Surveyor Ma		ASSIGNM	ENT (Office)			
From (Person); Shunn Estimated Cost:	Ng	of	GAL	Date/I	ime: 19.102017	1206pr
			77.711			
OD/TP/WS/TP RES/OD	RES / EVA	INVIMVI	CS			
To Inspect Vehicle No:		9307		Insured:	XD 1813J	
at Workshop m/s				Tel:	6452 7018	
of	160 5	an Mina	)(r-c0 # m)(			
Policy No:			Claim No:	CLMomi	JU1 0000	
Sum Insured:						
Make of Veh: (Client's Record)					12.10.2	7 7
CA / REV / REP. / REV 2	AHBS WOO					
KEV 7	TIMES OUT		0	н.о.н	D. Endorsement:	
Date/Time: 19:102017 12:0	9 pm Perso	on Contacted:	Sandra	Vehicle	IPOLOUT	
Date/Time: 19:102017 12:0				Vehicle	INTOUT	
Date/Time: 19:102017 12:0	ion ( 🗸 )	Estimate				
Date/Time: 18-102017 D.0  Date/Time Action/Instruction  GY 91307	ion ( 🗸 )	Estimate				
Date/Time: 19:102017 12:0  Date/Time Action/Instruction	ion ( 🗸 )	Estimate				

