

23/03/2013

S.S. REC. BY:

REF: CS/SMO17023482/Tlrbsy

Special Instruction:

Surveyor

Taurich

ASSIGNMENT (Office)

From (Person):

Grace Teo

of

SMO

Date/Time:

11.12.017 12.17pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YN 3997J

Insured:

YP 6705U

at Workshop m/s

LYS Engineering

Tel:

9730 8695

of

14 Penguin Rd

Policy No:

Claim No:

OMT01704412 / AGC

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

05.12.2017

CA / REV / REP. / REV 24 HRS 'wp'

16.01.2018 @ 11am

15 Pioneer Walk

H.O.D. Endorsement:

Date/Time:

11.12.2017 11.44pm

Person Contacted:

Steven

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	YN 3997J - X
	YP 6705U - X
19/1/18	Sent pending estimate email to Grace
16/8/18	Confirm L1s \$5000 @ 6 days (Red: \$6209.44, 55%.)

Tanpaku

SMO

ASSIGNMENT

16/01/2018

YN 3997J

Estimated Cost:

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

To inspect Vehicle No: **YN 3997J**  
 at Workshop: **LYS Engineering**  
**15 pioneer walk**

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record) **11 am**

Make of Veh:

(Policy Condition)

Remark: The van had commenced its repair at the time of inspection.



Sal. or Market Value:

DAI Accident Report Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

Est. Repairs days? Res: Yes or No

Sum Surq % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 'wp'

Date:

Person Contacted:

Vehicle IN / OUT  
**Steven**

Type: M-Car / M-Cycle / Bus / Van / Truck / Trailer /

Truck / Trailer:

Make: **M. Kubishi Fuso**

Colour: **white**

So Reading: **285 213**

Eng No:

C/N: **FM65FM1910034**

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S-Rim / STD-A-Rim or

Tyre Size: **FR 11R 22.5**

BS / DUN / EXNOVA / GY / PS / UZA / MIC / OHTSU / RIR / SUMI /

TOYO / YOKO or **Finenza**

Front:

R/Bal: **8** mm

L/Bal: **8** mm

D.O.A.

Survey held at: **15 pioneer walk**

Des of Damages: Frt Rear / OS / NS / U/C / Roof top or

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

Date Time Action Instruction

**w/s will pass GIA & estimate**

RECEIVED 16 AUG 2018

Date Time File Pass of



Prell. Report



Final Report

**typist**

Date Time File Return to

Days Of Repair: **6**

Resurvey No. of Trip: **-**

Survey Fee

Transport Fee

Food & Drink

Other

Total

Add Fee:



Steering



Brake



Tyre



Other

Repair Format:

**TP**

Auto Sum:

**50.00**





## 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				
SOMPO INSURANCE SINGAPORE PL			Ref : CS/SMO17023482/T1rb	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623			Date : 11-12-2017	
			Code : SMO	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	YP 6905U	Veh. Inspected	YN 3997J	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1704412/AGC	Excess (\$)	0.00	
Assign From	GRACE TEO	Assign Date	11/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	05/12/2017	Inspection Date		
Survey held at	LYS ENGINEERING 14 PENJURU ROAD SINGAPORE 609125			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

## Catherine Chong (LKK Auto)

---

**From:** Teo, Grace <grace.teo@sompo.com.sg>  
**Sent:** Monday, 11 December, 2017 12:17 PM  
**To:** admin-d@lkkauto.com; admin-d@lkkauto.com  
**Cc:** Chan, Shu Hui Agnes; Henry, Irene James  
**Subject:** CMTD1704412/AGC - Accident involving YP6905U & YN3997J on 05.12.2017  
**Attachments:** Bonnie Kwok LLC - YN3997J.pdf

Hi,

We enclosed herewith a copy of the letter from Bonnie Kwok dated 11.12.2017 for your reference.

Please make arrangement to conduct the survey for YN3997J.

