	22/03/2002 -	ì			1. /	·	
. 2	ASS. REC. BY:	REF: (8	1867170	11UV52 / G	pecial Instru	iction:	
	Surveyor: GB	ASS	IGNMEN	T (Office)			
	From (Person): Yel Milli	` of	ادر	HA	Date/Tir	me: 20071017	11-ilam
	OD /WS/TP RES / OD I	RES/EVA/INV	/MV/CS				
	To Inspect Vehicle No:	FBH <	33764		Insured:	SKJ 4364R	
-	To Inspect Vehicle No:at Workshop m/s	Pan Iun	Bildes	_	Tel: 679	19 4929	
	of			#01-01			
	Policy No:				DSMPC1701	940/SE/DI	
	Sum Insured						
	Make of Veh: (Client's Record)				D.O.A.		
	CA / REV / REP. / REV 24					. Endorsement:	
-	Date/Time: 20072013 11546	M Person Co	ntacted:	Kin Wah	Vehicle(TUOLI	
	Date/Time Action/Instruction	on (🗸) (Stimute				·
	TSH STILY	Λ.					
	SKI UZŁYR	. Y			· · · · · · · · · · · · · · · · · · ·		
					-,		

AS 5 REC. BY: XMX. REF: CYGO	
7.00	CNMENT
<u>A551</u>	GNMENT
From: Date:	Veh No: 1818376 Y Yr Regn: 100ct 2013
Estimated Cost:	Type: M.Car / M.Cycle/ Bus / Van / Lorfy / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or 125
To Inspect Vehicle No:	Make: P1a9910 X/C c.c 124
at Workshop m/s Dan Carro Bikes.	Colour Gmey A/C: Insured / Std / NI / NA
of	Sp.Reading 13403 T/Radio: Insured / Std / NI / NA
insured:	Eng/No:
Policy No.	C/No: ZAPM76/000001784
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil/S/Rim / STD A/Rim or
	Tyre Size: F: /2e/73-/5
(Policy Condition)	R: 150/76-12
Remark: The veh had commenced its / N/S 0/9	BS / DUN / EXNOVA / GY / FS / LIZA / MIG/ OHTSU / PIR SUMI /
repair at the time of inspection.	TOYO/YOKO or (F.f.) (Rear)
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. t mm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: 2 days Res.: Yes or No	D.O.A. D.O.I. 79-07-17
Lum Sum: % 3 Val.: Yes or No	Survey held at W/S 430 km
	Des. of Damages : Frt / Rear / O/S// N/S// U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	
Date: Person Contacted:	The U/C J Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
20/12 Findized & 4591 W	ith wah (Red. 455.38, 9%)
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
. Trem Report	
1) : Final Report I	Resurvey No. of Trip: Survey Fee: 250 Transportation:
2) Add Fee	
	: Interview (\$); Photos
Report Format:	: Tech. Invs (\$), Others
Lump Sum (L.B.I: (\$ 4,591)	: Weekend (\$
1,511	TOTAL 750

Policy Type: OD / TP > - * / TU **Case Handler Typist** Admin (Cathard): Case handler to make sure all Information created by the assignment team are ACCURATE. (1) Office Assign Form Y-Date N-Date Y-Date N-Date C Reference No. C **Customer Code** N Assign From C Assign Date C Veh No (Inspected) ¢ Veh No (Insured) C D.O.A C Policy No C Claim No Insurance Authorisation (CA /REV/REP) C C Report Type C Weekend Charges Ν Survey held at/Repairer C **Excess** Surveyor (Guo Qiang): Case handler to make sure the surveryor completed all required information. (1) Assignment Form C Vehicle No C Regn Month/Year Ν Vehicle Type Ν Make & Model C Engine Capacity. (C.C) N Colour C Odometer. (Sp.Reading) **Chassis No** C Ν **General Condition** Ν Steering Ν **Brake** Ν Modification (Modi) C Tyre Size Tyre Make Ν C Tyre Balance C Date of Inspection Ν Survey held Ν **Des.of Damages** (2) System - (Views/Merimen) Damaged Vehicle Photographs Uploaded (3) Workshop Estimate/Assignment Form **ALL Parts condition** Ν C Market Value for OD cases Estimate Repair Cost for PRI (RSI, TMI, MSIG) C C Days of repair C **Finalised Amount** Re-inspection Cases to Finalize within 5 Days (4) System - (Views/Merimen) Resurvey photo Uploaded Check By:

