

Supplier:  
Mdm

REF: CSI / MSC17022842 / Krb52

Special Instruction:

LIS: \$ 6400.00

ASSIGNMENT (Office)

From (Person): Catherine Tina of MSC Date/Time: 01.12.2017

Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: Sincere Appraisal

Workshop: Optima Werkz

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLH 4957D

Insured: FY 48866

at Workshop m/s Optima Werkz

Tel: 6472 1313

of 6 Kung Chung Rd

Policy No: MSD / VMT / 16-977031 WTT

Claim No: MSC / V / 17 - 001339

Sum Insured:

Excess:

Make of Veh:

D.O.A. 22.08.2017

(Client's Record)

Do Not Tinalize

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig days (Red \$ / %; Original 7 days)

Date/Time: 5/12/17 Submit Final Fig \$3400, 5 days (Red \$ / %; Original days)

Date/Time	Action/Instruction
	SLH 4957D - (14 / AXA 17008813 / Kpb3
	- (3 / FCL 17008931 / Krb
	FY 48866 - x
	Submit \$3400.00, 5 days
	Red: \$3000, 47%

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 5 DEC 2017

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/  
Evaluated by:

Fee Charged:

Basic & Add  
Transport  
Photos  
Others  
Total

Date:

150

1) Date/Time 5/12/17 File Pass to Typist

2) Date/Time File Return to

3) Date/Time File Pass to

4) Date/Time File Return to

5) Date/Time File Pass to

6) Date/Time File Return to



## 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

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CS1/MSG17022842/rb

16 RAFFLES QUAY  
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 01-12-2017



Code : MSG

### 1. Policy Particulars :- PAPER SURVEY

Insured Veh.	FY 4886G	Veh. Inspected	SLH 4957D
Policy No.	MSD/VMT/16-977031-WTT	Coverage (\$)	0.00
Claim No.	MSC/V/17-001339	Excess (\$)	0.00
Assign From	MERIMEN (CATHERINE THIA)	Assign Date	01/12/2017

### 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

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### 5. General Information

Accident Date	22/08/2017	Inspection Date	01/12/2017
Survey held at	OPTIMA WERKZ PTE LTD 6, KUNG CHONG ROAD SINGAPORE 159143		

### 5a. Remarks

--

## ...CLAIM SUBFOLDER...(New Assignment)

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	23 Aug 2017		01 Dec 2017 09:24 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>		<a href="#">Reference</a>		<a href="#">Claim Details</a>		<a href="#">Documents</a>		<a href="#">Show All</a>	
<b>CLAIM SUBFOLDER DETAILS</b>						<b>[Created by insurer]</b>			
<b>Insured:</b>		ONG PANG AIK, ID: S6814042J, Tel: +6598684804, Email: NOEMAIL							
<b>Main Claimant:</b>		Optima Werkz Pte Ltd, Co. Reg. No.: 201212455W							
<b>Vehicle Reg. No.:</b>		SLH4957D		<b>Date of Loss:</b>		22/08/2017 07:00 - :59			
<b>Claim Type:</b>		TP / MSC/V/17-001339		<b>Policy/Cover Note No.:</b>		MSD/VMT/16-977031-WTT (Third Party Only) Coverage: 16/10/2016 - 15/10/2017			
<b>Vehicle Reg. No. (Insured):</b>		FY4886G		<b>Policy No. (Claimant):</b>					
<b>Repairer:</b>		Optima Werkz Pte Ltd (HQ) 6 Kung Chong Road, 159143 Leng Kee - Tel: 64721313							
<b>Handling Insurer:</b>		MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Catherine Thia Shi Yi - 6594 2545]							
<b>Adjuster:</b>		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 02/12/2017]							
<b>Driver/Custodian (Insured):</b>		ONG PANG AIK (49 / Male), NRIC: S6814042J, Tel: +6598684804							
<b>Adj Asg. Remarks:</b>		For paper survey.							
<b>ASSOCIATED MAIL RECEIVED</b>						<a href="#">View All</a>		<a href="#">Compose Case Mail</a>	
There are no mail for this case.									
-									
<b>ALL ASSOCIATED TASKS</b>						<a href="#">View All</a>		<a href="#">Search Tasks</a>	
						<a href="#">Create New Task</a>		<a href="#">Complete</a>	
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## 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	22/08/2017 17:07
Date Of Accident	22/08/2017 08:00
Exact Location Of Accident	ALONG YISHUN RING RD TO YISHUN AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4957D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OPTIMA WERKZ PTE LTD
Co Reg No	201212455W
Email Address	TONY@OW.SG
Mobile Phone No	(LOCAL) +65-97682384
Alternative Phone No	OFFICE-64849919