Best Regards

**Grace Teo**

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

**Website:** [www.sompo.com.sg](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

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## **BONNIE KWOK LLC**

**Advocates & Solicitors**

101A Upper Cross Street  
#08-12 People's Park Centre  
Singapore 058358

Tel : (65) 6536 6026  
Fax : (65) 6536 2279  
[Not for service of court documents]  
GST Reg No. 2012035472

Your Vehicle: YP 6905 U (Your Ref: CMTD1704412/AGC)  
Our Vehicle: LYS-YN 3997 J

Date : 11 December 2017

M/s Sompo Insurance Singapore Pte. Ltd.  
50 Raffles Place  
#05-01/06 Singapore Land Tower  
Singapore 048623

By Fax 6221 3147 only



Dear Sirs,

**ACCIDENT INVOLVING YN 3997 J & YP 6905 U ON 5 DECEMBER 2017**

We refer to your fax of dated 8 December 2017.

Our client agrees to Mr. Mohd Taufikh of M/s LKK Auto Consultatns as the Single Joint Expert (SJE).

Please let us have his report in due course.

Kindly request for the SJE to contact the repairers, Mr. Steven of M/s LYS Engineering at 9730 8695 to make the necessary arrangements.

Your faithfully

  
**BONNIE KWOK**  
c.c. Client

## Janice Lee (LKKAuto)

---

**From:** Janice Lee (LKKAuto)  
**Sent:** Friday, January 19, 2018 5:45 PM  
**To:** 'Teo, Grace'  
**Cc:** 'Chan, Shu Hui Agnes'; 'Henry, Irene James'; SUR  
**Subject:** RE: CMTD1704412/AGC - Accident involving YP6905U & YN3997J on 05.12.2017

Dear Grace,

Please be informed that we have inspected the vehicle **YN 3997J** on 16/01/2018.

We are pending for estimate from repairer.

Thank you.

Best Regards,

**Janice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [janicelee@lkkauto.com](mailto:janicelee@lkkauto.com) | fax: 6256-4315

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

---

**From:** Admin-D (LKKAuto)  
**Sent:** Monday, December 11, 2017 1:16 PM  
**To:** 'Teo, Grace' <[grace.teo@sompo.com.sg](mailto:grace.teo@sompo.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Cc:** 'Chan, Shu Hui Agnes' <[agnes.chan@sompo.com.sg](mailto:agnes.chan@sompo.com.sg)>; 'Henry, Irene James' <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>  
**Subject:** RE: CMTD1704412/AGC - Accident involving YP6905U & YN3997J on 05.12.2017

Dear Grace,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

---

**From:** Teo, Grace [<mailto:grace.teo@sompo.com.sg>]  
**Sent:** Monday, 11 December, 2017 12:17 PM  
**To:** [admin-d@lkkauto.com](mailto:admin-d@lkkauto.com); [admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)  
**Cc:** Chan, Shu Hui Agnes <[agnes.chan@sompo.com.sg](mailto:agnes.chan@sompo.com.sg)>; Henry, Irene James <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>  
**Subject:** CMTD1704412/AGC - Accident involving YP6905U & YN3997J on 05.12.2017

Hi,

We enclosed herewith a copy of the letter from Bonnie Kwok dated 11.12.2017 for your reference.

Please make arrangement to conduct the survey for YN3997J.

Best Regards

**Grace Teo**

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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SINGAPORE ACCIDENT STATEMENT

LYS-

**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	06/12/2017 11:47
Date Of Accident	05/12/2017 20:00
Exact Location Of Accident	ALONG SLE AFTER EXIT UPPER THOMSON
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	YN3997J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SG SAGAWA AMERIOD PTE LTD
Co Reg No	199100423D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66029933
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	FM65FM1RDEA-7.5 D (M)
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
<b>Insurance Company</b>	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTHCVE000149
Cover Note Number	
<b>Driver</b>	
Name of Driver	FAHIL ASHRAFF BIN MOHAMEDF TAFEL
NRIC No	S8934302Z
Date Of Birth	30/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2010
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90079361
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address

Postcode

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

ON 05/12/2017 AT ABOUT 2000 HRS. WHILE I WAS TRAVELLING ALONG SLE AFTER EXIT UPPER THOMSON TOWARDS WOODLAND. WHILE VEHICLE IN FRONT WAS STOP. I THEN SLOWLY MY SPEED TO STOP MY VEHICLE . SUDDENLY I FEEL AN IMPACT.I NOTICED THAT MY VEHICLE HAVE COLLIDED BY VEHICLE B.

