

12/03/2002

ASS. REC. BY:

REF: CS/SMO17023482/Tlrbsy

Special Instruction:

Surveyor

Taurich

ASSIGNMENT (Office)

From (Person): Grace Teo of SMO Date/Time: 11-22-07 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:

7730 8685

of

14 Penguin Rd

Policy No:

Claim No:

CMT01704412 / AGC

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

03-12-2017

CA / REV / REP. / REV 24 HRS wpi

16-01-2018 C Nam

15 Pioneer Walk

H.O.D. Endorsement:

Date/Time: 11-22-07 1:14pm

Person Contacted:

Steven

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

YN 3997J - X

YP 6705U - X

14/1/18

Sent pending estimate email to Grace

16/8/18

Confirm L1s \$3350 @ 6 days (Red: \$7859.44, 70%.)

Tanpoh

SMO

ASSIGNMENT

Ref:

Date: 16/01/2018

At:

YN 3997J

Rep:

2013

Estimated Cost:

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

To inspect Vehicle No:

YN 3997J

At Workshop:

LYS Engineering

of

15 pioneer walk

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

Claims Record:

11 am

Make of Vehicle:

(Policy Condition)

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



Est. on Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Receipt:

days

Res: Yes or No

Lump Sum:

%

3 Val: Yes or No

CA / REV / REP: 24 HRS 'wp'

Date:

Person Contacted:

Vehicle IN / OUT

Steven

Truck / Trailer:

Make:

Mitsubishi Fuso

7545

Colour:

white

Insured: Std / N / NA

Se Reading:

285 213

Rep: Insured: Std / N / NA

Eng No:

FM65 FM 1910034

C No:

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: (M) S/Rim / STD A/Rim or

Tyre Size:

R:

11R 22.5

R:

22 (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / RIR / SUMI

TOYO / YOKO or

Finenza

Front

Rear

R.Bal:

8

mm

R.Bal:

8/8

mm

L.Bal:

8

mm

L.Bal:

8/8

mm

D.O.A.

D.O.

16/1/18 @ 12pm.

Survey held at:

15 pioneer walk

Des of Damages: Fr / Rear / OS / NS / UO / Rooftop or

The UO / Chassis frame / Body Structure affected due to collision

Date / Time / Action / Instruction

w/s will pass GIA & estimate

RECEIVED 16 AUG 2018

Signature

21/9/2018

Date / Time / Fee / Pass of:



: Prel. Report

: Final Report

typist

Date / Time / Fee / Return of:

Days Of Repair:

6

Resurvey No. of Trip:

-

Super Fee

350

Add Fee:



Site Inst:

\$

Interp:

\$

Rep. Inst:

\$

Ad. Inst:

\$

Report Format:

TP

Lump Sum:

3350.00



## 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



Innovation for Wellbeing

**SOMPO**

**A Century of Trust**

**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)

**Disclaimer:** This e-mail, including attachments, is intended for the person(s) or company named and may contain confidential and/or legally privileged information. Unauthorised disclosure, copying or use of this information may be unlawful and is prohibited. If you are not the intended recipient, please delete this message.

**Privacy Policy Notice:** Sompo Insurance Singapore Pte. Ltd. may collect, use and disclose your personal data for the purposes stated in our Privacy Policy. This may include disclosure to holding and associated companies, credit bureau, parties to whom disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click [here](#) for our Privacy Policy

## **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



**A Century of Trust**

**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)

**Disclaimer:** This e-mail, including attachments, is intended for the person(s) or company named and may contain confidential and/or legally privileged information. Unauthorised disclosure, copying or use of this information may be unlawful and is prohibited. If you are not the intended recipient, please delete this message.

**Privacy Policy Notice:** Sompo Insurance Singapore Pte. Ltd. may collect, use and disclose your personal data for the purposes stated in our Privacy Policy. This may include disclosure to holding and associated companies, credit bureau, parties to whom disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click [here](#) for our Privacy Policy

## 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  
**Insured/Policyholder**  
Name Of Registered Owner SG SAGAWA AMERIOD PTE LTD  
Co Reg No 199100423D  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-66029933  
**Vehicle Particulars**  
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  
**Insurance Company**  
Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number D17MTHCVE000149  
Cover Note Number  
**Driver**  
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) 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.

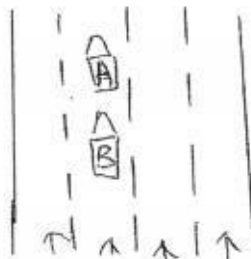
Policyholder's Signature / Date &  
Time

Sketch Plan

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

Witnessed by Reporting Centre  
Personnel

A-YN3997J  
B-YP6905U



SLE After Exit Upper Thomson Rd (Towards Woodland)

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.: 198205490E | GST Reg. No.: M200903196

## 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 AMEROID 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: 29C DDVDBHB4I4PDLMSA

Text size + -

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

NRIC/Passport/Company Cert No.: 199100423D  
Owner ID Type: Company  
Owner Name: AMEROID 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.



