

ASS. REC. BY:

REF:

CS/SPF17021653 /Grb

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person):

Abdul Rahman

of

SPF

Date/Time: 10-11-2017

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGU 4277

Insured:

Qx 52018

at Workshop m/s

Progressive

Tel:

6741 5336

of

Bik 3022A ubi Rd 1 # 01-45 / 46

Policy No:

Claim No:

AEMD / 1006 / 009 / 2017 / 149

Sum Insured:

Excess:

Make of Veh:

D.O.A.

05-11-2017

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

26.12.2017 @ after 11am

H.O.D. Endorsement:

Date/Time:

10-11-2017

Person Contacted:

Lily

Vehicle IN KOLU

Date/Time	Action/Instruction (✓) Estimate	
	SGU 4277 - NA / TML 11021780 / 52	D.O.A. 20/10/11
	Qx 52018 - CS / SPF 17007761 / Arb52	D.O.A. 17/05/17
		9011 5146

Signature: Xuel

REF: SPF

ASSIGNMENT

(2022)

From: _____ Date: 26/12/17
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: SGU 427J
 at Workshop m/s Progressive
 of Bik 3022A Ubi Rd 1# 01-45/46
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record) After 11 am
 Make of Veh: _____

N/S	O/S

(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: 2 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS 'w/p'
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGU 427J Yr Regn: 30 Apr 2007
 Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Nissan latia cc 1498
 Colour: Grey A.C. Insured / Std / NI / NA
 Sp. Reading: 110400 T. Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: IN/FAA C118-0001019
 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 205/55R16
 Tyre Size: F: _____ R: 11
 BS / DUN / EXNOVA / GY / FS ☒ LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 26-12-17
 Survey held at w/s 4:15 pm
 Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
Submit \$1050, 2 days
Red: 8 1705.20, 58%.

RECEIVED 10 JAN 2018

Date/Time File Pass to? ☐ : Preli. Report
typist ☒ : Final Report
 Date/Time File Return to?

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp. \$
☐ : Interview \$
☐ : Tech. Insp. \$
☐ : Weekend \$

Survey Fee:	<u>200</u>
Transcription	
Photos	
Draws	
TOTAL	<u>200</u>

Report Format: TP
 Lump Sum / HB: 1050



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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS/SPF17021653/Grb

ACCIDENT CLAIM SECTION
(SINGAPORE POLICE FORCE)
1 MOUNT PLEASANT ROAD

BLK 8 OLD POLICE ACADEMY SINGAPORE 298333

Date : 13-11-2017



Code : SPF

1. Policy Particulars : THIRD PARTY CLAIM

Insured Veh.	QX 5201B	Veh. Inspected	SGU 427J
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2017/147	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	10/11/2017

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	05/11/2017	Inspection Date
Survey held at	PROGRESSIVE AUTOMOTIVE PTE LTD BLK 3022A UBI ROAD 1 #01-45/46, SINGAPORE 048716	

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.



SINGAPORE POLICE FORCE

SPF Accidents Claims Section
Automotive Engg & Mgmt Div
Police Logistics Department
No. 1 Mount Pleasant Road
Block 8 Old Police Academy
#02-12 Singapore 298333

Your Ref : SGU427J

Our Ref : AEMD/105/009/2017/147

Date : 10 November 2017

Tel: 64784840

Fax: 64784848

LKK Auto Consultants Pte Ltd
Paya Ubi Industrial Park
51 Ubi Avenue 1 #01/02-25
Singapore 408933

Via Fax only: 62564315

Dear Sir/Madam,

ACCIDENT ON 5 NOVEMBER 2017 INVOLVING GOVT VEHICLE QX5201B AND OTHER VEHICLE SGU427J

We refer to the above matter.