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AQUA HYBRID-1.5 E X-URBAN CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V08980
Cover Note Number	

### Driver

Name of Driver	LAI WAI KUEN
NRIC No	S7143757D
Date Of Birth	09/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1994
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-97682384
Fax Number	
Contact Number	OFFICE-64849919
EMail Address	NOEMAIL

Address	BLK 958 HOUGANG ST 91 #09-268
Postcode	530958
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	2

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PASS TO OWN WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FY4886G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ONG PANG AIK
NRIC/Passport Number	S6814042J
Contact Number	98684804
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.
  3. Information provided must be as truthful and accurate as possible. Any willful 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 copies of this report will for a fee be made available upon application by interested parties.
  7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
  8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) my insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"); the Insurers' 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.

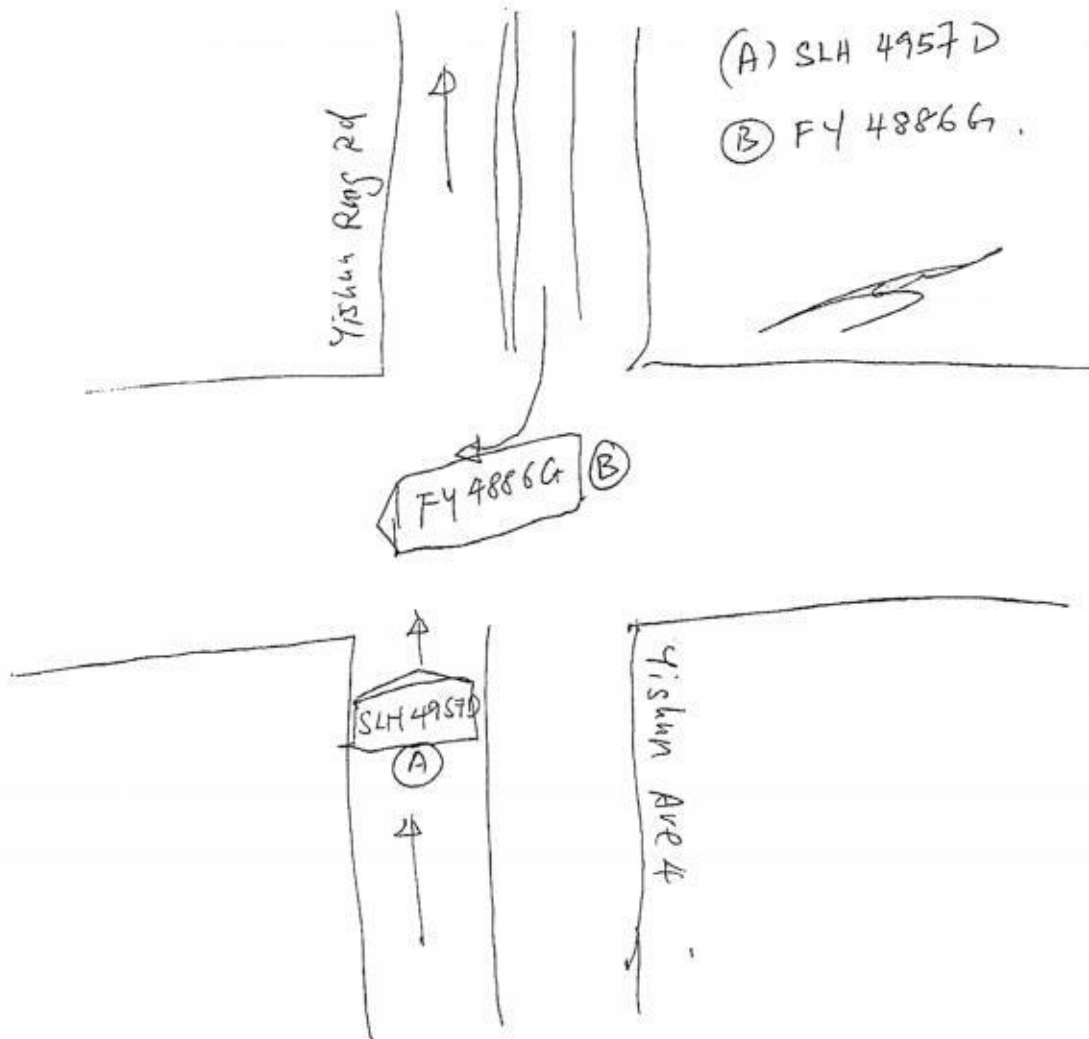
  
Policyholder's Signature / Date & Time

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

  
Witnesses / Reporting Centre Personnel

Sketch Plan

Refers to attached.



# Sketch Plan Pg. 3

Describe Circumstances of the Accident

Date : 22/08/12 Time : 08:00 Location : along rd / fisher king rd / fisher ave .