Estimated Cost:  ODUTP WS / TP RES / OD RES / EVA / INV / MV  To Inspect Vehicle No:  AY 91300  at Workshop m/s  Ib0 & M Ming OM #00-20  Insured:  Colour  AC: Insured / Std / NI / NA  Sp.Reading  AC: Insured / Std / NI  AC: Insured / Std / NI / NI  AC: Insured / Std / NI / NA  Insur	Bussilor.	400	ICNMENT
Edinated Cost:  OD TP / WS / TP RES / OD RES / EVA / INV / INV  To Inspect Vehicle No:  BY 91360  At Workshop mis  K Kim Hin Pub  of Ib0 8 in Ning D in #10 - 20  Insured.  Policy No.  Claims No.  Sum insured:  (Client's Record)  Make:  (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 Acodent Rport:  Consistent?: Yes or No  Est Repairs:  days Res:: Yes or No  Est Repairs:  A / REV / REP. / 24 FIRS NOP  Date:  Person Contacted:  Date / Time:  Action / Instruction  Action / Instruction  Type: M.Car / M.Cycle / Bus I Van (Lorny) Taxi/ Prime Mover /  Truck / Trailer or  Make:  Action / Instruction  Truck / Trailer or  Action / Instruction  Action / Instruction  Type: M.Car / M.Cycle / Bus I Van (Lorny) Taxi/ Prime Mover /  Truck / Trailer or  Action / Instruction  Action / Instruction  Truck / Trailer or  Truck / Trailer or  Action / Instruction  Truck / Trailer or  Action / Instruction / Instruction  Truck / Trailer or  Action / Instruction / Instruction  Truck / Trailer / Instruction / Instruction  Truck / Trailer / Instruction / Instruction  Truck / Trailer / Action / Instruction / Instruction  Truck / Trailer / Action / Instructio			
Truck / Trailer or  Make:  Colour AC: Insured: Std / Ni / Na  Sp. Reading 291452. TriRadio: Insured / Std / Ni / Na  Sp. Reading 291452. TriRadio: Insured / Std / Ni / Na  Sp. Reading 291452. TriRadio: Insured / Std / Ni / Na  English  Chick Sp. Reading 291452. TriRadio: Insured / Std / Ni / Na  English  Chick Sp. Reading 291452. TriRadio: Insured / Std / Ni / Na  English  Chick Sp. Sp. Std / Ni / Na  English  Chick Sp. Sp. Std / Ni / Na  English  Chick Sp. Sp. Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  Chick Sp. Sp. Std / Std / Ni / Na  English  English  Chick Sp. Sp. Std / Std / Ni / Na  English  English  English  Chick Sp. Sp. Std / Std / Ni / Na  English  E	From:	Date: 19.10-2017	
To inspect Vehicle No:  at Workshop m/s  K Kim Him Juto  of IbO 8n Ming VM #ID-20  Insured:  Policy No.  Claims No.  Sum insured:  (Clients Record)  Make Nic Characteric Coolour  AC: Insured Istal IN I I NA  Eng/No:  CNo:  J NIS FHF23 F 08 6 0 118.  Gen. Condressed / Fair / Poor / Burnt  Clients Record)  Make Nic Characteric Coolour  AC: Insured Istal IN I I NA  Eng/No:  CNo:  J NIS FHF23 F 08 6 0 118.  Gen. Condressed / Fair / Poor / Burnt  Condressed / Fair / Poor / Burnt  Steering: Insigner / Jammed / Leaked / Burnt or  Modi Nill J Rikim / STD Arkim or  Tyre Size:  F: 95 T 2 T  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YOKO or  The Use of Damages: Fri / Rear / OS / No Survey held at  Does of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey held at  Des. of Damages: Fri / Rear / OS / No Survey Fee:  Transportation:  Date / Time Action / Instruction  Date /	Estimated Cost:		
Colour Survey Fee.  ACC. Insured / Std / Nil Namod Name (No. 100 Sm. Mary Oliv. 140 - 20 Sp. Reading 291432. Tr. Radio: Insured / Std / Nil Name / Sp. Reading 291432. Tr. Radio: Insured / Std / Nil Name / Sp. Reading 291432. Tr. Radio: Insured / Std / Nil Name / Sp. Reading 291432. Tr. Radio: Insured / Std / Nil Name / Sp. Reading 291432. Tr. Radio: Insured / Std / Nil Nil Name / Sp. Reading 291432. Tr. Radio: Insured / Std / Nil Nil Name / Sp. Reading 291432. Tr. Radio: Insured / Std / Nil Nil Nil Nil Name / Sp. Reading 291432. Tr. Radio: Insured / Std / Nil	OD TE WS I TP RES	/ OD RES / EVA / INV / MV	AND THE RESERVE OF THE PARTY OF
Insured: Policy No. Claims No. Sum insured: Excess: Clients Record) Make of Veh:  (Clients Record) Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: IDAC Acident Rport: Consistent?: Yes or No Est Repairs: Lum Sum:  % 3 Val: Yes or No CA / REV / REP. / 24 HRS 'Up'  Date: Person Contacted:  Date / Time Action / Instruction  Cand Februs 807  Date / Time Action / Instruction  Days Of Repair:  Cand Tee File Pass 807  Days Of Repair:  Cand Tee File Pass 807  Prolicy Final Report  Resurvey No. of Trip:	To Inspect Vehicle No:	GY 9130J	14.2
Eng/No: Claims No. Sum Insured: Eng/No: CNo: JNJSF4F237060118.  Gen. Cond Good / Fair / Poor / Burnt Steering: Inferier / Jammed / Leaked / Burnt or Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Est Repairs: days Res: Yes or No Lum Sum: % 3 Val: Yes or No CA / REV / REP. / 24 FIRS VP) Vehicle: IN / OUT Date: Person Contacted:  Date / Time Action / Instruction  LUMP SUM  Prelii. Report Resurvey No. of Trip: Resurvey No. of Trip: Transportution  Resurvey No. of Trip: Transportu	at Workshop m/s	KKim Hin Auto	
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 Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 FIRS "OP"  Date: Person Contacted: N/OUT  Date: Person Contacted: Person Contacted: Person Contacted: N/OUT  Date: Person Contacted: Person Contacted: Person Contacted: Person Contacted: N/OUT  Date: Person Contacted: Person Contacted: Person Contacted: Person Contacted: N/OUT  Date: Person Contacted: Person Contacted: Person Contacted: Person Contacted: Person Contacted: N/OUT  Date: Person Contacted: Person	of	160 8m Ming Oliv #02-20	Sp.Reading 391432. T/Radio: Insured / Std / NI / NA
Claims No. Sum Insured: Excess: Steering: Inferior / Jammed / Leaked / Burnt or Steering: Inferior / Jammed / Leaked / Burnt or Modi	Insured:	)	