- 2 Please assist to arrange for a PRI of Vehicle no. SGU427J at M/s Progressive Automotive Pte Ltd of 3022A Ubi Road 1 #01-45/46, Singapore 408716.
- 3 For appointment kindly contact ~~Ms Nandini~~ at Tel: ~~96633667~~. *9756 6177 (SRI)*
- 4 Estimates were provided by the workshop. *veh out x*
- 5 Thank you. *est. ✓*
lily.

Yours faithfully,

Abdul Rahman
Accident Claims Officer
for Assistant Director

A FORCE FOR THE NATION

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	09/11/2017 17:29
Date Of Accident	05/11/2017 21:45
Exact Location Of Accident	CARPARK OF BLK 19 JOO SENG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU427J
Insured/Policyholder	
Name Of Registered Owner	NANDINI D/O RAJENDRA KUMAR MRS NANDINI SRITHARAN
NRIC No	S8117237D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96633667
Alternative Phone No	OTHERS-97566117

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 SPORTS (A)

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 PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA190835/1
Cover Note Number	

Driver

Name of Driver	SRITHARAN S/O BALASUBRAMANIAM
NRIC No	S8029039Z
Date Of Birth	22/09/1980
Occupation	INDOOR
Date Of Driving Pass	17/09/2007
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97566117
Fax Number	
Contact Number	
EMail Address	MICDS22@GMAIL.COM

Address	BLK 19 JOO SENG ROAD #02-120 SINGAPORE
Postcode	360019
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	QX5201B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MUHAMMAD FAIZAL BIN ZAKARIA
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	

SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that a copy of this report will, for a fee, be made available to known applicants by interested parties.
7. By the lodgment of this report to the insurer, you hereby consent to the disclosure of this report at the Centre and to payment of the report filing charges, if applicable, for said.
8. **Consent under the Personal Data Protection Act (PDPA)**

[illegible]

With these two assumptions, the problem of computing the optimal delivery of the same goods to a set of customers, while considering delays due to certain personal distances, is to compute the delivery of the same goods to the set of customers using optimal packages and/or.

10 my personal information, including but not limited to any of the information that the third party services provided to
11 agents included in the following new form, which may be cited outside of this system for the purpose of the above process.

by 10% (mean \pm SD) after 120 min in the dark.

4) in all cases, except any other third cannot assist in evaluating, investigating, controlling or managing, from entity, in law or placement and governance, in place, in order to be covered for the purposes stated in

It is important to note that the results of the regression analysis are not statistically significant.

Driver's Signature: _____
 If driver is not the policyholder,
 Date & Time: 01/17

Report to Director Personnel's Signature
Name
NELSON, 9/10/13

Sketch Plan #2

SKETCH PLAN

Vehicle No

A: SG44577

B: QX52018

Legend

Vehicle A

Bike B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 2200hrs me & my wife were woken up by a knock on the door. I went to attend to it and opened the door. A police officer in civilian clothes by the name of S/O Mahamed Farzad Bin Zuhair informed me that he was looking for the owner of SG44 4277. My wife was the owner but was resting her leg at home so I went down with the officer. He told me that while reversing his vehicle he had hit the rear of my vehicle at the engine.

Signature

Refer to police report

DECLARATION

We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against your policy must be made within the stipulated time frame from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature
Date & Time

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

Insuring Centre Person's Signature
Date & Time

9/1/17
9:34am

Signature

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a SUMMARY of identities and facts which will speed up the settlement of claims.

1 Date of accident <u>Time</u> <u>5/11/17</u> <u>2145</u>		2 Exact location of accident <u>1/F of Bldg 19, 500 Seng Road</u>		To be signed by BOTH drivers 3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel. no. (to be undertaken if the is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **SGU4273**

(VEHICLE A)

☒ Insured / policyholder (see insurance cert.)

