

22/03/2002

ASS. REC. BY:

REF: CS / GA116018240 / Dqb

Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Stella Goh

of

GMC

Date/Time: 27/09/2016 5:19pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YL 7734K

Insured:

XD 5800U

at Workshop m/s

Teamwork

Tel:

6844 2475

of

53 Ubi Ave 1 # 01-24

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

24/09/2016

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement:

Date/Time: 27/09/2016 5:35pm

Person Contacted:

Kelly

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate.
	YL 7734K - CC4 / A116018240 / Dqb3
	XD 5800U - X
	- Cancel case -
	This file to close as repairer claiming under m/c.
	Our ref: CC4 / A116018240 / Dqb3
	✓ 15/5/18

DCA: 24/09/16

Surveyor:

KCR:

ASSIGNMENT

COB Feb 2019

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

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 Report: _____ Consistent? : Yes or No

GIA / PR. Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: XL 7734 XK Yr Regn: 2004 / Aug

Type: M.Car / M.Cycle / Bus / Van / Corry Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Cabstar C.C. 3153

Colour: silver A/C: Insured / Std / NI / NA

Sp. Reading: 561401 T/Radio: Insured / Std / NI / NA

Eng/No: QD32191473

C/No: JN28F4F2320852555

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil S/Rim / STD A/Rim or

Tyra Size: F: 195 R15C

R: 155 R12C (double)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Maxtrek

Front

Rear

R/Bal. 5' mm R/Bal. 5' / 5' mm

L/Bal. 5' mm L/Bal. 5' / 5' mm

D.O.A. 24/09/2016

D.O.I. 27/09/2016

Survey held at Teamwork C Paga Ubi

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front

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

Date / Time

Action / Instruction

GFL XD 5800U Panday estimate

Check consistency of damage to front panel

MV MV 20K

LTA 11.5K

NL 8.5K

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I: (\$ _____)



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				
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI16018240/Dqb		
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 27-09-2016		
		Code : GAI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	XB 5800U	Veh. Inspected	YL 7734K	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	STELLA GOH	Assign Date	27/09/2016	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	24/09/2016	Inspection Date	27/09/2016	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

Catherine Chong (LKK Auto)

From: Goh, Stella <Stella.Goh@sg.gaig.com>
Sent: Tuesday, 27 September, 2016 5:19 PM
To: KELLY CLAIMS
Cc: 'KKLau'; 'Admin A'; 'assignments'
Subject: RE: OUR REF: 1609-37 YOUR REF: XD5800U PRE-REPAIR INSPECTION FOR VEHICLE NO. YL7734K (ACCIDENT INVOLVING YL7734K / XD5800U ON 24.09.2016)
Attachments: 20160927170745666.pdf; Surveyor Profile.pdf

WITHOUT PREJUDICE

Dear Kelly,

We refer to your email on even date.

We will appoint LKK to conduct the PRS.

Enclosed a list of surveyors.

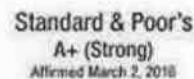
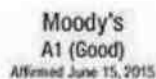
By copy to Catherine, please assist.

Thank you.

Stella Goh, Senior Executive | P. 65 6804 6059 | F. 65 6235 3354 | stella.goh@sg.gaig.com



Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190



For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: KELLY CLAIMS [mailto:claims@teamworkgarage.com]
Sent: Tuesday, September 27, 2016 5:14 PM
To: Goh, Stella <Stella.Goh@sg.gaig.com>
Subject: OUR REF: 1609-37 YOUR REF: XD5800U PRE-REPAIR INSPECTION FOR VEHICLE NO. YL7734K (ACCIDENT INVOLVING YL7734K / XD5800U ON 24.09.2016)
Importance: High

WITHOUT PREJUDICE

OUR REF: 1609-37
YOUR REF: XD5800U

Dear Sir/Mdm,

PRE-REPAIR INSEPECTION FOR VEHICLE NO. YL7734K
ACCIDENT INVOLVING YL7734K / XD5800U ON 24.09.2016

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

Please let us have your list of surveyors for us to select as stated in the Practice Direction – Amendment No. 1 of 2016; Pre-action Protocol within 2 working days as of the date of our notice to you.

Please take notice: We will not entertain any of your surveyor calling us for the above inspection, without you giving us your list of surveyors for us to select by the Practice Direction of Pre-repair Inspection.

Thank you.

Regards,

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

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Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Friday, 30 September, 2016 2:44 PM
To: 'Goh, Stella'; SUR
Cc: KKLau; assignments
Subject: RE: OUR REF: 1609-37 YOUR REF: XD5800U PRE-REPAIR INSPECTION FOR VEHICLE NO. YL7734K (ACCIDENT INVOLVING YL7734K / XD5800U ON 24.09.2016)

Dear Stella,

Please be informed that we have inspected the vehicle on 27/09/2016.