Survey Department Check List (Case Handler)

Reference No.: CS FG11701HU52 GAB

Case Handler



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

ER	GO INSURANCE	PTE LTD	Ref : CS/EGI1701	<u>andri</u> in the control of the contro		
#04	EMASEK BOULE 4-01 SUNTEC TO IGAPORE 03898	WER FIVE	Date: 20-07-2017			
1.		Policy Particula	Code: EGI			
	Insured Veh.	SKJ 4364R	ars :- THIRD PARTY CL	the state of the s		
	Policy No.		Veh. Inspected	FBH 8376Y		
	Claim No.	DSMPC1701940/SE/pl	Coverage (\$)	0.00		
	Assign From	YEE PEI LI	Excess (\$)	0.00		
2.			Assign Date	20/07/2017		
	Make & Model	venicle Pa	rticulars & Condition			
	Engine No.	HIDDEN	c.c	0		
	Chassis No.		Year of Reg.			
	Odometer		Colour			
	Brakes		Steering			
	General		Modification			
	General					
<u> </u>			itions of Tyres			
_	R/H Front Tyre	Size	Make	Balance		
	L/H Front Tyre			mm		
	 			mm		
	R/H Rear Tyre	 		mm		
	L/II Rear Tyre			mm		
	Description of Damages					
	Accident D-4	Genera	al Information			
	Accident Date	12/07/2017	Inspection Date	20/07/2017		
	Survey held at	PAN EURO BIKES PTE LTD 21 MOONSTONE LANE #01-01 POH LENG BUILDING SINGAPORE 328462.				
. ,		e i ejek	emarks - 7.5.			
	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: Sur

Survey Report (ERGO Insurance Pte. Ltd.)

<Survey.Report@ergo.com.sg> Thursday, 20 July, 2017 11:11 AM

To: 'admin-d@lkkauto.com'

Subject: OI : SKJ4364R TP : FBH8376Y/LKK / DOA : 12.07.2017

(DSMPC1701940)

Attachments: SKJ4364R - SAS.pdf; FBH8376Y - SAS.pdf; FBH8376Y - ESTIMATE.pdf;

FBH8376Y - PRS FORM.pdf

Dear Catherine.

Sent:

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and Ergo Insurance Pte Ltd have agreed on your company LKK AUTO CONSULTANTS PTE LTD to be the "Single Joint Expert".

Please conduct this survey request from PAN EURO BIKES PTE LTD,

ADDRESS : 21 MOONSTONE LANE

#01-01 POH LENG BUILDING

SINGAPORE 328462

PERSON TO CONTACT : KIN WAH @ 6299 4929 / 9731 7133 / 8121 2173

ERGO OFFICER-IN-CHARGE : STEVE LIM

Note: To survey on DIRECT SETTLEMENT basis. Please inform the repairer <u>in writing</u>, that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.

Please fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via Survey.Report@ergo.com.sg.

Attached are incomplete estimate, insured and third party's SAS (note: reports not to be released to any Third Party).

Kindly acknowledge receipt of this email.

Thank you

Best Regards
Yee Per Li
Claims Assistant (Motor)
ERGO Insurance Pte. Ltd
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
DID: 65 6829 9194
Fax: 65 6829 9247