Name **Nandini D/o Rajendra**

(COB) of vehicle **Kumar Mrs Nandini**

Spithaoran

Age of

(DOB) **SGU17237D**

Tel. **96635667**

☒ Vehicle

Nissan Latio 1.5

SGU15 HIB

☒ Transport category

AXA **ETC** **TPFT** **TPFT**

Vehicle category **SA19083511**

Age of

Spithaoran S/o

Name of driver **Rajashubramanian**

(DOB) **SGU29039Z**

Age of

97566717

16. How do the two groups of students differ in their
attitudes toward the school?
What is the reason?

17. What is the main reason for the difference in
attitudes?

18. What is the main reason for the difference in
attitudes?

19. What is the main reason for the difference in
attitudes?

20. What is the main reason for the difference in
attitudes?

12. DIRECT TARGETS

[illegible]

ED

REFER TO ATTACHED

1. The above information is being furnished to you for your information only. It is not to be used for any other purpose.

[illegible]

¹⁰ For instance, see *Journal of Applied Social Psychology* 1981, 11, 331-339.

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1. Occupation (if more than one, state all)		Email:
	2. Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3. Is driver the owner?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state relationship of driver with owner <u>Spouse</u>	State the vehicle number and name of insurer of driver's own vehicle (where applicable)
	4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify		
	5. Is the vehicle set in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it was at present Tel No		
Of which vehicle are you the owner?	5. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	If no, state action to be taken <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
To what extent is damage to vehicle at the time of accident including injury?	7. Date of Birth	Occupation	Date of license pass
	22/9/80	Indoor	Outdoor
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability		
	9. Full details of all driving convictions including pending prosecutions in the last 36 months		
Insured	10. Name(s), address(es) and approximate age(s)		Injured or killed
			If vehicle damaged, state in which vehicle
			Were you ever injured or killed?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to property inspection (after section A and E)	11. Name(s) and address(es) of owner(s)		Where registered to or details of property
			Refuse of damage
			Is it your home and business (if known)
Police station	12. Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	If yes, please state which Police station		
	13. Was notice of insured provided given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	If yes, against whom?		
Appointed details	14. Weather conditions		Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/>
	15. Road surface		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/>
	16. Speed of vehicles		A <input type="checkbox"/> km/h B <input type="checkbox"/> mph
	17. What warnings were given by driver or other party?		
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	19. What lights were displayed on your vehicle/the other vehicle(s)?		
	20. If your vehicle is commercial, state weight of load carried at time of accident		
	21. State how accident happened, position of cars, speed limits, etc. (Police to complete)		
	22. State number of passengers (including driver) <u>0</u>		
	Declaration	I/We declare the foregoing particulars are true and correct	
Policyholder's signature		Date <u>2/10/17 2:24pm</u>	
Driver's signature (if driver is not the policyholder) <u>SS</u>		Date	

POLICE REPORT PAGE 1 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171106/7002

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20171106/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2017 08:41		Vide Report No.: E/20171105/0190		Station Diary No.:	
Informant's Particulars					
Name of Informant: NANDINI D/O RAJENDRA KUMAR			Address: APT BLK 19 JOO SENG ROAD #02-120 SINGAPORE 360019		
ID Type / ID No.: NRIC NO / S8117237D			Contact No.: Home/Office: Mobile: 96633667		
Nationality: SINGAPORE CITIZEN			Email: nandinirk@yahoo.com		
Sex: Female	Age: 36	Date of Birth: 15/06/1981	Type of Informant: Vehicle Owner		
Race: Indian			Language: English		Institution / School Name:
Occupation: Office clerk (general)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 05/11/2017 21:45	Type of Location: Car Park
Location: JOO SENG ROAD Carpark lot number 241 (QX5201B) and 242 (SGU427J) opposite Blk 19 Joo Seng Road				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Stationary rear to rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
QX5201B						0
SGU427J	Car	NISSAN	Latio	Grey	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171106/7002

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20171106/7002

CONTINUATION OF REPORT

Vehicle Owner			
Name	NANDINI D/O RAJENDRA KUMAR	ID No.	S8117237D
Related Vehicle	SGU427J (Car)	Contact No.	96633667
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