Steering: Inforder / Jammed / Leaked / Burnt or Brake: Inforder / Jammed / Leaked / Burnt or Modi Nill / Sirlim / STD A/Rim or Tyre Size: F: YS TD A/Rim or Tyre	Policy No.	*	CNO: JNISF4F2370860118.
(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 Rport:  Consistent?: Yes or No  Est Repairs:  days Res.: Yes or No  Lum Sum:  Action / Instruction  Date: Person Contacted:  Date / Time  Action / Instruction  Date / Time / Action / Instruction  Date / Time / Action / Instruction  Date / Time / Action / Instruction  Add Fee:  Site Insp	Claims No.		Gen. Cond/ Good / Fair / Poor / Burnt
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Lum Sum:  CA / REV / REP. / 24 HRS 'Op'  Date:  Person Contacted:  Date / Time	Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est Repairs:  days Res: Yes or No  Lum Sum:  % 3 Val: Yes or No  CA / REV / REP. / 24 FIRS **\DP\ Date:  Person Contacted:  Vehicle: IN / OUT  Date:  Person Contacted:  Date / Time  Action / Instruction  Date / Time / Action / Instruction / I	(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or
Remark: The veh had commenced its repair at the time of inspection.   N/S   O/S	A STATE OF THE STA		Modi : Nil / S/Rim / STD A/Rim or
Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS VP  Date:  Person Contacted:  Vehicle: IN / OUT  Date:  Person Contacted:  Date / Time		^	Tyre Size: F: 1951215.
Remark: The veh had commenced its repair at the time of inspection.  Bal or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Lum Sum:  A 3 Val: Yes or No  Lum Sum:  Date:  Person Contacted:  Date:  Date:  Person Contacted:  Date:  Person Contacted:  Date:  Person Contacted:  Date:	(Policy Condition)		R: 155/272
repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  Ca / REV / REP. / 24 HRS 'OP'  Date:  Person Contacted:  Person Contacted:  Date / Time  Action / Instruction  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation  Transportation  Transportation  Add Fee:  Site Insp (\$ ) _s+RS_SI  Interview (\$ ) Photos  Tech. Invs (\$ ) Others	S S	commenced its N/S O/S	*
Ball or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS 'DP'  Date: Person Contacted: Vehicle: IN/OUT  Date / Time Action / Instruction  Date / Time Action / Instruction  Date / Time File Pass to? Person Contacted: Days Of Repair: The U/C / Chassis frame / Body Structure affected due to collision  RECEIVED 2 D MARY 2019.  Days Of Repair: Transportation.  Add Fee: Site Insp (\$ ) s+RS_SI  Interview (\$ ) Photos  Report Format: (Cons)		1295 (7)	TOYO/YOKO or 362M
Date / Time   Action / Instruction   Action /	Ball or Market Value		
Bill PR Seen: Consistent? Yes or No  Est Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS 'DP'  Date: Person Contacted: N/OUT  Date / Time Action / Instruction  Date / Time Action / Instruction  Date / Time File Pass to?  Add Fee: Site Insp (\$ ) \$ - Survey Fee: D90  Add Fee: Site Insp (\$ ) \$ - Survey Fee: D90  Report Format: (Cons)		Consistent? : Yes or No	D/Del &
Est Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 FIRS **\Op'  Date: Person Contacted: Vehicle: IN/OUT  Date / Time			1/2d X
Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 FIRS 'NO'  Date: Person Contacted: Vehicle: IN/OUT  Date / Time		5 V V	D.O.A. 12/10/2017. D.O.I. 19/10/2012
Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  Date / Time		30/5	
Date: Person Contacted: Vehicle: IN/OUT  Date / Time	Lum Sum:	76 0 14 100 0. 110	-
Date / Time   Action / Instruction      Cred 439260 '51%   Confirm With Ming+	CA / REV / REP		ac Frank
Date / Time   Action / Instruction      Lump   Sum   \$\frac{4}{200} \ (\text{Red } \frac{43}{200} \frac{2}{50} \)   Confirm   with Ming + RECEIVED 2 0 MAR 2019.    Days Of Repair:   Tech. Invs (\$ ) Photos	Date:		The U/C / Chassis frame / Body Structure affected due to collision
RECEIVED 2 D MAR 2019.  Date/Time, File Pass to?  Preli. Report  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Add Fee:  Interview (\$ ) Photos  Photos  Tech. Invs (\$ ) Others	Date / Time Act	on / Instruction	
RECEIVED 2 D MAR 2019.  Date/Time, File Pass to?  Preli. Report  Days Of Repair:  Resurvey No. of Trip:  Cate/Time, File Return to?  Add Fee:  Site Insp (\$ ) _s+Rs_si  Interview (\$ ) Photos  Report Format:  Tech. Invs (\$ ) Others	1	h lia 2	1202 ( ) [ [ ] ] ]
RECEIVED 2 0 MAR 2019.  Date/Time, File Pass to?  1) 20/3 Typist	llu	np Sum \$4200 (Ked.	434260:51%) confirm with Mangt
Date/Time, File Pass to?    Preli. Report   Days Of Repair:     Preli. Report   Pass to?   Preli. Report   Pass to?   Photos     Preli. Report   Pass to?   Photos			7.
Report Format:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Interview (\$ ) Photos  Transportation:  Tra		KEULI	
Report Format:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Survey Fee:  Transportation:  Interview (\$ ) Photos  Transportation:  Tra			
Report Format:  Resurvey No. of Trip:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Interview (\$ ) Photos  Transport T			
Report Format:  Resurvey No. of Trip:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Interview (\$ ) Photos  Transport T			
Report Format:  Resurvey No. of Trip:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Interview (\$ ) Photos  Transport T			7.
Add Fee: Site Insp (\$ )s+Rssi    Interview (\$ ) Photos    Report Format : (10 m )   Transportation:	Date/Time, File Pass to?	: Preli. Report	
Add Fee:   Site Insp (\$ )\$+R\$\$I	1, 20/3 (ypist	: Final Report	
Report Format : Tech. Invs (\$ ) Photos	Date/Time. File Return to?		
Report Format : Tech. Invs (\$ ) Others	2)	Add Fe	
(001)		10	
Lump Sum / I.B.I: (\$ 4000)	Report Format:	1002	
	Luman Com II D I	18 4 10 0	Weekend (\$