Website: www.ergo.com.sg

ERGO

Date:	20.07.2017		Sent via Fax	
Our Reference	DSMPC1701940/SE/pl	******		-
		-	or	
Your Reference:	FBH 8376Y			
To:	PAN EURO BIKES PTE I	LTD	Email paneurob	ikes@singnet.com.sg
Pre-Repair Su	rvey (PRS) Acknowledgeme	<u>ent</u>		
Vehicle For Inspe	ection: FBH 8376Y			
Insured's Vehicle	SKJ 4364R			
Date Of Accident	12.07.2017			
	receipt of your request for PRS		_	
In compliance wi	th "State Courts Practice Direct	tions Amendment No.1 of	2016", do select an assessor	from
the list below an	d indicate your selection in the	box marked *.	* no pref	levence, kindly choose at your discretion, thank you.
AIS	Automobile Inspection Services Pt	e Ltd LBS	I P S Auto Consultante De Col	- Your
FTA	FormTeam Consultancy Pte Ltd	LKK	L.B.S Auto Consultants Pte Ltd LKK Auto Consultants Pte Ltd	discretions
IAS	Infiniti Appraisal Service	PS	Priority Services	+/2 - 1
JPK	JP Knights Pte Ltd	VAC	Vicom Ltd	- Jame you.
				· · · · · · · · · · · · · · · · · · ·
We acknow Our insured	st for inspection does not have you. ledge your interest for direct settle 's driver has not reported the accid	ement, we will assess & revert dent to us todate.	soon upon receipt of estimate.	
	We write to confirm our ag	greement to have a dir	ect settlement of this cla	im with
	quantum to be agreed.			- All Control of the
Prepared by:	h /)	Pei Li	6829 9194 clair	
Signature:	Att.			ms@ergo.com.sg
			FAX	: 6829 9247
Assessor use only:		Workshop use onl	<i>s</i> :	
ASSESSOR BUCKETON			Ľ	
Assignment Date: Assignment Time: Remarks:		Assessor attended Date: Time Inspector: Vehicle not availab	workshop on:	me.
Assignment Date: Assignment Time:		Oate: Time Inspector: Uehicle not availat		



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 : 5067599727-02 Cover: Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle · FRHRR76Y

Chassis Number

: ZAPM7610000001784 2. Name of Policyholder : YAH CHIN OUEE 3. Effective Date of Insurance : 10 Oct 2016

4. Expiry Date of Insurance : 09 Oct 2017

5. Persons or Classes of Persons entitled to drive# (a) Named Driver(s) Only.

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.

, 7

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) : N/A EXCESS (SECTION 2) N/A

EXCESS (THEFT OUTSIDE SINGAPORE) PLEASE REFER OVERLEAF

INSURE WITH COE : YES

YAH CHIN QUEE NAMED DRIVER (1)

NAMED DRIVER (2) N/A

HIRE PURCHASE COMPANY N/A SUM INSURED 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)

: INCOME-BRANCH SERVICES (00000074829) Agency

Date of Issue : 04 Sep 2016 15:25 hrs : 04 Sep 2016 15:26 hrs Reprint

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: **Authorised Officer**

Chief Executive

MVA217091971 / VAC - Sin Ming - ENTRY DATE & TIME: 13/07/2017 09:33

SINGAPORE ACCIDENT STATEMENT

· IMPORTANY 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	13/07/2017 09:33
Date Of Accident	12/07/2017 12:25
Exact Location Of Accident	YISHUN AVENUE 5
Country/State of Loss	SINGAPORE

	DETA	LS OF	OWN.	VEHICLE
--	------	-------	------	---------

Vehicle Registration Number FBH8376Y

Insured/Policyholder

Name Of Registered Owner YAH CHIN QUEE

NRIC No S1050247J Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96968785
Alternative Phone No OTHERS-96968785

Vehicle Particulars

Manufacturer PIAGGIO
Model X10 350

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
MOTORCYCLE

Vehicle Category

MOTORCYCLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NC

Policy Number 5067599727-02 (TPFT)

Cover Note Number

Driver

Name of Driver YAH CHIN QUEE

NRIC No S1050247J
Date Of Birth 20/03/1950
Occupation INDOOR
Date Of Driving Pass 23/02/1984

Driving Experience 33 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96968785

Fax Number

Contact Number OTHERS-96968785

EMail Address NOEMAIL

SA SAMPLE OF THE

Address

BLK 546 #06-219 WOODLANDS DRIVE 16

Postcode

730546

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO YES

Was any other material or property damaged?