At 2200hrs, we were woken up with a knock on our house door. My husband, Sritharan, opened the door and SIO Muhammad Faizal Bin Zakaria informed that he was looking for me as I was the vehicle owner of the vehicle involved in the accident which is SGU427J. As I had just been discharged from the hospital on that day and was unable to get up due to my injury, my husband, Sritharan, asked SIO Muhammad Faizal Bin Zakaria on what this was regarding. SIO Muhammad Faizal Bin Zakaria mentioned that he might have hit the rear of our car which was parked in lot 242 while reversing and parking the police car in lot 241. My husband, Sritharan, went down with SIO Muhammad Faizal Bin Zakaria to go and check and verify the damage to our vehicle SGU427J. Our car rear right bumper was completely dented and had a long white scratch. My husband, Sritharan, was given a paper which had the details on what to do for accident involving SPF vehicle and private vehicle together with SIO Muhammad Faizal Bin Zakaria name card. Since there was no further action required on our end, my husband, Sritharan, came back home and went to bed.

At 2256hrs, my husband, Sritharan, received a call on his handphone to inform him that a Traffic Police officer was outside our door. My husband, Sritharan, opened the door and took the case card that was given by the Traffic Police officer and was advised that I, Nandini d/o Rajendra Kumar, should make a police report online with regards to this accident. For further enquiries, at the back of the case card it is indicated to contact IO Selina at 65476423.

Do kindly call my husband, Sritharan, with regards to how we can proceed from here for the repair.



**SINGAPORE
POLICE FORCE**



T/20171106/7002

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20171106/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2017 08:41
Officer In Charge Of Case: TP / TPIB / CHONG GUAN FATT Contact No.: 65476198	Classification Of Case:
Authentication Stamp NP168	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7237D
Vehicle Details	
Vehicle No.:	SGU427J
Vehicle to be Exported:	No
Intended De-registration Date:	27 Dec 2017
Vehicle Make:	NISSAN
Vehicle Model:	LATIO 1.5LSR
Primary Colour:	Grey
Manufacturing Year:	2006
Engine No.:	HR15069607A
Chassis No.:	JN1FAAC11Z0001019
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$15,255.00
Original Registration Date:	30 Apr 2007
First Registration Date:	30 Apr 2007
Transfer Count:	2
Actual ARF Paid:	\$16,781.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Apr 2022
COE Category:	A - Car (1600cc & below)

COE Period(Years):	5
PQP Paid:	\$25,115.00
COE Rebate Amount:	\$21,794.00
Total Rebate Amount:	\$21,794.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 27 Dec 2017

OK

PROGRESSIVE AUTOMOTIVE PTE LTD

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716
TEL: 6741 5336 FAX: 6741 7208 Email: progauto@progauto.com.sg
GST: 201006949C RCB NO: 201006949C

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:

M/S: NANDINI D/O RAJENDRA KUMAR MRS NANDINI
BLK 19 JOO SENG ROAD #02-120
SINGAPORE 36009

Estimate No: EST1502971

Date: 09 Nov 2017

Policy No: GA190835/1

Veh Reg No: SGU427J

Make/Model: NISSAN LATIO 1.5 LSR

Chassis No: JN1FAAC11Z0001019

Engine No: HR15069607A

Reg. Date: 30/04/2007

ATTN:

Your Ref No: TP 1117-4833

Claim Type: Third Party

Accident Date: 05/11/2017

TP Veh Reg No: QX 5201 B

Estimate Repair Cost to Vehicle No :SGU427J

Description	U/Price	Quantity	Price S\$	Amount S\$
List Price				
1 REAR BUMPER / Re	509.90	1 PC	509.90 /	
2 REAR BUMPER SIDE HOLDER - LH X NN	35.20	1 PC	35.20 X	
3 REAR BUMPER SIDE HOLDER - RH / MC	35.20	1 PC	35.20 /	
4 REAR BUMPER BRACKET - RH X NN	52.70	1 PC	52.70 X	
5 REAR PANEL X NN	486.90	1 PC	486.90 X	
			1,119.90	545.1
		Less 30%	335.97	783.93
				381.57
Net Price				
6 REAR BUMPER CLIPS / MC	4.40	10 PC	44.00 /	
7 TAIL LAMP ASSY - RH / Scr	252.30	1 PC	252.30 /	
8 REAR PANEL TOP GARNISH X NN	94.00	1 PC	94.00 X	
			390.30	296.3
		Less 10%	39.03	351.27
				266.67
Special Net				
9 REAR BUMPER SENSOR / Om	220.00	1 SET	220.00 /	
			220.00	220.00
Labour				
10 TO KNOCK OUT DENTS. REMOVE, REPLACE ACCIDENT PARTS	600.00	1 JOB	600.00	200
11 TO RESPRAY PAINT ON ACCIDENT PORTIONS	650.00	1 JOB	650.00	200
12 TO CHECK WIRING	20.00	1 JOB	20.00	/
13 TO REMOVE, REPLACE REAR BUMPER SENSOR	50.00	1 JOB	50.00	40
14 TO REMOVE, REFIX REAR GARNISH	80.00	1 JOB	80.00	X NN
			1,400.00	1,400.00
			Total	S\$ 2,755.20
			Add GST @ 7%	192.86
			Total Amount Payable	S\$ 2,948.06

TOTAL: SINGAPORE DOLLAR TWO THOUSAND NINE HUNDRED FORTY EIGHT AND CENTS SIX ONLY

2 Days.
Gino Qian - 82680282
26/12/17

1328.24 460
20%: 1056

Lump sum for repair.
After repair photos.

Signature
5/11/18

For PROGRESSIVE AUTOMOTIVE PTE LTD

AUTHORISED SIGNATURE

PROGRESSIVE AUTOMOTIVE PTE LTD

Blk 3022A Ubi Road I #01-45/46 Singapore 408716
TEL: 6741 5336 FAX: 6741 7208 Email: progauto@progauto.com.sg
GST:201006949C RCB NO:201006949C

PARTS 648.24
SN 220.00
LAB 460.00
1328.24

1/2 gum
4m/1
Queen

1/3 = 1050

M/S : NANDINI D/O RAJENDRA KUMAR MRS NANDINI
BLK 19 JOO SENG ROAD #02-120
SINGAPORE 360019

Estimate No: EST1502971
Date: 09 Nov 2017
Policy No: GA190835/1
Veh Reg No: SGU427J
Make/Model: NISSAN LATIO 1.5 LSR
Chassis No: JN1FAAC11Z0001019
Engine No: HR15069607A
Reg. Date: 30/04/2007

ATTN:
Your Ref No: TP 1117-4833
Claim Type: Third Party
Accident Date: 05/11/2017
TP Veh Reg No: QX 5201 B

TP4833

Estimate Repair Cost to Vehicle No :SGU427J

Description	U/Price	Quantity	Price SS	Amount SS
List Price				
1 REAR BUMPER / De	509.90	1 PC	509.90	
2 REAR BUMPER SIDE HOLDER - LH X NN	35.20	1 PC	35.20	
3 REAR BUMPER SIDE HOLDER - RH / NCL	35.20	1 PC	35.20	
4 REAR BUMPER BRACKET - RH X	52.70	1 PC	52.70	
5 REAR PANEL X NN	486.90	1 PC	486.90	
			1,119.90	545.10
	Less 30%		335.97	783.93 381.57
Net Price				
6 REAR BUMPER CLIPS / NCL	4.40	10 PC	44.00	
7 TAIL LAMP ASSY - RH / SER	252.30	1 PC	252.30	
8 REAR PANEL TOP GARNISH X	94.00	1 PC	94.00	
			390.30	296.30
	Less 10%		39.03	351.27
				266.67
Special Net				
9 REAR BUMPER SENSOR / DM	220.00	1 SET	220.00	
			220.00	220.00 220
Labour				
10 TO KNOCK OUT DENTS, REMOVE, REPLACE ACCIDENT PARTS	600.00	1 JOB	600.00	200
11 TO RESPRAY PAINT ON ACCIDENT PORTIONS	650.00	1 JOB	650.00	200
12 TO CHECK WIRING	20.00	1 JOB	20.00	
13 TO REMOVE, REPLACE REAR BUMPER SENSOR	50.00	1 JOB	50.00	40
14 TO REMOVE, REFIX REAR GARNISH	80.00	1 JOB	80.00	
			1,400.00	1,400.00 460
			Total	SS 2,755.20
			Add GST @ 7%	192.86
			Total Amount Payable	SS 2,948.06