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 Intern	nationale Des Experts En Autom	nobile
GRE	AT AMERICAN IN	SURANCE COMPANY	Ref : CS/GAI170199	83/M1tb
<b>#16</b> -	EMASEK AVENUE -01 CENTENNIAL 1 GAPORE 039190	ΓOWER	Date: 19-10-2017 Code: GAI	
١.		Policy Particul	ars :- THIRD PARTY CLAI	IM.
	Insured Veh.	XD 1813J	Veh. Inspected	GY 9130J
	Policy No.		Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From	SHARON NG	Assign Date	19/10/2017
2.		Vehicle P	articulars & Condition	constant of the same
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	186	Steering	
	Brakes		Modification	
	General			
3.		Cor	nditions 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.		Descr	ription of Damages	tion of the state of the state of
5.	E Edgin Ha	Ger	neral Information	
	Accident Date	12/10/2017	Inspection Date	19/10/2017
	Survey held at	160 SIN MING DRIVE #02-2	20	
	Repairer	K KIM HIN AUTOMOTIVE P	PTE LTD	
5a.	description of the		Remarks	
			"WITHOUT PREJUDICE" BAS S, WE HAVE NOT AUTHORIS	

### Catherine Chong (LKK Auto)

From:

Ng, Sharon <Sharon.Ng@sg.gaig.com>

Sent:

Thursday, 19 October, 2017 12:06 PM

To:

Catherine Chong (LKK Auto)

Subject:

FW: Accident involving GY9130J and XD1813J on 12/10/17

Attachments:

GIA REPORT.PDF; estimate.pdf; Insd - GY9130J.PDF

Importance:

High

Dear Catherine

Please arrange TP survey with K.Kim Hin urgently. Vehicle is in.

Thanks & Best Regards,

Sharon Ng, Assistant Manager, Claims | P. +65 6804 7845 | Fax. +65 6235 3354 sharon.ng@sg.gaig.com



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







Standard & Poor's A+ (Strong) Affirmed March 2, 2016

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

From: service@kkimhin.com.sg [mailto:service@kkimhin.com.sg]

Sent: Monday, October 16, 2017 8:45 PM

To: Ng, Sharon <Sharon.Ng@sg.gaig.com>; Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>

Cc: sandrakhong@gmail.com; admin1@kkimhin.com.sg; simon@kkimhin.com.sg; survey@kkimhin.com.sg

Subject: Accident involving GY 9130 J and XD 1813 J on 12/10/17

Your Ref: XD 1813 J Our Ref: GY 9130 J

Dear Sharon/ Kelvyna

Our client vehicle GY 9130 J was hit by your insured XD 1813 J on 12 Oct 2017.

Please kindly arrange for survey asap as GY 9130 J is in the workshop waiting for survey and repair.

Kindly advise liability as well. Thank you.

Thanks & Regards Sandra 6452 7018 K. Kim Hin Auto Pte Ltd

### Denise Tay (LKKAuto)

From:

Simon <simon@kkimhin.com.sg>

Sent:

Tuesday, 5 March 2019 10:15 AM

To:

Denise Tay (LKKAuto); survey@kkimhin.com.sg

Cc:

sandrakhong@gmail.com

Subject:

Re: GY 9130J / TP / GAI / DOA: 12/10/2017

I am finding the file

From: Denise Tay (LKKAuto)

Sent: Tuesday, March 05, 2019 9:30 AM To: Simon; survey@kkimhin.com.sg

Cc: sandrakhong@gmail.com

Subject: RE: GY 9130J / TP / GAI / DOA: 12/10/2017

Dear Simon,

Liability check with great America.

How about finalize?

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Simon <simon@kkimhin.com.sg> Sent: Tuesday, 5 March 2019 9:30 AM

To: Denise Tay (LKKAuto) < denisetay@lkkauto.com >; survey@kkimhin.com.sg

Cc: sandrakhong@gmail.com

Subject: Re: GY 9130J / TP / GAI / DOA: 12/10/2017

Can I check the liability?

Regards Simon

From: Denise Tay (LKKAuto)

Sent: Tuesday, March 05, 2019 8:56 AM To: Simon; survey@kkimhin.com.sg

Cc: sandrakhong@gmail.com

Subject: RE: GY 9130J / TP / GAI / DOA: 12/10/2017

Dear Simon,

Any update? If cannot find the file I will submit my report accordingly without finalize.