My Vehicle A : SLH 4957 D Vehicle B : FY 4886 G Vehicle C / Others

Refer to Police Report.

( ) Claim OD/TP at Ah Lim Motor (X) Claim OD (TP) at other workshop  
( ) Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : OPTIMA WERKZ PTE LTD.

email address : tony@oh.sg or sharon@oh.sg


& myself :


email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20170822/2034

1 of 3

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

Report No. T/20170822/2034

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2017 10:36		Vide Report No.: F/20170822/0062		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LAI WAI KUEN			Address: APT BLK 958 HOUGANG ST 91 #09-268 HDB-HOUGANG SINGAPORE 530958		
ID Type / ID No.: NRIC NO / S7143757D			Contact No.: Home/Office: Mobile: 97682384		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 09/12/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/08/2017 08:00	Type of Location: T-Junction
Location: Along Road 1 YISHUN AVENUE 4  YISHUN RING RD X YISHUN AVE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY4886G	Motorcycle					0
SLH4957D	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

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



T/20170822/2034

3 of 3

Report No. T/20170822/2034

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
MUHAMED SHAHIR S/O HAMID GHOUSE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Authentication Stamp  
NP168

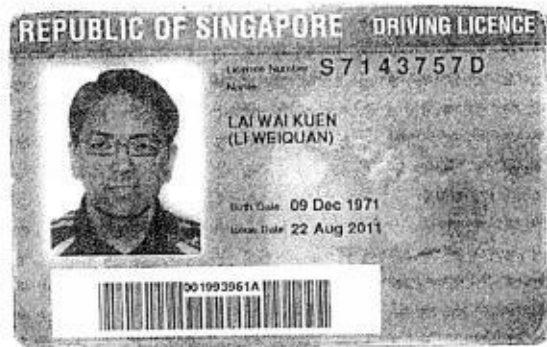
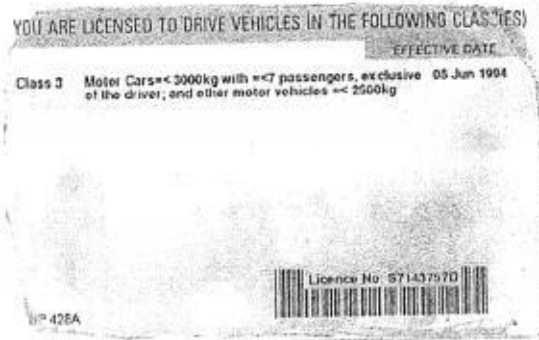
Signature Of Informant:

Date/Time:  
22/08/2017 10:36

Classification Of Case:

M/G

# Sketch Plan Pg. 6



# Sketch Plan Pg. 7

## Particular of Insured / Driver & Details of the Accident

(Ple. circle where applicable)

Location of Accident Along rd / Yishun Ring rd Yishun Ave Date & Time of Accident 22/08/17 @ 08:00

Purpose when vehicle was used at the time of accident Hire  
(e.g. Going Home)

## Details of Own Vehicle

Vehicle Registration Number: SLH 4957D Make / Model \_\_\_\_\_

Claiming Own Insurance: YES ☒ NO ☐ If No Reporting only Third Party Claim

Name of Preferred workshop: OPTIMA WERKZ PTE LTD Contact 6484 9919

## Insured / Policy Holder

Name of Registered Owner: OPTIMA WERKZ PTE LTD NPIC: 201212455W

Address: 9A Sarajoon North Ave 5 (S) 554500

Mobile No: \_\_\_\_\_ Other Contact Home No. / Office / Others: \_\_\_\_\_

## Driver

Name of Driver: LAI NAT KUEN NPIC / PIC: S7143757D

Driving License Pass Date: 08/06/1994 DOB: 09/12/1971

Address: Blk 958 Hougang St. 91 #09-268 (S) 530958

Occupation: INDOOR OUTDOOR 9768 2384

Gender: MALE FEMALE Other Contact Home No. / Office / Others: \_\_\_\_\_

Driver an employee: YES ☒ NO ☐ If no, what is relationship with the policyholder: Hire  
If Driver is a policyholder, please initially sign on this question

Insurance Company: (LIBERTY)

Final Policy: YES ☒ NO ☐ Policy Number: SD17V08980 Type of Coverage: Comprehensive

## General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE OTHERS

Weather Conditions: CLEAR RAINING OTHERS

Road Surface: DRY WET Pos for

Any video captured by car camera? YES ☒ NO ☐ Wiring

Any police report made: YES ☒ NO ☐ Injured party: YES ☒ NO ☐ (If Yes, pls provide name & tel)