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

MY MOTORCYCLE WAS STATIONARY ALONG YISHUN AVENUE 5 ON THE SECOND LANE FROM THE RIGHT AS THE TRAFFIC LIGHT WAS RED. AT THE TURNED OF GREEN LIGHT BEFORE I COULD MOVED AHEAD, A VEHICLE SKJ 4364R SUDDENLY CAME FROM BEHIND AND THE FRONT RIGHT PORTION OF VEHICLE SKJ 4364R COLLIDED INTO THE REAR LEFT PORTION OF MY MOTORCYCLE UPON CONTACT MY MOTORCYCLE FELL RIGHTWARDS ONTO THE ROAD. (ATTENDED BY CHRISTINA)

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

SKJ4364R

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

KOMATSU RIKIDO

NRIC/Passport Number

S8132690H

Contact Number

83322228

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 ladgement 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

13 JUL 2017 分表者

Policyholder's Signature (Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident	
Declaration	
We declare the foregoing particulars are true in every respect.	CENTAR
13 JUL 2017	
日在生生	WARREN WOOD

Driver's Signature (If driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel

21 Moonstone Lane #01-01 Poh Leng Building Singapore 328462 Tel: 62994929 Fax: 62994430 Email: paneurobikes@singnet.com.sg Biz/GST Reg: 200916151R

PAGE 1

TO: MOTOR CLAIMS DEPARTMENT **ERGO INS PTE LTD**

DATE: 19.07.2017

ESTIMATED COST OF REPAIRS TO PIAGGIO X10-125

ENGINE NO:

CHASSIS NO

VEHICLE NO: FBH 8376Y

ACCIDENT ON : 12.07.2017

INSURED : YAH CHIN QUEE

1 PC	LH REAR LOWER PANEL, GREY	/ the hot	\$	460.00 🖍	
1 PC	AIR VENT PANEL, BELT COVER,	MATT / WT	\$	55.00	
1 PC	MAINSTAND BT	• •	\$	164.00	
1 PC	LH FLOORBOARD, MATT - U	(Y -)	\$	178.00	
1 PC	LH FLOORBOARD FRAME STAY	8 / 15(00	\$	175.00	
1 PC	LH LOWER PANEL, FLOORBOAR	D. GREY BK	\$	350.00	
1 PC	LH CENTRE PANEL, CURVED, GI	REY - CPA	\$	395.00	
1 PC	RH MIRROR / CAR	<i>y</i> 0.7.	\$	120.00	
1 PC	RH BRAKE LEVER / CA		\$	60.00	
1 PC	BAR END, BLACK / CFF)	. 4	\$	25.00 /	
1 PC	RH FRONT SIGNAL ASSY	~t	\$	135.00	
1 PC	RH FRONT DEFLECTOR MOULD	ING, LIGHT TINT / CAM'S	\$	165.00	
1 PC	SPEEDO/ABS/ASR SENSOR CABL	E NW	\$	185.00	
1 PC	FRONT LOWER PANEL, GREY		\$	385.00	
1 PC	RH LOWER PANEL, FLOORBOAR	D, GREY / WAT	\$	350.00	
1 PC	EXHAUST COVER, MATT / C	4	\$	120.00	
1 PC	EXHAUST MUFFLER 🤛 🔎	`A _r	\$	780.00	
1 PC	RH FLOORBOARD, MATT 🥕 🗸	ivt	\$	178.00	
	14 0211 6 1 1 1	lubber ped - Re. \$35	\$	4,280.00	
	of pillion bust rest 1	ubber and re. \$35	/		
		LESS 10%	` \$	428.00	
		SUB TOTAL	\$	3,852.00	
NETT ITEM	IS:				
20 PCS	GRIPPER CLIPS / MC	\$5 x 20	\$	100.00	
1 SET	EMBLEM, LH REAR LOWER PAN	EL / SUR	\$	52.00	
	LABOUR CHARGE		\$	380.00 2	46 /
REMARKS:		TOTAL	\$	4,384.00	
					
Kindly send a	surveyor down for a 3rd Party claim	ADD 7% GST	\$	306.88	
_	insured SKJ 4364R.				
G		GRAND TOTAL	\$	4,690.88 50	46,20
Thank You.					. 5 . 0 6
	Kin Wah: 9731-7133			4591	
•				(-11	

2Days.

part by pt.

After apair phtos.

Gue Qi op.