Great America Insurance is chasing

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Denise Tay (LKKAuto)

Sent: Thursday, 28 February 2019 1:37 PM

To: 'Simon' <simon@kkimhin.com.sg'>; 'survey@kkimhin.com.sg' <survey@kkimhin.com.sg>

Cc: <u>'sandrakhong@gmail.com'</u> <<u>sandrakhong@gmail.com</u>>

Subject: RE: GY 9130J / TP / GAI / DOA: 12/10/2017

Dear Simon,

How is the file search??? Insurance changing for update

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Denise Tay (LKKAuto)

Sent: Wednesday, 23 January 2019 8:37 AM

To: 'Simon' <simon@kkimhin.com.sg>; survey@kkimhin.com.sg

Cc: sandrakhong@gmail.com

Subject: RE: GY 9130J / TP / GAI / DOA: 12/10/2017

Dear Simon,

Thank you. Update after u have searched

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Simon <simon@kkimhin.com.sg> Sent: Tuesday, 22 January 2019 6:52 PM

To: Denise Tay (LKKAuto) < denisetay@lkkauto.com >; survey@kkimhin.com.sg

Cc: sandrakhong@gmail.com

Subject: Re: GY 9130J / TP / GAI / DOA: 12/10/2017

#### I CANNOT FIND THE FILE. I AM SEARCHING.

From: Denise Tay (LKKAuto)

Sent: Tuesday, January 22, 2019 11:00 AM

To: survey@kkimhin.com.sg; Simon

Cc: sandrakhong@gmail.com

Subject: RE: GY 9130J / TP / GAI / DOA: 12/10/2017

Dear All,

Anybody can help me on the finalization? I've been waiting so long... 2017 case

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Denise Tay (LKKAuto)

Sent: Friday, 18 January 2019 10:05 AM

To: <a href="mailto:survey@kkimhin.com.sg">survey@kkimhin.com.sg</a>; 'Simon' <a href="mailto:simon@kkimhin.com.sg">simon@kkimhin.com.sg</a>>

Cc: 'sandrakhong@gmail.com' <sandrakhong@gmail.com>

Subject: RE: GY 9130J / TP / GAI / DOA: 12/10/2017

Dear All,

Please confirm if there is finalization, it's been so long

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Denise Tay (LKKAuto)

Sent: Friday, 4 January 2019 9:03 AM

To: 'survey@kkimhin.com.sg' <survey@kkimhin.com.sg>; 'Simon' <simon@kkimhin.com.sg>

Cc: 'sandrakhong@gmail.com' <<u>sandrakhong@gmail.com</u>>

Subject: RE: GY 9130J / TP / GAI / DOA: 12/10/2017

Importance: High

Dear All,

Finalization please. 2017 case le

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Denise Tay (LKKAuto)

Sent: Friday, 21 December 2018 5:10 PM

To: 'survey@kkimhin.com.sg' <survey@kkimhin.com.sg>; 'Simon' <simon@kkimhin.com.sg>

Cc: 'sandrakhong@gmail.com' <sandrakhong@gmail.com>

Subject: RE: GY 9130J / TP / GAI / DOA: 12/10/2017

Dear all,

Any finalization. This is 2017 case. Please help me

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Denise Tay (LKKAuto)

Sent: Monday, 3 December 2018 9:44 AM

To: 'survey@kkimhin.com.sg' <survey@kkimhin.com.sg>; 'Simon' <simon@kkimhin.com.sg>

Cc: 'sandrakhong@gmail.com' <sandrakhong@gmail.com>

Subject: RE: GY 9130J / TP / GAI / DOA: 12/10/2017

Dear All,

Finalization done?

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | \$(408933)

From: Denise Tay (LKKAuto)

Sent: Monday, 5 November 2018 1:57 PM

To: 'survey@kkimhin.com.sg' <<u>survey@kkimhin.com.sg</u>>
Cc: 'sandrakhong@gmail.com' <<u>sandrakhong@gmail.com</u>>

Subject: RE: GY 9130J / TP / GAI / DOA: 12/10/2017

Dear all,

Anybody can update me on the status please? Still claiming?

Best Regards,

Denise Tay | Case Handler

#### LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Denise Tay (LKKAuto)

Sent: Monday, 22 October 2018 2:37 PM

To: 'survey@kkimhin.com.sg' <<u>survey@kkimhin.com.sg</u>>
Cc: 'sandrakhong@gmail.com' <<u>sandrakhong@gmail.com</u>>
Subject: RE: GY 9130J / TP / GAI / DOA: 12/10/2017

Dear Meng Huat,

Would like to check on the status of this case...