For Injured Party details, it must be supported by police report

## Details of Other Vehicle Property 1

Vehicle Registration No: FY 4886 G

Vehicle Make / Model / Colour: \_\_\_\_\_

Name of Driver: ONG PANG AIK

No. of Passenger (Including Driver): \_\_\_\_\_

NPIC: S 68 140425

Contact Number: 9868 4804

Nature of Damage: \_\_\_\_\_

## Details of Other Vehicle Property 2

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MSI117111808 / STA INSPECTION PTE LTD - Sin Ming  
ENTRY DATE & TIME: 23/08/2017 15:08

## 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	23/08/2017 15:08
Date Of Accident	22/08/2017 07:00
Exact Location Of Accident	YISHUN RING ROAD / YISHUN AVENUE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY4886G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG PANG AIK
NRIC No	S6814042J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98684804
Alternative Phone No	Others-98684804

### Vehicle Particulars

Manufacturer	HONDA
Model	PANTOM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/16-977031-WTT
Cover Note Number	

### Driver

Name of Driver	ONG PANG AIK
NRIC No	S6814042J
Date Of Birth	14/05/1968
Occupation	INDOOR
Date Of Driving Pass	08/08/1986
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98684804
Fax Number	

Contact Number	OTHERS-98684804
EMail Address	NOEMAIL
Address	BLK 512A YISHUN STREET 51 #04-513
Postcode	761512
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

**Other Information**

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

REFER ATTACHED

**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	SLH4957D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LAI WAI KUEN
NRIC/Passport Number	S7143757D
Contact Number	97682384
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name

ONG PANG AIK

Approximate Age

Injuries Sustain

REFER POLICE REPORT

Injured person in which vehicle?

FY4886G

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

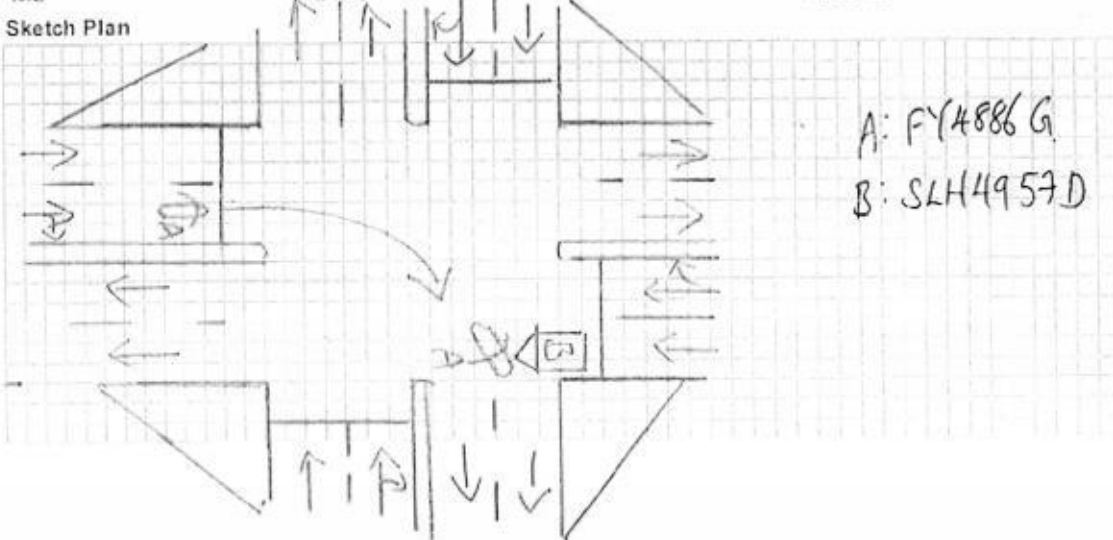
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2



## Describe Circumstances of the Accident

Refer Police Report.

### Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Common Statement



**SINGAPORE  
POLICE FORCE**



T/20170822/2105

1 of 3

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

Report No: T/20170822/2105

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/08/2017 14:17	Vide Report No.:	Station Diary No.: 28
--	------------------	--------------------------

<b>Informant's Particulars</b>			
Name of Informant: ONG PANG AIK		Address: APT BLK 512A YISHUN STREET 51 #04-513 SINGAPORE 761512	
ID Type / ID No.: NRIC NO / S6814042J		Contact No.: Home/Office: Mobile: 98684804	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 14/05/1968	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: SUPERMARKET WORKER		Driving Licence Information: Class: 2B Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/08/2017 07:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 YISHUN RING ROAD YISHUN AVENUE 4 At the junction of Yishun Ring Road and Yishun Ave 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY4886G	Motorcycle	HONDA	PHANTOM2 00 M	Black	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FY4886G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60708630	16/10/2016	15/10/2017