### 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 YP6905U

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver RAMALINGAM SENTHILKUMAR

NRIC/Passport Number G7375194U

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 Pg. 1

### 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) I/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

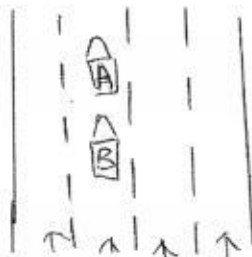
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



SLE After Exit Upper Thomson Rd (Towards Woodland)

A-YN3997J  
B-YP6905U

Sketch Plan Pg. 2

Describe Circumstances of the Accident

Refer to circumstances

Declaration

I/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



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | Fax: 6221 3302 | Website: [www.sompo.com.sg](http://www.sompo.com.sg)  
Co. Reg. No.: 156805490E | GST Reg. No.: M200903126

## Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No. : D17MTHCVE000149  
1. Registration No. : YN3997J - Item No. 18  
2. Insured Name : SG SAGAWA AMERIOD PTE. LTD.  
3. Commencement Date : 02 AUGUST 2017 00:00  
4. Expiry Date : 01 AUGUST 2018 23:59  
5. Coverage : Market value at time of loss - Comprehensive  
6. Excess : \$2000 - All Claims

7. Persons or Classes of Persons entitled to drive\*

- 1) Whilst the vehicle is being used in connection with the Insured's business -
  - b) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- 2) Whilst the vehicle is being used for social, domestic or pleasure purposes -
  - b) Any person who is driving on the Insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use\*

- 1) Use in connection with the Insured's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
  - 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover
- 1) Use for racing, pacemaking, reliability trial or speed-testing.
  - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
  - 3) Use for the carriage of passengers for hire or reward.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit [www.sompo.com.sg](http://www.sompo.com.sg) for list of ExcelDrive Workshops and Accident Reporting Centers.

I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.

Date/Time of Issue : 15 DECEMBER 2016 13:38

\*Limitation rendered inoperative by section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189 and section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual, or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11P03309 & PREMIER INSURANCE AGENCIES PTE LTD CI Code: 26C DOVDBHB414POLMSA

Text size + -

**Enquire Vehicle Registration Details****Owner Particulars**

NRIC/Passport/Company Cert No.: 199100423D  
Owner ID Type: Company  
Owner Name: AMERIOD LOGISTICS (S) PTE LTD  
Registered Address: 15 PIONEER WALK #02-01 PIONEER HUB SINGAPORE 627753  
Mailing Address: -  
Birth Date: -

**Vehicle Particulars**

Vehicle No.: YN3997J  
Previous Vehicle No.: -  
Effective Date of Ownership: 02 Aug 2013  
Original Regn Date: 02 Aug 2013  
Registration Date: 02 Aug 2013  
Year of Manufacture: 2013  
Vehicle Type: Goods (Closed) Van/Van Panel (Delivery)  
Vehicle Scheme: -  
Vehicle Attachment 1: With Power Tailgate  
Vehicle Attachment 2: -  
Vehicle Attachment 3: -  
Vehicle Make: MITSUBISHI  
Vehicle Model: FM65FM1RDEA  
Primary Colour: White  
Secondary Colour: -  
Passenger Capacity: 2  
Chassis No.: FM65FMA10034  
Engine No.: 6M60178502  
Engine Capacity/Power Rating: 7545 cc / -  
Maximum Power Output: -  
Propellant: Diesel  
Max Unladen Weight: 7100 kg  
Maximum Laden Weight: 16000 kg  
Open Market Value: \$52,003.00  
PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
Minimum PARF Benefit: -  
No. of Transfers: 0  
IU Label No.: 1510803992  
COE No.: 2013080105000145K

COE Expiry Date: 01 Aug 2023  
COE Category: C - Goods Vehicle & Bus  
COE Registration Category: C - Goods Vehicle & Bus  
Quota Premium (QP) / Prevailing Quota Premium: \$61,011.00 / -  
Actual QP Paid: \$61,011.00  
QP (Regn Cat): \$61,011.00  
OPC Cash Rebate Eligibility: No  
QP during COE Bidding Exercise: \$61,011.00  
Additional Registration Fee Rate: 5.00 %  
Actual ARF Paid: \$2,601.00  
Vehicle Lifespan Expiry Date: 01 Aug 2033  
CO2 Emission: -  
Message: To renew the COE, the Prevailing Quota Premium payable is that of Category C.