2017 case

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Denise Tay (LKKAuto)

Sent: Friday, 7 September 2018 9:13 AM

To: survey@kkimhin.com.sg Cc: sandrakhong@gmail.com

Subject: GY 9130J / TP / GAI / DOA: 12/10/2017

Dear Meng Huat,

Please check if vehicle has sent in for repair.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	13/10/2017 18:46
Date Of Accident	12/10/2017 21:20
Exact Location Of Accident	60 TUAS AVE 11
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY9130J
Insured/Policyholder	
Name Of Registered Owner	CDS CAR RENTAL PTE LTD
Co Reg No	201612109H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64527127
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8-V0015863-MVA
Cover Note Number	
Driver	
Name of Driver	ZHUANG JINGXIANG
Passport No/FIN	F1045202M
Date Of Birth	11/02/1956
Occupation	INDOOR
Date Of Driving Pass	25/11/2011
Driving Experience	5 YEARS AND 10 MONTHS

MALE

NOEMAIL

(LOCAL) +65-81834265

Address

C/O 1 BUROH CRESCENT #07-01

Postcode

627545

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

#### **Details of Police Action**

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO 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

XD1813J

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver

PACKIRISAMY MURALI

NRIC/Passport Number

G7618097R

Contact Number

98922237

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 Form must be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- 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.
- 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.
- 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:
  - 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:

Driver's Signature

(If driver is not the policyholder)

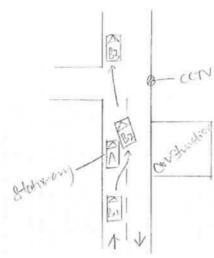
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A: GY9130J B: XD 1813J

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary in my vehicle maiting to pick up
I was stationary in my vehicle waiting to pick up the workers. I did put on the hazard light after
1 stopped. Buddenly. Vehicle B swiped against my right -
1 Stopped. Buddenly. Vehicle B swiped against my right - hout portion and Stopped a few metres alread.
There were many workers from my company who
Witnessed the accordent.

We declars the foregoing particulars are true in every respect.

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.:

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

2109H

Vehicle Details

Vehicle No.:

GY9130J

Vehicle to be Exported:

No

Intended De-registration Date:

13 Oct 2017

Vehicle Make:

NISSAN

Vehicle Model:

CABSTAR

Primary Colour:

Gold

Manufacturing Year:

2005

Engine No.:

QD32211548

Chassis No.:

JN15F4F23Z0860118

Maximum Power Output:

Open Market Value:

\$20,203.00

Original Registration Date:

22 Sep 2005

First Registration Date:

22 Sep 2005

Transfer Count:

6

Actual ARF Paid:

\$1.011.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

21 Sep 2020

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

5

PQP Paid:

\$24,768.00

COE Rebate Amount:

\$14,558.00

Total Rebate Amount:

\$14,558.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.



# III 400 AUTO PTE LTD

CO. REG. NO: 199402370D GST NO: M2-0123250-3

# 金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-18/19/20/21, Sin Ming AutoCity, Singapore 575722

Tel: 6452 7018 Fax: 6458 3895

Email: service@kkimhin.com.sg

Vehicle Insured: XD 1813 J

Accident Date : 12-Oct-2017

No.: 29212

Date: 16-0ct-2017

Our Ref : 170729 (GREATAMER) / SANDRA PAGE: 1

CDS CAR RENTAL PTE LTD

Singapore

ESTIMATED COST OF REPAIR FOR NISSAN CABSTAR (2005) GY9130J \_\_\_\_\_\_

1	pc	front bumper	320.00	del.
1		o/s front bumper fog cover	740.00	CANL
1		front bumper bracket	320.00	
1		front grille	-225.00	
1		front grille seal	×40.00	
1		front grille logo	_55.00	
8	100		5.00 740.00	CN
1	рс	front wiper panel outer	<b>&gt;</b> 280.00	C
	12.00	garnish		
1	pc	front wiper panel outer	<b>≯</b> 25.00	C TUCNIN
	_	ganish "CABSTAR" sticker ·		, ,,,,,,,
1	pc	o/s wing mirror	<del>-7</del> 5.00	c bt
1	pc	o/s wing mirror stay	120.00	C 84.
1		front windscreen glass rubber	780.00	
1		o/s front corner panel	200.00	
1	pc	o/s front corner panel top	×30.00	
		seal		
2	pes	headlamp assy (LH & RH) of 25 ( S\$195		
1	pc	o/s front signallamp assy	90.00	cara
1	PC	o/s front door	630.00	
1	pc	o/s front door hinges - top	<b>-</b> 75.00	
1	pc	o/s front door hinges - bottom	75.00	
1	pc	o/s front door checker		c X ww
1	pc	o/s front door step panel	<b>100.00</b>	
1	pc	o/s front door step garnish	<b>→</b> 45.00	cdis
1	pc	o/s fornt door "CABSTAR"	35.00	CNE
2		sticker		2
1		o/s front door lock	<del>9</del> 0.00	
1		o/s front door lock catch	<b>×</b> 28.00	C12
1	PC	o/s front door window glass	× 240.00	C SNC

CO. REG. NO: 199402370D GST NO: M2-0123250-3

# 金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-18/19/20/21, Sin Ming AutoCity, Singapore 575722 Tel: 6452 7018 Fax: 6458 3895

Email: service@kkimhin.com.sg

Vehicle Insured: XD 1813 J

Our Ref : 170729

Page: 2

No.: 29212

1 pc o/s front door window glass

outer moulding

o/s front door window glass 1 pc

inner moulding

o/s front door weatherstrip 1 pc

o/s front door inner trim-1 pc

board

1 pc o/s front door frame pillar

\_85.00 c dis

X65.00 c ----

/115.00 cdc √380.00 cm

480.00 c X un

4,818.00

Add 20% : 963.60

---- 5,781.60

1 pc front number plate

1 pc ERP bracket

1 pc o/s front door company registration sticker

To remove, cut out damaged parts, panel beating, welding, align, refix and to renew affected parts.