Common Statement



**SINGAPORE  
POLICE FORCE**



T/20170822/2105

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

2 of 3  
Report No. T/20170822/2105

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ONG PANG AIK	ID No.	S6814042J
Related Vehicle	FY4886G (Motorcycle)	Contact No.	98684804
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	22/08/2017	Date Discharge	22/08/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Other Person Involved</b>			
Name	Lai Wai Kuen	ID No.	S7143757D
Related Vehicle	NIL	Contact No.	97682384
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 22/08/2017 at roughly after 0700hrs, I was riding my motorcycle (FY4886G) along Yishun Ring Rd towards Yishun Ave 4. I stopped at the junction of Yishun Ring Rd and Yishun Ave 4, wanting to turn right onto Yishun Ave 4 towards Yishun Ave 1. The lights had turned red and the right turn signal had already come on. There was a car in front of me which had already made the right turn. I follow suit and suddenly I saw a car approaching me at a very high speed. I was shocked but could not avoid the collision.

The car hit into the left side of my motorcycle and I was thrown off my motorcycle. The driver immediately got out and assisted me and called for the ambulance. I was slightly injured due to the fall and did not manage to obtain the other driver's car details and only managed to exchange particulars with him. Subsequently, when the ambulance arrived, I was conveyed by them to Khoo Teck Puat hospital. After the examination, I was given 3 days MC dated from 22/08/2017 to 24/08/2017 due to superficial injuries. I am lodging this report as instructed by my insurance company.

**Common Statement**



SINGAPORE  
POLICE FORCE



T/20170822/2105

3 of 3

Report No. T/20170822/2105

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

TAN JUN WEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SSI TAN CHIN YONG

Contact No.: 65476178

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

22/08/2017 14:17

Classification Of Case:



# SINCERE APPRAISAL SERVICES

## VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 638/TP/2017

Date: 24/11/2017

### REFERENCE

Date of loss: 22/8/2017  
Claimant: Optima Werkz Pte Ltd

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLH4957D	Make &	Toyota
Reg date:	7/11/2016	Model	Aqua Hybrid 1.5S
Colour:	White	Engine No:	1NZ8016736
Type:	Motor Car	Chassis No:	NHP106530888
Type of Claims:	Third Party	Odometer No:	N.A
		Engine Cap:	1496cc

### CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

General Condition: Good	Steering: Good	Engine Modification: Nil
Paint work: Good	Handbrake: Good	Pre-accident
	Footbrake: Good	Damage: Nil

### CONDITION OF TYRES

Front Left Size:	Bridgestone 195/55R15 70% <i>7mm</i>	Front Right Size:	Bridgestone 195/55R15 70% <i>7mm</i>
Rear Left Size:	Bridgestone 195/55R15 70% <i>7mm</i>	Rear Right Size:	Bridgestone 195/55R15 70% <i>7mm</i>

*The above percentages represent the remaining life of the tyre threads*

### COST OF REPAIRS

	Repairer S\$	Adjuster S\$
Parts	S 6,578.55	S 5,797.28
Labour	S 2,980.00	S 2,180.00
Calculated Cost (S\$):	S 9,558.55	S 7,977.28

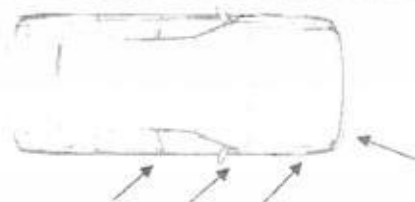
**Recommended Lump Sum Repair Cost (S\$): \$ 6,400.00**

Date of Assignment: 27/10/2017  
Date Inspected: 27/10/2017  
Est. repair Period: 07 days

Inspected At: Optima Werkz Pte Ltd  
No.6 Kung Chong Road  
Singapore 159143

### POINT OF IMPACT

Damaged at the right hand front and front portion



### BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle along Yishun Ring Road towards Yishun Avenue.

### GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the right hand front and front portion.

### SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$9,558.55. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$6,400.