20/17

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:

PAN EURO BIKES PTE LTD

21 Moonstone Lane #01-01 Poh Leng Building Singapore 328462 Tel: 62994929 Fax: 62994430 Email: paneurobikes@singnet.com.sg Biz/GST Reg: 200916151R

PĂGE 1

TO: MOTOR CLAIMS DEPARTMENT ERGO INS PTE LTD

DATE: 02.11.2017

ESTIMATED COST OF REPAIRS TO	PLAGGIO X10-125

Kin Wah: 9731-7133

ENGINE NO :

CHASSIS NO :

VEHICLE NO: FBH 8376Y

ACCIDENT ON: 12.07.2017

INSURED : YAH CHIN QUEE

1 PC	LH REAR LOWER PANEL, GREY			s	460.00
1 PC	AIR VENT PANEL, BELT COVER, M	IATT		\$ \$	55.00
1 PC	MAINSTAND			\$	164.00
1 PC	LH FLOORBOARD, MATT			\$ \$	178.00
1 PC	LH FLOORBOARD FRAME STAY			\$	175.00
1 PC	LH LOWER PANEL, FLOORBOARD	. GREY		\$	350.00
1 PC	LH CENTRE PANEL, CURVED, GRE			\$	395.00
1 PC	RH MIRROR	-		\$	120.00
1 PC	RH BRAKE LEVER			\$	60.00
1 PC	BAR END, BLACK			\$	25.00
I PC	RH FRONT SIGNAL ASSY			\$	135.00
1 PC	RH FRONT DEFLECTOR MOULDIN	NG. LIGHT TINT		\$	165.00
1 PC	SPEEDO/ABS/ASR SENSOR CABLE	,		\$	185.00
1 PC	FRONT LOWER PANEL, GREY			\$	385.00
1 PC	RH LOWER PANEL, FLOORBOARD	, GREY		\$	350.00
1 PC	EXHAUST COVER, MATT				120.00
l PC	EXHAUST MUFFLER				780.00
1 PC	RH FLOORBOARD, MATT				178.00
1 PC	LH PILLION FOOTREST RUBBER F	PAD		\$	35.00
IPC (A	RH CENTRE PANEL, CURVED, GRE	Y / BK		S	395.00
		TOTAL		\$	4,710.00
		LESS 10%		\$	471.00
		SUB TOTAL		\$	4,239.00
NETT ITEMS:	<u>-</u> _				
20 PCS	GRIPPER CLIPS		\$5 x 20	\$	100.00
SET	EMBLEM, LH REAR LOWER PANEI	L		\$	52.00
	LABOUR CHARGE	_	,	\$	200.00
REMARKS:		TOTAL		\$	4,591.00
For a 3rd Party	claim against your insured SKJ 4364R.	ADD 7% GST		\$	321.37
		GRAND TOTAL		\$ 4.	912.37
Thank You.					



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

TAX INVOICE

ERGO INSURANCE PTE LTD 5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVE

SINGAPORE 038985

INV No.

AC1800385

INV Date

10/01/2018

Reference

CS/EGI17014052/Grbe2

Code

EGI

PROFESSIONAL SERVICE FEE

Vehicle No.

FBH 8376Y

Insured Veh.

SKJ 4364R

Claim No.

DSMPC1701940/SE/pl

Policy No.

Accident Date

12/07/2017

Inspection Date

20/07/2017

Description	Total
Survey Inspection	250.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	250.00
GST (7%)	17.50
Grand Total	267.50

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to

'LKK Auto Consultants Pte Ltd'

