00
S	To remove and replace rear windscreen		1.00		120.00	120.00
S	To replace rear exhaust muffler Lh side		1.00		80.00	80.00
S	To check wiring including electrical module		1.00		30.00	30.00
S	Wheel alignment with adjustment		1.00		0.00	0.00
P	LR parking sensor cap DS		2.00	PCS	0.00	0.00

This is a computer generated Work Order . No Signature is required.

Subtotal	10,592.48
GST 7.0%	741.47
Total	11,333.95

Mail

Contacts

Calendar

Settings

Webmail Home

Back

Compose

Reply

Reply all

Forward

Delete

Move

Print

Archive

Mark

More

Inbox

Drafts

Sent

Junk

Trash

Archive

Junk

RE: SFT1121B claiming ...

Message 1 of 915

From: **Jaslin Kok (LKK Auto)**To: **Mei Kwan (LKKAuto)**,
mandy.neo@edgevantage.comCc: **Jasper Chua (LKK Auto)**, **Admin A**,
Hsiao Tong (LKKAuto)**Liability Clear** Date: **Today 14:21**

Your Ref: SFT 1121B

Without Prejudice

LKK Ref: CC4/AIG20011172/KBA3

Dear Sirs/Mdm,

ACCIDENT INVOLVING (SFA 8282Z) AND (SFT 1121B) ON 10/10/2020

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both parties, the liability is clear / under BOLA (subject to BOLA guideline settlement) and shall proceed with direct settlement for the above mentioned case.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle and admission of any liability to our Insured's part. The final repair cost is subjected to the consistency of the damages according to the nature of the accident. And the days of LOU/ LOR will be based on the number of days of repair as recommended by our surveyor and approved by our principal.

Thank you.

"Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement."

Thank you.

Best Regards,

Jaslin Kok | Admin**LKK Auto Consultants Pte Ltd**Phone: 6841 2157 | email: JaslinKok@lkkauto.com | fax: 6741 4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

AUTHORIZATION TO ACT

I, Mohamad Ahshik B Kader Bakas ("the third party Claimant")

of 12 Jalan Bilal Singapore 468864 (address),

owner of SFT1121B (vehicle no.)

hereby authorize Motor Edgevantage Pte Ltd ("The workshop")

to act for me with respect to my claim for repair costs and / or rental and / or loss of use

("claim") for my Vehicle No. SFT1121B that was damaged

pursuant to the accident which occurred on 10/10/2020 (date)

Alone PIE (Aljunied FLY Over) Before Kallang Exit 12 (location)

involving Vehicle No/s SFA8282Z ("accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this 14 day of 10 (month) 20 2020 (year)



Signed by "the third party claimant"



Signed by "the workshop"

Sin Ming AutoCity
160 Sin Ming Drive #03-03
Singapore 575722
Tel: 64532121 Fax: 64599795
Email: vinsauto87@yahoo.com.sg
UEN No. 199201997H

K & V Car Rental Pte Ltd

K & V CAR RENTAL PTE LTD

ME
CLAIM

Sin Ming AutoCity, 160 Sin Ming Drive #03-03, Singapore 575722

Tel: 6453 2121 (4 Lines) Fax: 6459 9795

Co. Reg. No.: 199201997H

RENTAL AGREEMENT

No: 16695

Date: 6/11/2020

Vehicle No.	Make/Model	Usage
SSE 5723 R	Toyota alphard	<input checked="" type="checkbox"/> Self Drive <input type="checkbox"/> Private-Hire

HIRER'S PARTICULARS

Name : Mohammad Ahshik Bin
Reader Bakas

Address : 12 Jalan Bijal
Singapore 468864

Email :

Telephone (Home) :

(Office) :

(H/P) :

NRIC or Passport No. :

Nationality :

Date of Birth : Age :

Driving Licence No. : Expires :

Type : Local/Int'l Issued by :

Driving Experience :

PDVL No. :

DRIVER'S PARTICULARS

(if different from Hirer)

Name : mohammad Ahshik Bin
Reader bakas

Address : 12 Jalan Bijal
Singapore 468864

Email :

Telephone (Home) :

(Office) :

(H/P) : 9794 8172

NRIC or Passport No. : 7901

Nationality : Singaporean

Date of Birth : 10.04.75 Age :

Driving Licence No. : Expires :

Type : Local/Int'l Issued by :

Driving Experience : 26

PDVL No. :

CHARGES

Day(s)	@\$	/ day	\$	cts
Week(s)	@\$	/ week		
Month(s)	@\$	/ month		
Collision Damage Waiver (CDW)				
Malaysia Entry Charges				
Others:				
Total:				
Security Deposit (Cash/Cheque:)				
Grand Total				

Recipient's Signature:

Date:

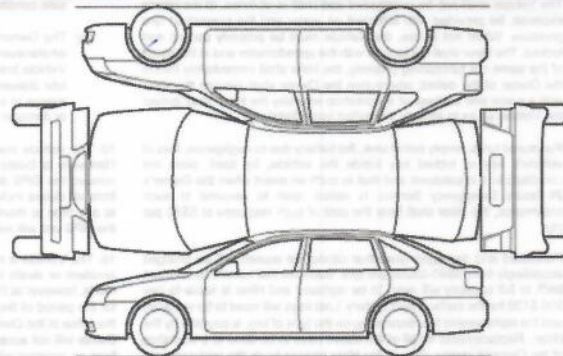
SECURITY DEPOSIT REFUND

Security Deposit Refund

Recipient's Signature:

Date:

VEHICLE CONDITION CHECK



I/We declare that the above particulars are true and correct in every respect, and have checked the vehicle and affirm that there are no other defects (if any) besides those listed in the diagram above. I/We have read and understood the terms and conditions of the hire agreement printed overleaf.