We have not authorised the repair. Under normal circumstances, estimated 07 working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



**Dave Chang**  
Automotive Appraiser  
AUTO. ENG, CAE, CGI  
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

*Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.*

# ANNEX A

## REPAIR DETAILS

### Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount	
1	1	Front bonnet assy	dented	\$ 665.50	\$ 665.50	X R
2	5	Front bonnet insulator clips	re-use	\$ 27.50	\$ -	
3	1	Front right headlamp	cracked	\$ 2,965.00	\$ 2,965.00	X NN
4	1	Front right headlamp top panel	repair	\$ 125.80	\$ -	
5	2	Front right headlamp clips	necessary	\$ 13.00	\$ 13.00	
6	1	Front bumper assy	warped	\$ 1,124.50	\$ 1,124.50	
7	1	Front bumper tow hook cover	missing	\$ 24.80	\$ 24.80	
8	1	Front bumper outer garnish	cracked	\$ 288.00	\$ 288.00	
9	1	Front bumper outer garnish cover	cracked	\$ 29.60	\$ 29.60	
10	1	Front bumper top grille	cracked	\$ 255.00	\$ 255.00	
11	15	Front bumper clips	necessary	\$ 97.50	\$ 97.50	
12	1	Front bumper inner sponge	cracked	\$ 69.80	\$ 69.80	
13	1	Front bumper right side retainer	cracked	\$ 115.20	\$ 115.20	
14	1	Front bumper top rubber seal	intact	\$ 75.50	\$ -	
15	3	Front bumper top rubber seal clips	intact	\$ 16.50	\$ -	
16	1	Washer tank	cracked	\$ 212.90	\$ 212.90	
17	1	Front support panel top garnish	warped	\$ 132.40	\$ 132.40	X NN
18	5	Front support panel top garnish clips	necessary	\$ 32.50	\$ 32.50	
19	1	Front right fender	repair	\$ 612.50	\$ -	
20	1	Front right fender hybrid emblem	necessary/missing	\$ 88.30	\$ 88.30	
21	15	Front right fender inner shield clips	necessary	\$ 86.70	\$ 86.70	
22	1	Front right fender quarter garnish	intact	\$ 48.50	\$ -	
23	2	Front fender quarter garnish clips	intact	\$ 11.00	\$ -	
24	1	Front right door	dented/cut	\$ 944.00	\$ 944.00	
25	1	Front right door outer lock handle	grazed	\$ 193.10	\$ 193.10	
26	1	Front right door outer lock handle cover	grazed	\$ 21.30	\$ 21.30	
27	1	Front right door black frame sticker	necessary	\$ 56.10	\$ 56.10	
28	1	Front right door glass outer moulding	re-use	\$ 58.40	\$ -	
29	12	Front right door inner trim board clips	re-use	\$ 66.00	\$ -	
30	1	Front right air con condenser guide top	cracked	\$ 25.60	\$ 25.60	
31	1	Front right wheel rim cap	grazed	\$ 188.90	\$ 188.90	
				\$ 8,671.40	\$ 7,629.70	
Less 25%				\$ 2,167.85	\$ 1,907.43	
				\$ 6,503.55	\$ 5,722.28	

### Special Nett Items

1	1	Front bumper no plate	necessary	\$ 25.00	\$ 25.00	15 ms
2	1	Front bumper no plate holder	necessary	\$ 50.00	\$ 50.00	25 cut
				\$ 75.00	\$ 75.00	

### Total parts

\$ 6,578.55 \$ 5,797.28

# ANNEX B

## REPAIR DETAILS

### Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten front right front affected area and replace front right and front damaged parts.	\$ 1,400.00	\$ 1,000.00
2	To putty and spray painting front right and front portion.	\$ 1,200.00	\$ 1,000.00
3	To apply anti rust proofing to front right and front affected area.	\$ 60.00	\$ 40.00
4	To check wiring, lighting and water leakage.	\$ 80.00	\$ 30.00
5	To focus front headlamp.	\$ 60.00	\$ 30.00
6	To dismantle and reinstall front right door inner component to facilitate the repair.	\$ 180.00	\$ 80.00
Total labour :		\$ 2,980.00	\$ 2,180.00

# ANNEX C

## REPAIR DETAILS

### Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 6,578.55	\$ 5,797.28
Total labour :	\$ 2,980.00	\$ 2,180.00
Total repair cost :	\$ 9,558.55	\$ 7,977.28

Adjusted Repair Cost (Lump Sum Repair)

\$ 6,400.00



CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	23 Aug 2017		01 Dec 2017 09:24 <a href="#">Edit Adj Rpt</a>	<b>\$3,400.00</b> <a href="#">Edit Estimates</a>	<b>\$3,400.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS		[Created by insurer]	
<b>Insured:</b>	ONG PANG AIK, ID: S6814042J, Tel: +6598684804, Email: NOEMAIL		
<b>Main Claimant:</b>	Optima Werkz Pte Ltd, Co. Reg. No.: 201212455W		
<b>Vehicle Reg. No.:</b>	SLH4957D	<b>Date of Loss:</b>	22/08/2017 07:00 - :59
<b>Claim Type:</b>	TP / MSC/V/17-001339	<b>Policy/Cover Note No.:</b>	MSD/VMT/16-977031-WTT (Third Party Only) Coverage: 16/10/2016 - 15/10/2017
<b>Vehicle Reg. No. (Insured):</b>	FY4886G	<b>Policy No. (Claimant):</b>	
		<b>Excess:</b>	
<b>Repairer:</b>	Optima Werkz Pte Ltd (HQ) 6 Kung Chong Road, 159143 Leng Kee - Tel: 64721313		
<b>Handling Insurer:</b>	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Catherine Thia Shi Yi - 6594 2545]		
<b>Adjuster:</b>	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Imm.Advice due 02/12/2017]		
<b>Driver/Custodian (Insured):</b>	ONG PANG AIK (49 / Male), NRIC: S6814042J, Tel: +6598684804		
<b>Adj Asg. Remarks:</b>	For paper survey.		