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**Enquire Vehicle & Owner Information ( Vehicle No. YP6905U As At 05 Dec 2017 / 20:00:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: LYS-YN3997J

**Current Owner Details**

Owner ID Type: Company

Owner ID: 200915795C

Owner Name: MAXGREEN CONTRACTOR PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 31

Registered Street Name: WOODLANDS CLOSE

Registered Unit No.: # 06 - 13

Registered Building Name: WOODLANDS HORIZON

Registered Postal Code: 737855

**Current Vehicle Details**

Vehicle No.: YP6905U

Make Description/Model: MITSUBISHI / CANTER FEB21ER4SDEB (CBU)

Insurance Company Name: SOMPO INSURANCE SINGAPORE PTE. LTD.

# LYS ENGINEERING

WORKSHOP : 7 SOON LEE STREET #01-19 ISPACE S 627608

HP : 97308695 Fax : 68993276

Specialise In Repairing All Kinds Of Motor Vehicles, Spray Painting, Welding  
And Agent To Claim Damages From Motor Insurance

## QUOTATION

Date : 24/04/18

To : LKK Auto Consultants P/L

Insurance Company :

Tel :

Fax :

Attn : M/V Claim Department

*\*Lump Sum Repair\**

**VEHICLE NO : YN3997J (SG SAGAWA AMEROID P/L)**

We are pleased to quote you for the following services/repairs cost for the above mentioned vehicle :

ITEM	QTY	DESCRIPTION	U.PRICE S\$	AMOUNT S\$	
1.	1 Pc	Rear Right Tail Lamp	220.22	220.22	coa ✓
2.	1 Pc	Rear Right Support Bearn Roller	98.00	98.00	bt ✓
3.	1 Pc	Rear Center PAL Gate Lower Support Bar	680.22	680.22	R ✓
4.	1 Pc	Rear Right Pillar Std Steel Cover	586.00	586.00	R ✓
5.	2 Pcs	Rear Right Platform Hydraulic Cylinder Pump	1500 2,200.00	4,400.00	bt ✓ 3000
6.	2 Pcs	Rear PAL Gate Std Steel Cover	480.00	960.00	R ✓
7.	1 Set	Rear Side Guide (Complete Set)	1,800.00	1,800.00	bt ✓ 1000
8.	1 Pc	Rear Right Box Side Panel	380.00	380.00	bt ✓
9.	5 Litre	Hydraulic Oil	30.00	150.00	new ✓
10.	1 Set	Rear Reflection Sticker	85.00	85.00	acc ✓
<b>SUB-TOTAL</b>				<b>9,359.44</b>	<b>4933.22</b>
11.		Spray Painting Rear PAL Gate, Rear Right Pillar, Rear Box Side Panel & Rear Side Guide		850.00	600
12.		<u>Labour Charges :</u> -To Repair, Replace The Damaged Parts, Replace The Rear Right 2 Pcs Hydraulic Assy, Rear Right Tail Lamp, Replace Rear Right Pillar Cover & Rear Side Guide Complete Set		1,000.00	700
					1300
				<b>11,209.44</b>	<b>6233.22</b>

Please do not hesitate to contact us if you have any queries.

Thank You.

Yours faithfully,

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:

Page 1 of 1

Note :

**Repair Work 6 Days**

1/5/5000

6 days



## Janice Lee (LKKAuto)

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**From:** Steven Loo <lys88@yahoo.com.sg>  
**Sent:** Thursday, August 16, 2018 2:53 PM  
**To:** Janice Lee (LKKAuto)  
**Subject:** Re: YN 3997J

We confirm L \$5,000 and 6 Days.