We are pending for estimate from repairer.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAUTO)
Sent: Tuesday, 27 September, 2016 5:35 PM
To: 'Goh, Stella' <Stella.Goh@sg.gaig.com>; SUR <sur@lkkauto.com>
Cc: KKLau <kklau@lkkauto.com>; Admin A <admin-a@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: RE: OUR REF: 1609-37 YOUR REF: XD5800U PRE-REPAIR INSPECTION FOR VEHICLE NO. YL7734K (ACCIDENT INVOLVING YL7734K / XD5800U ON 24.09.2016)

Dear Stella,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Goh, Stella [<mailto:Stella.Goh@sg.gaig.com>]
Sent: Tuesday, 27 September, 2016 5:19 PM
To: KELLY CLAIMS <claims@teamworkgarage.com>
Cc: 'KKLau' <kklau@lkkauto.com>; 'Admin A' <admin-a@lkkauto.com>; 'assignments' <assignments@lkkauto.com>
Subject: RE: OUR REF: 1609-37 YOUR REF: XD5800U PRE-REPAIR INSPECTION FOR VEHICLE NO. YL7734K (ACCIDENT INVOLVING YL7734K / XD5800U ON 24.09.2016)

Notification of Pre-repair Inspection/Notice of Accident

TO	GREAT AMERICAN	YOUR REF	XD5800U
DATE	27-09-2016	OUR REF	1609-37
ATTENTION	Motor Claims Department		
THIRD PARTY FAX NO.			
BY FAX / EMAIL			

Dear Sir

We are instructed by (name of claimant) INDEX CREDIT PTE LTD to notify you of a road traffic accident on (date) 24.09.2016 at about (time) 09:50 at (location) ECP TOWARDS CITY AFTER MARINE PARADE EXIT involving our client's/customer's vehicle registration number YL7734K and XD5800U driven by your insured/insured's driver at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's/customer's vehicle has been damaged. Before our client/we proceed to repair the damage vehicle, please let us know within two (2) working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair inspection survey or waive the pre-repair inspection of the vehicle. If we do not received any reply from you within two (2) working days as of the date of this notice in accordance with the protocol, our client/we shall proceed to repair the vehicle without further reference to you and we shall claim for the additional loss of use and/or rental and all incidental costs arising from the giving of this notice to you.

Please let us have your list of surveyors for us to select as stated in the Practice Direction – Amendment No. 1 of 2016; Pre-action Protocol within two (2) working days as dated of our notice to you.

The said motor vehicle can be inspected at the following place:-

TEAMWORK GARAGE PTE LTD
53 UBI AVE 1 #01-24
PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934
TEL: 68442475 FAX: 68442474

Thank you.

Yours faithfully,



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 ability.
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 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	26/09/2016 09:23
Date Of Accident	24/09/2016 09:50
Exact Location Of Accident	ECP TWDS CITY AFT MARINE PARADE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL7734K
Insured/Policyholder	
Name Of Registered Owner	INDEX CREDIT PTE LTD
Co Reg No	199905600E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-64620777

Vehicle Particulars

Manufacturer	NISSAN
Model	-
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	Commercial Vehicle

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	5058100418-03
Cover Note Number	

Driver

Name of Driver	ZHAO WEIKANG
Passport No/FIN	F7867621M
Date Of Birth	05/04/1971
Occupation	Outdoor
Date Of Driving Pass	23/11/2015
Driving Experience	0 Year And 10 Month
Gender	Male
Mobile Number	(Local) +65-92953671
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	594 GEYLANG RD
	#04-01
Postcode	389533
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	Unknown - TP VEH SPIN AND HIT ONTO INS FRT VEH
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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

PLS REFER TO THE ATTACHED STATEMENT.

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT1008L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD5800U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name	ZHAO WEIKANG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	YL7734K
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

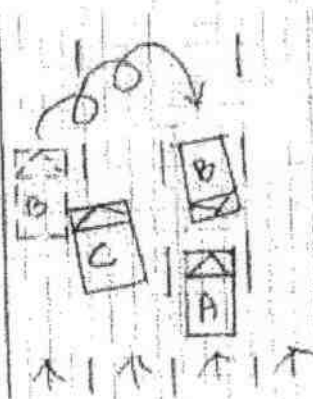
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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 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

Sketch Plan



A: YL7734K
B: SKT1008L
C: XD5800H

ECP Towards City A&P Marine Parade Exit

Sketch Plan #2

Describe Circumstances of the Accident

My lorry was travelling straight along ECP towards City after Marine Parade Exit at my own lane (2nd Lane). Vehicle B had a collision with lorry C (XD5800U). After the collision, vehicle B from the 4th lane spin towards the 2nd lane and hit onto front portion of my lorry.