To focus headlamps. To check front wiring and lighting operation.

To remove and renew front windscreen glass and conduct water leak test.

To remove and refit front seat assy trim board and carpet to facilitate repairing works

To remove aircon condenser, pipes and driers. Vaccum and recharge gas M. 20 -40.00 sn MIN y 26.00 sn Mee - 25.00 sn

120.00 X

150.00 Au.

100.00~

Con't Page 3 ...

CO. REG. NO: 199402370D GST NO: M2-0123250-3

## li a AUTO PTE LTD

# 金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-18/19/20/21, Sin Ming AutoCity, Singapore 575722

Tel: 6452 7018 Fax: 6458 3895 Email: service@kkimhin.com.sg

Vehicle Insured: XD 1813 J

Our Ref : 170729

Page : 3

No.: 29212

To apply undersealing

To remove door's fittings

To putty and respray on affected portions.

S\$ 8,592.60

Total : ==========

Singapore Dollars Eight Thousand Five Hundred and Ninety Two and Cents Sixty Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

J6, 63-5 4 3 5 5 5 5 5 5 5

LKn. Autr. \_\_\_\_\_\_ dat == \_\_\_\_net the Popularia \_\_\_\_\_\_ data\_\_\_\_ . the spra. sting

- . Parts prices are subject to a rif mation. . Third party survey is on a "Without Projudice" basis
- No Page 1000 nation(\$ size well)
- Supplementary terms in at the elementaries and is subject to final approval from Industries ...

Acknowledged by Repaired

Signature:

Date:

No Derthon



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 De	es Experts	En Automobile
--	------------	---------------

Ref: CS/GAI17019983/Dtbe2 GREAT AMERICAN INSURANCE COMPANY

3 TEMASEK AVENUE

#16-01 CENTENNIAL TOWER

Date: 20-03-2019

- 11	ш	шп	Ш	ш	
- 11	ш	шш		ш	ш
- 11	ш	ши		ш	II III
- 11	ш	ши			II III
- 11		ш		Ш	Ш

SIN	GAPORE 039190			
			Code: GAI	
1.		Policy Particul	ars :- THIRD PARTY CLAI	M
	Insured Veh.	XD 1813J	Veh. Inspected	GY 9130J
	Policy No.		Coverage (\$)	0.00
	Claim No.	CLMOMVC00001466	Excess (\$)	0.00
	Assign From	SHARON NG	Assign Date	19/10/2017
2.	12.20	Vehicle P	articulars & Condition	
	Make & Model	NISSAN CABSTAR	c.c	3153
	Engine No.	HIDDEN	Year of Reg.	2005
	Chassis No.	JN1SF4F23Z0860118	Colour	SILVER
	Odometer	391432	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Cor	nditions of Tyres	A STATE OF THE STA
		Size	Make	Balance
	R/H Front Tyre	195 R15	BRIDGESTONE	8 mm
	L/H Front Tyre	195 R15	BRIDGESTONE	8 mm
	R/H Rear Tyre	155 R12	BRIDGESTONE	8 mm
	L/H Rear Tyre	155 R12	BRIDGESTONE	8 mm
4.		Desci	ription of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	O/S FRONT PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Ger	neral Information	
	Accident Date	12/10/2017	Inspection Date	19/10/2017
	Survey held at	160 SIN MING DRIVE #02-2	20	
	Repairer	K KIM HIN AUTOMOTIVE F	PTE LTD	
5a.			Remarks	
			"WITHOUT PREJUDICE" BAS S, WE HAVE NOT AUTHORIS	
5b.			nate Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	7 Working Day	/S