Thank you.

Regards  
Steven Loo  
LTS Engrg

On Thursday, 16 August 2018, 11:29, Janice Lee (LKKAuto) <JaniceLee@lkkauto.com> wrote:

Hi Steven,

Please see attach.

Thank you.

Best Regards,

**Jannice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [jannicelee@lkkauto.com](mailto:jannicelee@lkkauto.com) | fax: 6256-4315

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

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**From:** Janice Lee (LKKAuto)  
**Sent:** Thursday, August 16, 2018 9:19 AM  
**To:** lys88@yahoo.com.sg  
**Subject:** YN 3997J

Hi Steven,

Kindly confirm L/S \$5,000.00 @ 6 DAYS

Thank you.

Best Regards,

**Jannice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [jannicelee@lkkauto.com](mailto:jannicelee@lkkauto.com) | fax: 6256-4315

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



# 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

SOMPO INSURANCE SINGAPORE PL

Ref : CS/SMO17023482/T1rbs2

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERS SINGAPORE 048623

Date : 11-09-2018



Code : SMO

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YP 6905U	Veh. Inspected	YN 3997J
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1704412/AGC	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	11/12/2017

### 2. Vehicle Particulars & Condition

Make & Model	MITSUBISHI FUSO	c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.	FM65FMA10034	Colour	WHITE
Odometer	285213	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	11 R22.5	FIRENZA	8 mm
L/H Front Tyre	11 R22.5	FIRENZA	8 mm
R/H Rear Tyre	11 R22.5 (D)	FIRENZA	8/8 mm
L/H Rear Tyre	11 R22.5 (D)	FIRENZA	8/8 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	05/12/2017	Inspection Date	16/01/2018
Survey held at	15 PIONEER WALK		
Repairer	LYS ENGINEERING		

### 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:	6 Working Days
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# 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

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YN 3997J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR RIGHT TAIL LAMP	CRACKED	220.22	220.22
1	REAR RIGHT SUPPORT BEAM ROLLER	BENT	98.00	98.00
1	REAR CENTER PAL GATE LOWER SUPPORT BAR	TO REPAIR SEE LABOUR	680.22	-
1	REAR RIGHT PILLAR STD STEEL COVER	TO REPAIR SEE LABOUR	586.00	-
2	REAR RIGHT PLATFORM HYDRAULIC CYLINDER PUMP @ \$2200.00	BENT	4,400.00	3,000.00
2	REAR PAL GATE STD STEEL COVER @ \$480.00	TO REPAIR SEE LABOUR	960.00	-
1	SET REAR SIDE GUIDE (COMPLETE SET)	BENT	1,800.00	1,000.00
1	REAR RIGHT BOX SIDE PANEL	BENT	380.00	380.00
5	LITRE HYDRAULIC OIL @ \$30.00	NECESSARY	150.00	150.00
1	SET REAR REFLECTION STICKER	NECESSARY	85.00	85.00
			9,359.44	4,933.22
<b>LABOUR</b>				
	SPRAY PAINTING REAR PAL GATE, REAR RIGHT PILLAR, REAR BOX SIDE PANEL & REAR SIDE GUIDE.		850.00	600.00
	TO REPAIR, REPLACE THE DAMAGED PARTS, REPLACE THE REAR RIGHT 2 PCS HYDRAULIC ASSY, REAR RIGHT TAIL LAMP, REPLACE REAR RIGHT PILLAR COVER & REAR SIDE GUIDE COMPLETE SET. INCLUSIVE OF THE REPAIR OF REAR CENTER PAL GATE LOWER SUPPORT BAR, REAR RIGHT PILLAR STD STEEL COVER AND REAR PAL GATE STD STEEL COVER.		1,000.00	700.00
			-	-
			1,850.00	1,300.00
<b>GRAND TOTAL</b>			<b>11,209.44</b>	<b>6,233.22</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>5,000.00</b>

Report Ref No. CS/SMO17023482/T1rbs2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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