Please read through the Privacy Statement, Terms of Use and Disclaimer.

Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.  
Best viewed with IE 6.0 SP3 and above, 1024 X 768 resolution

Copyright © 2014 LTA | [Privacy Statement](#) | [Terms of Use](#) | [Disclaimer](#) | [Rate the Website](#)

**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.

## 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	06/12/2017 17:22
Date Of Accident	05/12/2017 19:45
Exact Location Of Accident	SLE TWDS BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6905U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAXGREEN CONTRACTOR PTE LTD
Co Reg No	200915795C
Email Address	GREEN_01KAT@YAHOO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91998892

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
------------------	--------------------

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPCVE001930
Cover Note Number	27/07/17 - 26/07/18

### Driver

Name of Driver	RAMALINGAM SENTHILKUMAR
NRIC No	G7375194U
Date Of Birth	25/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2010
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91993725
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL



Address	C/O 31 WOODLANDS CLOSE #06-13 WOODLANDS HORIZON
Postcode	737855
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)	2

#### 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 5th December 2017, 1945 hrs, at SLE towards BKE at Thomson entry, YN3997J emergency brake as there are vehicle entry from Thomson, I cannot brake in time and hit into the said vehicle. Nobody was injured.

#### 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	YN3997J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	FAHIL ASHRAFF BIN MOHAMED TAFEL
NRIC/Passport Number	S8934302Z
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

## SKETCH PLAN

VEHICLE NO.: YP 6905 U  
INSURER: SOMPO  
DATE & TIME: 05/12/17 7.45 PM

## 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 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

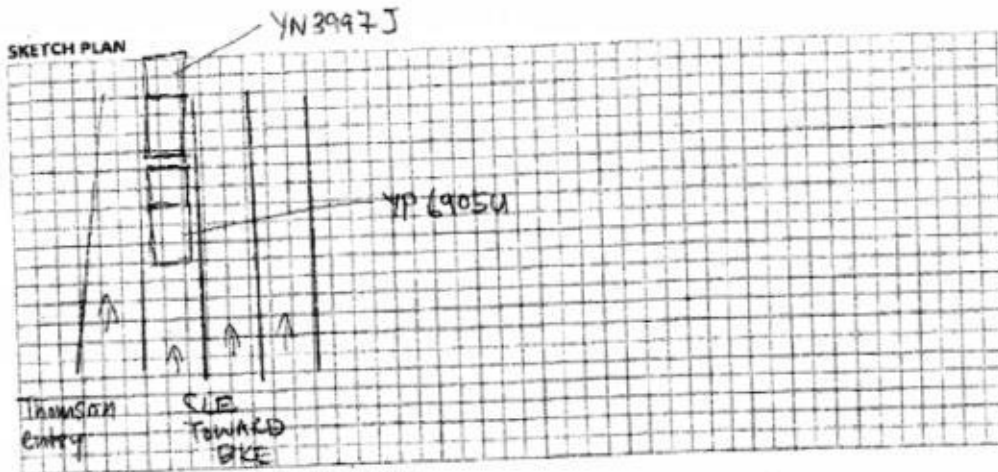


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: (WL)  
NIC/FIN No.:

# Sketch Plan #2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5<sup>th</sup> DECEMBER 2017, 1945 hours, at SLE toward BKE, at Thomson Entry, YN3997J emergency brake as there are vehicle entry from Thomson, I cannot brake in time and hit into the said vehicle. Nobody was injured.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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:

Reporting Centre Personnel's Signature  
Name: (WL)  
NRIC/PIR No.:

CLAIM TYPE: ☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only  
☐ Claim OD/TP at other workshop

## Janice Lee (LKKAUTO)

**From:** Chan, Shu Hui Agnes <agnes.chan@sompo.com.sg>  
**Sent:** Friday, September 21, 2018 9:33 AM  
**To:** Janice Lee (LKKAUTO)  
**Cc:** SUR  
**Subject:** RE: CMTD1704412/AGC - Accident involving YP6905U & YN3997J on 05.12.2017  
**Attachments:** SAS2321226.PDF

Dear Janice

We refer to our phone conversation just now.

We herewith enclosed GIA report of YP6905U for your attention.

Any changes on the survey report?

*we have re-negotiate the repair cost*

Thank you.

Best Regards

Agnes Chan

Claims Division

D: 6329 5327 | T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

**SOMPO**

**A Century of Trust**

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)

Quick & Easy Claims Submission<sup>1</sup> & Product Purchase<sup>2</sup> via Sompo SG

Download now @



or



<sup>1</sup> For Travel, Personal Accident & Home Insurance | <sup>2</sup> For Travel, Personal Accident, Home & Private Motor Insurance

**Disclaimer:** This e-mail, including attachments, is intended for the person(s) or company named and may contain confidential and/or legally privileged information. Unauthorised disclosure, copying or use of this information may be unlawful and is prohibited. If you are not the intended recipient, please delete this message.