柳江

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



TeamWork Garage Pte Ltd
 53 Ubi Avenue 1 #01-23/24 Spore 408934
 Paya Ubi Industrial Park
 Tel : 6844 2475 Fax : 6844 2474
 E-mail : claims@teamworkgarage.com
 ROC number : 201015366H

Great American Insurance Company
 3 Temasek Avenue
 #16-01 Centennial Tower
 Singapore 03990

3RD PARTY CLAIM ESTIMATION

Vehicle number	: YL7734K
Make / Model	: NISSAN CABSTAR
Chassis number	: JN1SF4F23Z0852555
Accident date	: 24 September 2016
Reference	: 1609-37

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	FRONT BUMPER <i>Restra</i>	683.60 993.30 ✓
2	FRONT CORNER PANEL <i>MM</i>	437.00 X
1	FRONT WIPER TOP GARNISH <i>MM</i>	537.30 X
1	FRONT PANEL <i>Dented</i>	1583.60 ✓
		3551.20
	Less 30%	1065.36
		2485.84
<u>PARTS REPLACEMENT - NET ITEMS</u>		
1	FRONT GRILLE <i>Crack</i>	386.20 ✓
1	FRONT GRILLE EMBLEM <i>Nec</i>	55.30 ✓
2	FRONT CORNER LAMP ASSY <i>SVC</i>	278.00 X
1	FRONT WINDSCREEN RUBBER <i>MM</i>	108.70 X
2	FRONT HEADLAMP <i>O/S Crack N/3 SVC</i>	321.60 1014.00 ✓
2	WIPER ARM <i>MM</i>	115.20 X
2	WIPER ARM COVER <i>MM</i>	20.00 X
2	WIPER NOZZLE <i>MM</i>	25.60 X
1	WIPER LINK <i>MM</i>	263.50 X
1	WIPER MOTOR <i>MM</i>	583.20 X
		2849.70
	Less 10 %	284.97
	Subtotal	2564.73
	Balance C/F	5050.57
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
	Balance B/F	5050.57
1	AIRCON BLOWER <i>SVC</i>	430.30 X
1	AIRCON COOLING COIL RESONATOR ASSY <i>MM</i>	1159.20 X
1	FRONT NUMBER PLATE <i>Wt</i>	60.00 30/-
1	FRONT BUMPER CLIP <i>Nec</i>	50.00 30/-
1	FRONT GRILLE CLIP <i>Nec</i>	40.00 20/-
	Subtotal	1739.50
	Balance C/F	6790.07
<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
	Balance B/F	6790.07
1	CHECK FRONT WIRING AND LIGHTNING SYSTEM	60.00 30/-

Vehicle number : YL7734K

Make Model :NISSAN CABSTAR

Reference : 1609-37

S/No	Particulars	Unit Price - SGD \$
2	REMOVE AND REFIT AIRCON SYSTEM AND TOP UP GAS	200.00 NH
3	TO REMOVE AND REFIT FRONT DASHBOARD	400.00 NH
4	TO REMOVE AND REFIT FRONT WINDSCREEN	150.00 NH
5	TO REMOVE AND RENEW COOLING COIL AND AIRCON BLOWER ASSY	200.00 80/-
6	PANEL BEATING ON AFFECTED AREAS	1500.00 1000/-
7	SPRAY PAINTING ON AFFECTED AREAS	1400.00 800/-
8	APPLY ANTI RUST ON AFFECTED AREAS	150.00 60/-
Subtotal		4060.00
Grand total		10850.07
		4323.83
		Supp 2608.00
		6931.83
		L/S 5500/-

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:

27/09/2016 @ 1430h

Not Author

L/S

5 days.

LKK Auto



Check part prices.

Check MV



Pte Ltd

TeamWork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Spore 408934
Paya Ubi Industrial Park
Tel : 6844 2475 Fax : 6844 2474
E-mail : claims@teamworkgarage.com
ROC number : 201015366H

3RD PARTY CLAIM SUPPLYMENTARY

Great American Insurance Company
3 Temasek Avenue
#16-01 Centennial Tower
Singapore 03990

Vehicle number : YL7734K
Make / Model : NISSAN CABSTAR
Chassis number : JN1SF4F23Z0852555
Accident date : 24 September 2016
Reference : 1609-37

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - NETT ITEMS</u>		
1	RADIATOR punctured	863.50 1590.40 ✓
1	FAN BLADE broken	198.40 ✓
1	FAN COWLING broken	283.40 ✓
1	FRONT ENGINE MOUNTING torn	390.20 ✓
1	SIDE ENGINE MOUNTING torn	281.02 ✓
1	REAR GEARBOX MOUNTING torn	313.29 ✓
1	SIDE GEARBOX MOUNTING torn	290.20 ✓
		3346.91
	Less 10 %	334.69
	Subtotal	3012.22
	Balance C/F	3012.22
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
	Balance B/F	3012.22
1	COOLANT Hic 301-	60.00 301-
	Subtotal	60.00
	Balance C/F	3072.22
<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
	Balance B/F	3072.22
1	REMOVE AND RENEW RADIATOR AND TOP UP COOLANT	200.00 1201-
2	REMOVE AND REFIT ENGINE AND GEARBOX MOUNTING 2201-	200.00 1001-
	Subtotal	400.00
	Grand total	3472.22
		2608.00

(Signature)
LKK Anto
(Signature)