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

100	Affiliated to Federation In Granton	nik es		
ERGO INSURANCE P	TE LTD	Ref :	CS/EGI17014052/0	Grbe2
5 TEMASEK BOULEVA #04-01 SUNTEC TOWI SINGAPORE 038985		Date :	10-01-2018	
		Code:	EGI	
10 48 50 48 79 48	Policy radiculars			
Insured Veh.	SKJ 4364R	Veh. In	spected	FBH 8376Y
Policy No.		Covera	nge (\$)	0.00
Claim No.	DSMPC1701940/SE/pl	Excess	s (\$)	0.00
Assign From	YEE PEI LI	Assign	Date	20/07/2017
2.	. Venicles artic			
Make & Model	PIAGGIO X10	c.c		124
Engine No.	HIDDEN	Year o	f Reg.	2013
Chassis No.	ZAPM7610000001784	Colour		GREY
Odometer	13409	Steerin	ng	IN ORDER
Brakes	IN ORDER	Modifie	cation	NIL
General	GOOD			
31.	A Property of the second of th			
	Size	Make		Balance
R/H Front Tyre	120/70-15	MICHEL	-IN	5 mm
L/H Front Tyre		<u> </u>		mm
R/H Rear Tyre	150/70-13	PIRELL	<u> </u>	5 mm
L/H Rear Tyre		PROPERTY OF THE PROPERTY OF TH		mm
	e e e e e e e e e e e e e e e e e e e			d
THE VEHICLE SUS	STAINED DAMAGES AT THE O/S	AND N/	S BODY.	
DAMAGES SEE DI				
5.	Gojjefal	Info m		
Accident Date	12/07/2017	Inspec	tion Date	20/07/2017
Survey held at	PAN EURO BIKES PTE LTD			
	21 MOONSTONE LANE #01-01 POH LENG BUILDING SINGAPORE 328462.			
5a.,	TO SECURE SERVICE SERV	in GS		
A)THE INSPECTIO	ON WAS CONDUCTED ON A"WITH CE TO YOUR INSTRUCTIONS, WI	HOUT PI E HAVE	REJUDICE" BASIS. NOT AUTHORISED	REPAIRS.
5b, 44-, 2 3	a la	arayir ar		
	MAL PERIOD FOR REPAIR:		2 Working Days	



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBH 8376Y

Qtý	Description of Paris			
	REPLACEMENT OF PARTS			
1	LH REAR LOWER PANEL, GREY	сит	460.00	460.00
1	AIR VENT PANEL, BELT COVER, MATT	сит	55.00	55.00
1	MAINSTAND	BENT	164.00	164.00
1	LH FLOORBOARD, MATT	CRACKED	178.00	178.00
1	LH FLOORBOARD FRAME STAY	BENT	175.00	175.00
1	LH LOWER PANEL, FLOORBOARD, GREY	BROKEN	350.00	350.00
1	LH CENTRE PANEL, CURVED, GREY	CRACKED	395.00	395.00
1	RH MIRROR	SCRATCHED	120.00	120.00
1	RH BRAKE LEVER	CUT	60.00	60.00
1	BAR END, BLACK	CRACKED	25.00	25.00
1	RH FRONT SIGNAL ASSY	CUT	135.00	135.00
1	RH FRONT DEFLECTOR MOULDING, LIGHT TINT	MISSING	165.00	165.00
1	SPEEDO/ABS/ASR SENSOR CABLE	NOT WORKING	185.00	185.00
1	FRONT LOWER PANEL, GREY	сит	385.00	385.00
1	RH LOWER PANEL, FLOORBOARD, GREY	сит	350.00	350.00
1	EXHAUST COVER, MATT	CUT	120.00	120.00
1	EXHAUST MUFFLER	DENTED	780.00	780.00
1	RH FLOORBOARD, MATT	СИТ	178.00	178.00
1	LH PILLION FOOT REST RUBBER PAD	DEFORMED	35.00	35.00
1	RH CENTRE PANEL, CURVED, GREY (ADDITIONAL)	BROKEN	395.00	395.00
	LESS 10% DISCOUNT		-471.00	-471.00
			4,239.00	4,239.00
	SPECIAL NETT ITEMS			
20	GRIPPER CLIPS @\$5.00 (SN)	NECESSARY	100.00	100.00
	SET EMBLEM, LH REAR LOWER PANEL (SN)	SCRATCHED	52.00	52.00
			152.00	152.00
	LABOUR			
	LABOUR CHARGE.		380.00	200.00
			380.00	200.00

Report Ref No. CS/EGI17014052/Grbe2



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GRAND TOTAL 4,771.00 4,591.00

RECOMMENDED COS FOF REPAIRS

Report Ref No. CS/EGI17014052/Grbe2

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XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

H.S.

ADRIAN LING WAI PING

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

Licensed Appraiser

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