**Privacy Policy Notice:** Sompo Insurance Singapore Pte. Ltd. may collect, use and disclose your personal data for the purposes stated in our Privacy Policy. This may include disclosure to holding and associated companies, credit bureau, parties to whom disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click [here](#) for our Privacy Policy.

**From:** Janice Lee (LKKAUTO) [mailto:JaniceLee@lkkauto.com]

**Sent:** Wednesday, 12 September, 2018 11:18 AM

**To:** Chan, Shu Hui Agnes <agnes.chan@sompo.com.sg>

**Cc:** SUR <sur@lkkauto.com>

**Subject:** RE: CMTD1704412/AGC - Accident involving YP6905U & YN3997J on 05.12.2017

## Janice Lee (LKKAUTO)

---

**From:** Steven Loo <lys88@yahoo.com.sg>  
**Sent:** Tuesday, September 25, 2018 6:05 PM  
**To:** Janice Lee (LKKAUTO)  
**Subject:** Re: YN 3997J

We agreed L/sum S\$3,350-00 and 6 days.

Thank you.

Regards  
Steven Loo  
LYS Engrg

On Friday, 21 September 2018, 15:46, Janice Lee (LKKAUTO) <JaniceLee@lkkauto.com> wrote:

Dear Steven,

We would like to re-finalize this case. Kindly confirm L/S 3,350.00 @ 6 days.

Sorry for inconvenience caused.

Thank you.

Best Regards,

**Jannice 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:** Steven Loo [mailto:lys88@yahoo.com.sg]  
**Sent:** Thursday, August 16, 2018 2:53 PM  
**To:** Janice Lee (LKKAUTO) <JaniceLee@lkkauto.com>  
**Subject:** Re: YN 3997J

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

Thank you.

Regards  
Steven Loo  
LYS Engrg

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

# 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	AMOUNT
			SS	SS
1.	1 Pc	Rear Right Tail Lamp	220.22	220.22 <i>coa</i>
2.	1 Pc	Rear Right Support Bearn Roller	98.00	98.00 <i>bt</i>
3.	1 Pc	Rear Center PAL Gate Lower Support Bar	680.22	680.22 <i>Ry</i>
4.	1 Pc	Rear Right Pillar Std Steel Cover	586.00	586.00 <i>Ry</i>
5.	1-2 Pcs	Rear Right Platform Hydraulic Cylinder Pump	1500 2,200.00	4,400.00 <i>bt</i> <i>3000 DD</i>
6.	2 Pcs	Rear PAL Gate Std Steel Cover	480.00	960.00 <i>Rx</i>
7.	1 Set	Rear Side Guide (Complete Set)	1,800.00	1,800.00 <i>bt</i> <i>1000</i>
8.	1 Pc	Rear Right Box Side Panel	380.00	380.00 <i>bt</i>
9.	3.5 Litre	Hydraulic Oil	20 30.00	150.00 <i>new</i> <i>60</i>
10.	1 Set	Rear Reflection Sticker	85.00	85.00 <i>rec</i> <i>10</i>
<b>SUB-TOTAL</b>				9,359.44 <i>4933.22</i>
11.		Spray Painting Rear PAL Gate, Rear Right Pillar, Rear Box Side Panel & Rear Side Guide		850.00 <i>600</i>
12.		Labour Charges :		
		-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		700
				1,000.00
				1300
				<b>11,209.44</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**

6233.22

1/5/5000

6 days

21/9/18

## Janice Lee (LKKAuto)

---

**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,

**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:** 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,

**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)





# 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	7545 /
Engine No.	HIDDEN	Year of Reg.	2013 /
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.
----------------------------------------------------------------------------

## 5. General Information

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

## Remarks

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

## Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	6 Working Days
-------------------------------------	----------------





# 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

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

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



## 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 TOWERSINGAPORE 048623

Date : 11-09-2018



Code : SMO

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

Insured Veh.	YP 6905U	Veh. Inspected	YN 3997J
Policy No.	D17MTPCVE001930	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	7545
Engine No.	HIDDEN	Year of Reg.	2013
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.

### 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.

### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	6 Working Days
-------------------------------------	----------------



# 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	BENT	586.00	586.00
2	REAR RIGHT PLATFORM HYDRAULIC CYLINDER PUMP @ \$2200.00	DENTED 1PC ONLY	4,400.00	1,500.00
2	REAR PAL GATE STD STEEL COVER @ \$480.00	TO REPAIR SEE LABOUR	960.00	-
1	SET REAR SIDE GUIDE (COMPLETE SET)	NOT NECESSARY	1,800.00	-
1	REAR RIGHT BOX SIDE PANEL	BENT	380.00	380.00
5	LITRE HYDRAULIC OIL @ \$30.00	NECESSARY 3LITRES ONLY	150.00	60.00
1	SET REAR REFLECTION STICKER	NECESSARY	85.00	50.00
			9,359.44	2,894.22
<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 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>4,194.22</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>3,350.00</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

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

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