

INC

TOTAL



01 JUN 2019

Date:

(WITHOUT PREJUDICE)

Your Ref: CC4/III19007217/Kja3

Our ref: LTP042019/031 (PC 1432 A)

Attention To : MS JOY IRENE
(From LKK Auto Consultants Pte Ltd)
Insurance Company : INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sir/Mdm,

IN THE MATTER OF ACCIDENT INVOLVING PC1432A & SHC8412G ON 15.04.2019

We refer to the above matter.

We are instructed and authorised by our client to quantify, to act and negotiate settlement in related to the above road traffic accident that was caused by your insured.

All supporting documents are enclosed herewith:-

[x] Authorization To Act
[] Original Rental Receipt and Agreement
[] LTA search receipt
[] Letter Of Discharge

Survey was done by insurance instruction and was surveyed by Mr Kenneth Kong on 6-May-19

As a result of the accident, our client's vehicle was damaged and has been put to loss and expenses, particulars of which are as follows:-

| | | |
|--|----|----------|
| 1] Cost of repair (inclusive of 7% GST) | \$ | 4,601.00 |
| 2] Loss of Use (\$140.00 x 5 Days) | \$ | 700.00 |
| Total | \$ | 5,301.00 |

Please acknowledge receipt of this letter within 14 days. If you agreeable to the above, please forward your payment. Payment to be issued directly to LIM TAN MOTOR PTE LTD within 4 weeks. Should there be any injury related to this matter, any settlement agreed is WITHOUT PREJUDICE to the related injury claim.

Your faithfully
Mandy Lim

Email: mandy@ltm.sg

Lim Tan Motor Pte Ltd
Bik 176 Sin Ming Drive #03-09 Sin Ming Autocare Singapore 575721
Tel:65-64520893 Fax:65-64589127
Co.Reg No.199307277D
Email: edmund@ltm.sg
GST Reg No M2-0019086-0
Website : www.LTM.sg

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Case Details

Case Reference Number : TAX/07/22/2072

Type of Repair : Accident Repair

Vehicle Registration Number : SHD6296H

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-18886-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income

Insurance Co-operative Ltd

Accident Date and Time : 23/07/2022 03:15 AM

Vehicle Age(In Months) : 81

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

| SMRT Recommendation | | | | | | | | | | | Surveyor Approval | | | |
|-----------------------|--------------|---------|-----------------|---------------|-----|-------------------------|----------------|--------|-----------------|------------------|-------------------|--------------------------|----------------|---------|
| BOM Type | Costing Type | Portion | Material Number | Part Name | Qty | List Price Per Unit(\$) | List Price(\$) | Dis(%) | Final Price(\$) | Repair/ Replace | Surveyor Quantity | Surveyor Final Price(\$) | Repair/Replace | Remarks |
| Standard | Main | | | BUMPER FRT | 1 | 482.00 | 482.00 | 100.00 | 0.00 | Repair | 1 | 0.00 | Repair | ✓ KY |
| Standard | Main | | | FENDER FRT/LH | 1 | 723.40 | 723.40 | 100.00 | 0.00 | Repair | 1 | 0.00 | Repair | ✓ KY |
| Total Spare Part Cost | | | | | | | | | 0.00 | Surveyor Total | | 0.00 | | |
| Lump Sum Discount (%) | | | | | | | | | 0.00 | Lump Sum Dis (%) | | 0 | | |
| Final Spare Part Cost | | | | | | | | | 0.00 | Final Sur Total | | 0.00 | | |

Labour's Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|----------------------------|-------------------------|-------------------------|---------|
| 1 | Main | TO REPAIR LH FRONT PORTION | 676.00 | 200 | |
| Total: | | | 676.00 | 200.00 | |

Spray Cost Detail


| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|----------------------------|-------------------------|-------------------------|---------|
| 1 | Main | TO RESPRAY FRONT BUMPER | 378.00 | 200 | |
| 2 | Main | TO RESPRAY FRONT FENDER LH | 378.00 | 200 | |
| Total: | | | 756.00 | 400.00 | |

Other Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|-----------|-------------------------|-------------------------|---------|
| Total: | | | 0.00 | 0.00 | |

Summary

| | Estimator Assesment(\$) | Surveyor Assesment(\$) |
|-------------------------|-------------------------|------------------------|
| Total Spare Part Detail | 0.00 | 0.00 |
| Total Labour Cost | 676.00 | 200.00 |

| | Estimator Assessment(\$) | Surveyor Assessment(\$) |
|--------------------------|--------------------------|--|
| Total Spray Painting | 756.00 | 400.00 |
| Other | 0.00 | 0.00 |
| Overall Total | 1,432.00 | 600.00 |
| Lump Sum Repair Option | | <input type="checkbox"/> |
| Lump Sum Total | 0.00 | 600.00 |
| Surveyor Approved Amount | | 600.00 |
| No of Repair Days* | 3 | 2 |
| Remarks | - | After repair photo. |
| Surveyor Name | | Taufik |
| Signature | |  |
| Survey Date | 25/07/2022 | |

Save Clear

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:

Taufik 97495745
WP 25/7/22

2 days

Resurvey after repair

taufik e lkhanto.com



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 Submission | 25/07/2022 14:57 (SGT) |
| Reported by | Driver |
| Date of Accident | 24/07/2022 11:15 (SGT) |
| Exact Location of Accident | Near 50 Jurong Gateway Rd, #B1 - 12, Singapore 608549 |
| Additional Location Information | JURONG GATEWAY ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHD6296H |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | STRIDES TAXI PTE LTD |
| Company Reg No | 1XXXXX369K |
| Email Address | Auto-Svcs-TARC@smrt.com.sg |
| Mobile Phone No | (Phone) +65-68662671 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Prius |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Taxi |
| Transmission | Auto |
| CC | 1798 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------|
| Name of Insurance Company | MS First Capital Insurance Ltd |
| Policy Number / Cover Note Number | D-22099115MFSH |

DRIVER

| | |
|----------------|----------------------|
| Name of Driver | WONG EE LEONG LIONEL |
| NRIC No | SXXXX543G |
| Date Of Birth | 03/04/1965 |
| Occupation | Outdoor |

| | |
|---|-------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NR/CID card)

Sketch Plan



Describe Circumstance of the Accident

Declaration ES

Declaration: 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

Witnessed by Reporting Centre Personnel
(Name as in NR/C/D card)

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