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

Page No.:1 of 3

#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GY 9130J

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER (WCP)	DEFORMED	320.00	320.00
1	O/S FRONT BUMPER FOG COVER (WCP)	SERVICEABLE	40.00	-
1	FRONT BUMPER BRACKET (WCP)	BENT	320.00	320.00
1	FRONT GRILLE (WCP)	DISTORTED	225.00	225.00
1	FRONT GRILLE SEAL (WCP)	NOT NECESSARY	40.00	
1	FRONT GRILLE LOGO (WCP)	MISSING	55.00	55.00
8	FRONT GRILLE CLIPS @\$5.00 (WCP)	NECESSARY	40.00	40.00
1	FRONT WIPER PANEL OUTER GARNISH (WCP)	SERVICEABLE	280.00	-
1	FRONT WIPER PANEL OUTER GARNISH "CABSTAR" STICKER (WCP)	NOT NECESSARY	25.00	-
1	O/S WING MIRROR (WCP)	BENT	75.00	75.00
1	O/S WING MIRROR STAY (WCP)	BENT	120.00	120.00
1	FRONT WINDSCREEN GLASS RUBBER (WCP)	NOT NECESSARY	80.00	-
1	O/S FRONT CORNER PANEL (WCP)	DENTED	200.00	200.00
1	O/S FRONT CORNER PANEL TOP SEAL (WCP)	NOT NECESSARY	30.00	-
2	HEADLAMP ASSY (LH&RH) @\$195.00 (WCP)	O/S DISTORTED	390.00	195.00
1	O/S FRONT SIGNAL LAMP ASSY (WCP)	CRACKED	90.00	90.00
1	O/S FRONT DOOR (WCP)	DENTED	630.00	630.00
1	O/S FRONT DOOR HINGES - TOP (WCP)	BENT	75.00	75.00
1	O/S FRONT DOOR HINGES - BOTTOM (WCP)	BENT	75.00	75.00
1	O/S FRONT DOOR CHECKER (WCP)	NOT NECESSARY	45.00	
1	O/S FRONT DOOR STEP PANEL (WCP)	DISTORTED	100.00	100.00
1	O/S FRONT DOOR STEP GARNISH (WCP)	DISTORTED	45.00	45.00
1	O/S FRONT DOOR "CABSTAR" STICKER (WCP)	NECESSARY	35.00	35.00
1	O/S FRONT DOOR LOCK (WCP)	BENT	90.00	90.00
1	O/S FRONT DOOR LOCK CATCH (WCP)	TO REPAIR SEE LABOUR	28.00	-
1	O/S FRONT DOOR WINDOW GLASS (WCP)	SERVICEABLE	240.00	-
1	O/S FRONT DOOR WINDOW GLASS OUTER MOULDING (WCP)	DISTORTED	85.00	85.00
1	O/S FRONT DOOR WINDOW GLASS INNER MOULDING (WCP)	SERVICEABLE	65.00	-

Report Ref No. CS/GAI17019983/Dtbe2



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

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	O/S FRONT DOOR WEATHERSTRIP (WCP)	DISTORTED	115.00	115.00
1	O/S FRONT DOOR INNER TRIMBOARD (WCP)	SERVICEABLE	380.00	-
1	O/S FRONT DOOR FRAME PILLAR (WCP)	NOT NECESSARY	480.00	-
	COST PLUS 20%		963.60	578.00
			5,781.60	3,468.00
	SPECIAL NETT ITEMS			
1	FRONT NUMBER PLATE (SN)	BENT	40.00	30.00
1	ERP BRACKET (SN)	NOT NECESSARY	26.00	9-
1	O/S FRONT DOOR COMPANY REGISTRATION STICKER (SN)	NECESSARY	25.00	25.00
	(STA)		91.00	55.00
	LABOUR			
	TO REMOVE, CUT OUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, REFIX AND TO RENEW AFFECTED PARTS. INCLUSIVE OF THE REPAIR OF O/S FRONT DOOR LOCK CATCH.		1,000.00	800.00
	TO FOCUS HEADLAMPS. TO CHECK FRONT WIRING AND LIGHTING OPERATION.		50.00	30.00
	TO REMOVE AND RENEW FRONT WINDSCREEN GLASS AND CONDUCT WATER LEAK TEST.	NOT NECESSARY	120.00	N-
	TO REMOVE AND REFIT FRONT SEAT ASSY TRIM BOARD AND CARPET TO FACILITATE REPAIRING WORKS.		150.00	80.00
	TO REMOVE AIRCON CONDENSER, PIPES AND DRIERS. VACUUM AND RECHARGE GAS.	NOT NECESSARY	100.00	
	TO APPLY UNDERSEALING.		120.00	60.00
	TO REMOVE DOOR'S FITTINGS.		80.00	60.00
	TO PUTTY AND RESPRAY ON AFFECTED PORTIONS.		1,100.00	700.00
			-	2-
			-	h.
			-	-
			_	-
			-	1.
		e i	2,720.00	1,730.00
	GRAND TOTAL		8,592.60	5,253.00

Report Ref No. CS/GAI17019983/Dtbe2



Page No.:3 of 3

RECOMMENDED COST OF LUMP SUM REPAIRS	THE WOLLD	4,200.00
(TO ITS PRE-ACCIDENT CONDITION)		

Report Ref No. CS/GAI17019983/Dtbe2



Automotive Assessor / Investigator

St. S.

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.