2 Days

Gua Qian - 82880282

26/12/17

TOTAL: SINGAPORE DOLLAR TWO THOUSAND NINE HUNDRED FORTY EIGHT AND CENTS SIX ONLY

Lump Sum Repair
After repair photos

For PROGRESSIVE AUTOMOTIVE PTE LTD

AUTHORISED SIGNATURE

**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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS/SPF17021653/Grbe2

ACCIDENT CLAIM SECTION
(SINGAPORE POLICE FORCE)

1 MOUNT PLEASANT ROAD

BLK 8 OLD POLICE ACADEMYSINGAPORE 298333

Date : 22-01-2018



Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 5201B	Veh. Inspected	SGU 427J
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2017/147	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	10/11/2017

2. Vehicle Particulars & Condition

Make & Model	NISSAN LATIO	c.c	1498
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	JN1FAAC11Z0001019	Colour	GREY
Odometer	110400	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55 R16	FIRESTONE	6 mm
L/H Front Tyre	205/55 R16	FIRESTONE	6 mm
R/H Rear Tyre	205/55 R16	FIRESTONE	6 mm
L/H Rear Tyre	205/55 R16	FIRESTONE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	05/11/2017	Inspection Date	26/12/2017
Survey held at	PROGRESSIVE AUTOMOTIVE PTE LTD BLK 3022A UBI ROAD 1 #01-45/46, SINGAPORE 048716		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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LKK Auto Consultants Pte Ltd

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TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGU 427J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	509.90	509.90
1	REAR BUMPER SIDE HOLDER - LH	NOT NECESSARY	35.20	-
1	REAR BUMPER SIDE HOLDER - RH	NECESSARY	35.20	35.20
1	REAR BUMPER BRACKET - RH	NOT NECESSARY	52.70	-
1	REAR PANEL	NOT NECESSARY	486.90	-
	LESS 30% DISCOUNT		-335.97	-163.53
			783.93	381.57
	<u>NETT ITEMS</u>			
10	REAR BUMPER CLIPS (N)	NECESSARY	44.00	44.00
1	TAIL LAMP ASSY - RH (N)	SCRATCHED	252.30	252.30
1	REAR PANEL TOP GARNISH (N)	NOT NECESSARY	94.00	-
	LESS 10% DISCOUNT		-39.03	-29.63
			351.27	266.67
	<u>SPECIAL NETT ITEMS</u>			
1	SET REAR BUMPER SENSOR (SN)	DAMAGED	220.00	220.00
			220.00	220.00
	<u>LABOUR</u>			
	TO KNOCK OUT DENTS, REMOVE, REPLACE ACCIDENT PARTS.		600.00	200.00
	TO RESPRAY PAINT ON ACCIDENT PORTIONS.		650.00	200.00
	TO CHECK WIRING.		20.00	20.00
	TO REMOVE, REPLACE REAR BUMPER SENSOR.		50.00	40.00
	TO REMOVE, REFIX REAR GARNISH.	NOT NECESSARY	80.00	-
			1,400.00	460.00
	GRAND TOTAL		2,755.20	1,328.24
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,050.00

Report Ref No. CS/SPF17021653/Grbe2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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