ASSOCIATED MAIL RECEIVED	<a href="#">View All</a>	<a href="#">Compose Case Mail</a>
There are no mail for this case.		

ALL ASSOCIATED TASKS							<a href="#">View All</a>	<a href="#">Search Tasks</a>	<a href="#">Create New Task</a>	<a href="#">Complete</a>
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?	
No results.										

## Claim Documents

**\*SLH4957D (MSC/V/17-001339)**  
[FY4886G]

TP

Optima Werkz Pte Ltd

Aug 22 2017 7:00AM

[ONG PANG AIK]

Optima Werkz Pte Ltd

Upload Documents		Upload Photos	Compose New Letter	View		Use Viewer	
Assessment Reports				1 per page			
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)			Thumbnail	Print	
1	01/12/17 09:26	Accident Statement From: SC - Reg. No: FY4886G, Claimant: ONG PANG AIK		1	Load HTM		
Documentation				1 per page			
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)			Thumbnail	Print	
1	01/12/17 09:26	TP SLH4957D GIA REPORT From: SC - Reg. No: FY4886G, Claimant: ONG PANG AIK		1	Load PDF		
2	01/12/17 09:29	Email from TP & Instructions given.		1	Load PDF		
3	01/12/17 09:42	Survey Report & photos		1	Load PDF		
4	01/12/17 09:52	Survey Photo (2)		1	Load PDF		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)			Thumbnail	Print	
1	07/12/17 10:33	LETTER		1	Load PDF		

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	<a href="#">Reset</a> <a href="#">Save</a> <a href="#">Print</a>
There are no document checklists configured.	
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid #ccc; min-height: 100px;"></div>	
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>	

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS1/MSG17022842/KRBS2

Date: 07/12/2017

## REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMT/16-977031-WTT	Claim No:	MSC/V/17-001339
Claimant Vehicle No :	SLH4957D	Insured Vehicle No :	FY4886G		
Date of Loss:	22/08/2017	Nature of Claim:	TP		

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SLH4957D	Engine No:	1NZ8016736
Make & Model:	TOYOTA AQUA HYBRID, 1.5 E X-URBAN CVT (A)	Chassis No:	NHP106530888
Reg. Date:	07/11/2016 (Man. Year: 2016)	Odometer:	0 km
Colour:	White		
Engine Capacity:	1496 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size:	195/55R15	Rear Tyre Size:	195/55R15
Front Left Side:	Bridgestone 7 mm	Rear Left Side:	Bridgestone 7 mm
Front Right Side:	Bridgestone 7 mm	Rear Right Side:	Bridgestone 7 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	6,578.55	2,940.10	3,638.45	55.31
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,980.00	1,320.00	1,660.00	55.70
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>9,558.55</b>	<b>4,260.10</b>	<b>5,298.45</b>	<b>55.43</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>3,400.00</b>		
<b>(S\$)</b>	9,558.55	3,400.00	6,158.55	64.43
<b>+ GST 7.00/7.00% (S\$)</b>	669.10	238.00	431.10	64.43
<b>Nett Amount (S\$)</b>	<b>10,227.65</b>	<b>3,638.00</b>	<b>6,589.65</b>	<b>64.43</b>

## INSPECTION

Date of Assignment:	01/12/2017	Inspected At:	Optima Werkz Pte Ltd (HQ)
Date Inspected:	01/12/2017		6 Kung Chong Road
			Singapore 159143

Estimated Period of Repair: 5.0 days

Adjuster: KENNETH KONG

Manager: Janice Lee Si Hua

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.