Stamp & Signature of Hirer

Date 06. Nov. 20

Signature of Driver
(if different from Hirer)

Date

Date Out	6/11/2020	Date In	11/11/2020
Time Out	10.10 AM / PM	Time In	19/9/20 AM / PM
Mileage at delivery / pick up	78692	Mileage on returning	Full Tank
Fuel level at delivery / pick up	Full Tank	Fuel level on returning	Full Tank
Hire period expires on at . If unstated, rental period will be calculated based on a 24 hr timeframe from the time of collection of vehicle.			
Surcharge of fuel will be at S\$ per 1/4 tank. There will be no refund for excess fuel upon return of the vehicle.			

Remarks:

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	12/10/2020 10:23
Date Of Accident	10/10/2020 18:30
Exact Location Of Accident	ALONG PIE(ALJUNIED FLYOVER) BEFORE KALLANG EXIT 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT1121B
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD AHSHIK B KADER BAKAS
NRIC No	SXXXX709I
Email Address	SHIKO777@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97948172
Alternative Phone No	OFFICE-97948172

Vehicle Particulars

Manufacturer	LAND ROVER
Model	DISCOVERY 2.0
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI20V08484/ VPC / R03
Cover Note Number	

Driver

Name of Driver	MOHAMAD AHSHIK B KADER BAKAS
NRIC No	SXXXX709I
Date Of Birth	10/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	20/10/1994
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97948172
Fax Number	
Contact Number	OFFICE-97948172
Email Address	SHIKO777@GMAIL.COM

Address	12 JALAN BILAL SINGAPORE
Postcode	468864
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : DENISE CHAK WEIPING 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 TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFA8282Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SI HENG
NRIC/Passport Number	SXXXX844A
Contact Number	97210239
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJK8134T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver JOSEPH KONG ZI LONG
NRIC/Passport Number SXXXX801Z
Contact Number 96170390
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMMAD AHSHIK BIN KADER BAKAS
Approximate Age
Injuries Sustain REFER REPORT (WHIPLASH)
Injured person in which vehicle? SFT1121B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address 12 JALAN BILAL
SINGAPORE
Postcode 468864

DETAILS OF INJURED PERSON 2

Name DENISE CHAK WEIPING
Approximate Age
Injuries Sustain REFER REPORT (WHIPLASH)
Injured person in which vehicle? SFT1121B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address NA
NA
Postcode NA

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 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:

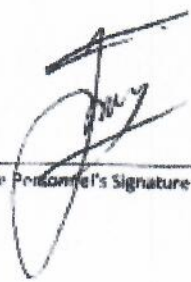
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 12/10/2020
1030hrs

Driver's Signature

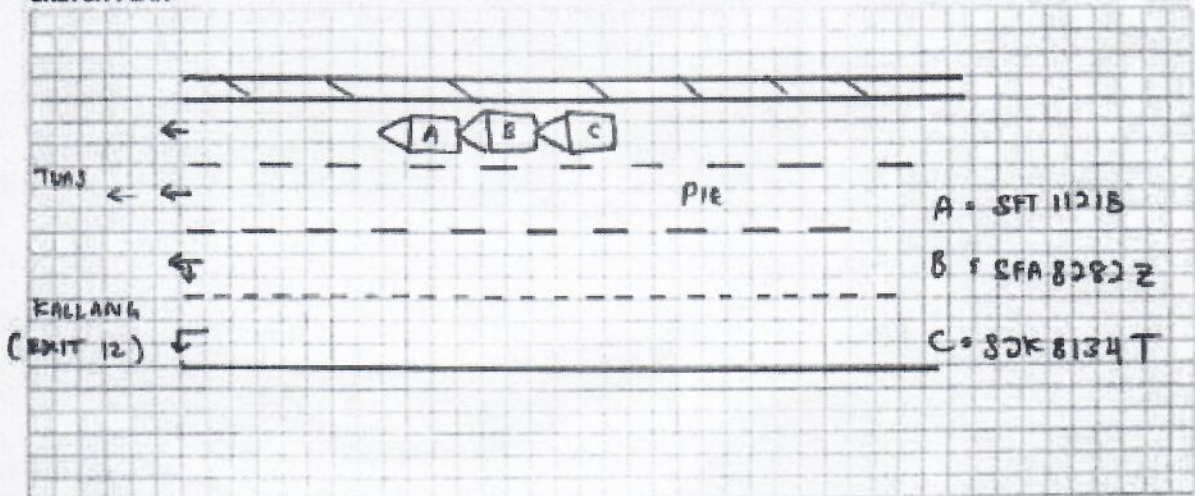
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the right most lane on the P/E. Traffic in front was slowing down & turned on his hazard lights. I in turn slowed down & turned on my hazard lights as well & came to a stop safely behind the vehicle in front of me. The vehicle behind me stopped safely as well. Shortly, I heard a loud crash & subsequently the vehicle behind me crashed into the rear of my car. This was caused by the vehicle two cars behind me and not the vehicle directly behind me.

My passenger and I suffered minor whiplash due to the impact. I have not yet sought medical attention.

DECLARATION

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

Policyholder's Signature
Date & Time: 12/10/2020
1030hrs

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

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