## REPAIR DETAILS

## Reference

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 07 Dec 2017)
<b>Parts:</b>	144	TOYOTA AQUA HYBRID 1.5 E X-URBAN CVT (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SLH4957D)	
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BONNET ASSY	Repair	665.50 FL	*- FL
2	5		*FRONT BONNET INSULATOR CLIPS	Reuse	27.50 FL	*- FL
3	1		*FRONT RIGHT HEADLAMP	Not Necessary	2,965.00 FL	*- FL
4	1		*FRONT RIGHT HEADLAMP TOP PANEL	Repair	125.80 FL	*- FL
5	2		*FRONT RIGHT HEADLAMP CLIPS	Necessary	13.00 FL	*13.00 FL
6	1		*FRONT BUMPER ASSY	Warped	1,124.50 FL	*1,124.50 FL
7	1		*FRONT BUMPER TOW HOOK COVER	Missing	24.80 FL	*24.80 FL
8	1		*FRONT BUMPER OUTER GARNISH	Cracked	288.00 FL	*288.00 FL
9	1		*FRONT BUMPER OUTER GARNISH COVER	Cracked	29.60 FL	*29.60 FL
10	1		*FRONT BUMPER TOP GRILLE	Cracked	255.00 FL	*255.00 FL
11	15		*FRONT BUMPER CLIPS	Necessary	97.50 FL	*97.50 FL
12	1		*FRONT BUMPER INNER SPONGE	Cracked	69.80 FL	*69.80 FL
13	1		*FRONT BUMPER RIGHT SIDE RETAINER	Cracked	115.20 FL	*115.20 FL
14	1		*FRONT BUMPER TOP RUBBER SEAL	Intact	75.50 FL	*- FL
15	3		*FRONT BUMPER TOP RUBBER SEAL CLIPS	Intact	16.50 FL	*- FL
16	1		*WASHER TANK	Cracked	212.90 FL	*212.90 FL
17	1		*FRONT SUPPORT PANEL TOP GARNISH	Not Necessary	132.40 FL	*- FL
18	5		*FRONT SUPPORT PANEL TOP GARNISH CLIPS	Necessary	32.50 FL	*32.50 FL
19	1		*FRONT RIGHT FENDER	Repair	612.50 FL	*- FL
20	1		*FRONT RIGHT FENDER HYBRID EMBLEM	Necessary / Missing	88.30 FL	*88.30 FL
21	15		*FRONT RIGHT FENDER INNER SHIELD CLIPS	Necessary	86.70 FL	*86.70 FL
22	1		*FRONT RIGHT FENDER QUARTER GARNISH	Intact	48.50 FL	*- FL
23	2		*FRONT FENDER QUARTER GARNISH CLIPS	Intact	11.00 FL	*- FL
24	1		*FRONT RIGHT DOOR	Dented / Cut	944.00 FL	*944.00 FL
25	1		*FRONT RIGHT DOOR OUTER LOCK HANDLE	Grazed	193.10 FL	*193.10 FL
26	1		*FRONT RIGHT DOOR OUTER LOCK HANDLE COVER	Grazed	21.30 FL	*21.30 FL
27	1		*FRONT RIGHT DOOR BLACK FRAME STICKER	Necessary	56.10 FL	*56.10 FL
28	1		*FRONT RIGHT DOOR GLASS OUTER MOULDING	Reuse	58.40 FL	*- FL
29	12		*FRONT RIGHT DOOR INNER TRIM BOARD CLIPS	Reuse	66.00 FL	*- FL
30	1		*FRONT RIGHT AIR CON CONDENSER GUIDE TOP	Cracked	25.60 FL	*25.60 FL
31	1		*FRONT RIGHT WHEEL RIM CAP	Grazed	188.90 FL	*188.90 FL
32	1		*FRONT BUMPER NO PLATE	Missing	25.00 FS	*15.00 FS
33	1		*FRONT BUMPER NO PLATE HOLDER	Cut	50.00 FS	*25.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$) **8,746.40** **3,906.80**  
 - List Item Discount on L Items 25.00/25.00% (\$\$) **2,167.85** **966.70**

**Total Parts (\$\$) 6,578.55 2,940.10**

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
Report was unsubmitted during this print-out.						

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	LABOUR TO PANEL BEATING, CUT, WELD, STRAIGHTEN FRONT RIGHT, FRONT AFFECTED AREA AND REPLACE FRONT RIGHT AND FRONT DAMAGED PARTS.	New	1,400.00	500.00
2	TO PUTTY AND SPRAY PAINTING FRONT RIGHT AND FRONT PORTION.	New	1,200.00	700.00
3	TO APPLY ANTI RUST PROOFING TO FRONT RIGHT AND FRONT AFFECTED AREA.	New	60.00	30.00
4	TO CHECK WIRING, LIGHTING AND WATER LEAKAGE. }	New	80.00	30.00
5	TO FOCUS FRONT HEADLAMP. }	New	60.00	0.00
6	TO DISMANTLE AND REINSTALL FRONT RIGHT DOOR INNER COMPONENT TO FACILITATE THE REPAIR.	New	180.00	60.00
Gross Labour Cost (\$\$)			2,980.00	1,320.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >