

Special instruction:

ASSIGNMENT (Office)

From (Person): Angie Gon of ALH Date/Time: 06.12.2017
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: AEON Auto

Workshop: Detail Lab

OD (TP Re-inspection) / Evaluation

To inspect Vehicle No: SJS 5827E Insured: SFE 98984
at Workshop m/s Detail Lab Tel: 63855510
of 8 Kaki Bukit Ave 4 # 02-03/04

Policy No: _____ Claim No: 2303138891SG003

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05-08-2017
(Client's Record)

07.01.2018 (Tuesday) @ 11am

H.O.D. Endorsement/Date:

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 18 days)
Date/Time: 11/13/18 Submit Final Fig 8950, 8 days (Red \$ 15550 / 63 %; Original _____ days)

[illegible]

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

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)	
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Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add

Transport

Photos

Others

Total

1) Date/Time _____ 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 _____

ASSIGNMENT

From _____ Date _____
 Estimated Cost: _____
 OD / TP / WS / RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Officer's Record)
 Make of Veh: _____

NS	OS

(Policy Condition)

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

Bal. or Market Value: \$28K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / RR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 8 days Res.: Yes or No
 LLM Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Vehicle: SIS 8827E Page: 25 Aug 2009
 Type: M/Cas M/Cycle Bus Van Lorry Taxi Prime Mover
 Truck Trailer or _____
 Make: Nat Bravo No: 1368
 Colour: Grey A/C Insured / Std / NI / NA
 Ser. Reading: 135222 Radio Insured / Std / NI / NA
 Eng. No: _____
 C No: ZFA 1980000 423 2998
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In / Jammed / Leaked / Burnt or
 Brakes: In / Jammed / Leaked / Burnt or
 Mod: Nil / STD A/Rim or
 Tyre Size: F: 225 / 45R17
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front: _____ Rear: _____
 R.Bal. 6 mm R.Bal. 6 mm
 L.Bal. 6 mm L.Bal. 6 mm
 D.O.A. _____ D.O.I. 02-01-18
 Survey held at: w/s NAM
 Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date Time Action / Instruction

Date/Time: P/A Pass to:

☐

P/A: Preli. Report

☐

P/A: Final Report

Date/Time: P/A Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transaction

Report Format:

Lump Sum / L.B. / S

Add Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Tech. Insp: \$

☐

Clearance: \$

L.B. / P/A / S

Photos

Other

TOTAL

[Signature]
 14/3/2018



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

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CS/AIG17024744/rb

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 30-12-2017



Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)

Insured Veh.	SFE 9898U	Veh. Inspected	SJS 5827E
Policy No.		Coverage (\$)	0.00
Claim No.	2303138891SG003	Excess (\$)	0.00
Assign From	ANGIE GAN	Assign Date	06/12/2017

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	05/08/2017	Inspection Date	02/01/2018
Survey held at	DETAIL LAB BLK 8 KAKI BUKIT AVE 4 #02-03/04 PREMIER @ KB SINGAPORE 415875		

5a. Remarks

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: Shu Pei (LKKAuto) <shupeil@lkkauto.com>
Sent: Wednesday, 6 December, 2017 10:43 AM
To: assignments
Subject: FW: #2303138891SG003#023# AIG ref ; Your ref: TKS/D123-ACC-38754.17/cc -- REINSPECTION SJS5827E

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Gan, Angiegeokling [<mailto:Angiegeokling.Gan@aig.com>]
Sent: Wednesday, 6 December, 2017 10:21 AM
To: Charlotte Choy <charlotte.choy@ksteoptr.com>
Cc: Admin A <admin-a@lkkauto.com>
Subject: #2303138891SG003#023# AIG ref ; Your ref: TKS/D123-ACC-38754.17/cc -- REINSPECTION SJS5827E

WITHOUT PREJUDICE

Dear Charlotte,

We refer to your LOD dated 04/12/2017.

We wish to conduct reinspection on your client's vehicle SJS5827E.

Kindly advise the preferred date and time at least one week in advance and arrange with our surveyor in copy.

Aside to LKK, for your necessary action please. Documents will follow shortly.

Thank you.

Best Regards,

Angie Gan

AIG

Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way AIG Building #08-16 Singapore 079120

Tel +(65) 6419 1013 | Fax +(65) 6835 7416

Angiegeokling.Gan@aig.com | www.aig.com.sg

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Catherine Chong (LKK Auto)

From: Gan, Angiegeokling <Angiegeokling.Gan@aig.com>
Sent: Tuesday, 26 December, 2017 11:54 AM
To: Catherine Chong (LKK Auto)
Cc: assignments@lkkauto.com; Charlotte Choy
Subject: #2303138891SG003#023# AIG ref ; Your ref: TKS/D123-ACC-38754.17/cc -- REINSPECTION SJS5827E

Dear Catherine,

For your necessary action please.

Thank you.

Best Regards,

Angie Gan
AIG
Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way AIG Building #08-16 Singapore 079120
Tel +(65) 6419 1013 | Fax +(65) 6835 7416
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From: Charlotte Choy [mailto:charlotte.choy@ksteoptr.com]
Sent: Tuesday, December 26, 2017 11:45 AM
To: Gan, Angiegeokling
Cc: Admin A
Subject: Re: #2303138891SG003#023# AIG ref ; Your ref: TKS/D123-ACC-38754.17/cc -- REINSPECTION SJS5827E

WITHOUT PREJUDICE

Dear Angie,

We refer to your email below.

Please be informed that our client will only be available on 2nd January 2018 (Tuesday) at 11a.m for re-inspection at the workshop.

Kindly contact repairer directly at 9844 8533 (Benedict).

Thank you.

Regards,
Charlotte Choy
Teo Keng Siang LLC
111 North Bridge Road

#29-07/08, Peninsula Plaza
Singapore 179098
Tel: 6333 4222 Ext(54)
Fax: 6333 5688

On Wed, Dec 6, 2017 at 10:20 AM, Gan, Angiegeokling <Angiegeokling.Gan@aig.com> wrote:

WITHOUT PREJUDICE

Dear Charlotte,

We refer to your LOD dated 04/12/2017.

We wish to conduct reinspection on your client's vehicle SJS5827E.

Kindly advise the preferred date and time at least one week in advance and arrange with our surveyor in copy.

Aside to LKK, for your necessary action please. Documents will follow shortly.

Thank you.

Best Regards,

Angie Gan

AIG
Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way AIG Building #08-16 Singapore 079120
Tel +(65) 6419 1013 | Fax +(65) 6835 7416

Angiegeokling.Gan@aig.com | www.aig.com.sg



010808283347

FROM TEO KENG SIANG LLC
PDX Box No. 8802**TEO KENG SIANG LLC**

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098. Tel: 6333 4222 Fax: 6333 5676/5688

ROC: 201510228C

GST Reg No.: 201510228C

Email: KSTEOCO@singnet.com.sg

(FAX - NOT FOR SERVICE OF COURT DOCUMENTS)

467217

Our Ref : TKS/D123-ACC-38754.17/cc
Your ref : SFE 9898U
Date : 4 December 2017

Secretary in charge: Charlotte

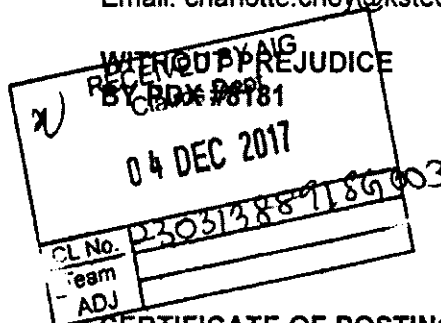
Tel : 6333 4222

Fax : 6333 5676/6333 5688

Email: charlotte.choy@ksteoptr.com

To: AIG Asia Pacific Insurance Pte. Ltd.
AIG Building
78 Shenton Way
#07-16
Singapore 079120
Attn: Motor Claims Department

cc. Ngin Eng Dorris
44 Adam Road
Singapore 289897



CERTIFICATE OF POSTING
(For your information only)

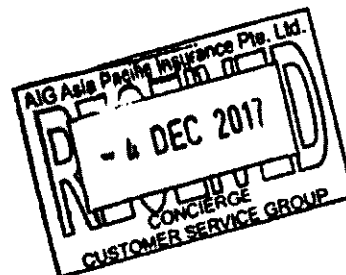
Dear Sir,

RE: ACCIDENT INVOLVING SJS 5827E/ SFE 9898U/ SLQ3764C ALONG PIE 5/8/2017

We are instructed by Chen Xiao Si, Florence to claim damages against you in connection with a road accident on 5/8/2017 ALONG PIE involving our client's motor vehicle registration number SJS 5827E and motor vehicle registration number SFE 9898U driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client was put to loss and expense, particulars of which are as follows:

Property Damage	
Cost of repairs	\$ 24,500.00
Rental Fees (20 days x \$120/day)	\$ 2400.00
Pre-repair inspection (2 days x \$120/day)	\$ 240.00
Towing Fees	\$ 120.00
Police/GIA report/ LTA fees	\$ 5.35
Survey Fees	\$ 680.00
Costs contribution	\$ 1284.00
TOTAL	\$ 29,229.35



Teo Keng Siang
LL.M (Singapore).
LL.B (Hons) (Singapore)

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

Our Ref: D123-ACC-38754.17/cc

A copy each of the following supporting documents is enclosed:

- ☐ GIA Report of SJS 5827E
- ☐ LTA Search of SFE 9898U
- ☐ Repairer's Bill
- ☐ Surveyor's Report.
- ☐ Original Photographs of damage of SJS 5827E - 162 copies

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully


Teo Keng Siang LLC
Cc: Client

encs

Teo Keng Siang
LL.M (Singapore).
LL.B (Hons) (Singapore)

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8063Z
Vehicle Details	
Vehicle No.:	SJS5827E
Vehicle to be Exported:	No
Intended De-registration Date:	14 Mar 2018
Vehicle Make:	FIAT
Vehicle Model:	BRAVO 1.4A 120BHP SMT TURBO ABS AIRBAG
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	198A40001437226
Chassis No.:	ZFA19800004232998
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$22,050.00
Original Registration Date:	25 Aug 2009
First Registration Date:	25 Aug 2009
Transfer Count:	3
Actual ARF Paid:	\$22,050.00 11025
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Aug 2019
PARF Rebate Amount:	\$12,127.00
Intended COE Rebate Details	
COE Expiry Date:	24 Aug 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$15,019.00 3003.8
COE Rebate Amount:	\$2,168.00
Total Rebate Amount:	\$14,295.00 14028.8

The information contained herein is correct as at 14 Mar 2018

OK

▶ bravo Used Vehicle List (5 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availability
Fiat Bravo 1.4A T-Jet Panoramic Roof	\$20,800	\$9,210 /yr	26-Mar-2009	1,368 cc	-	Orchard Credit Pte Ltd	Available

Fully Maintained At Alfa Sportivo, Well Kept Paintwork And Interior, Very Value For Money To Drive Till March 2009, Call Our Consultants To View And Try This Little Pocket Rocket.

Office No. - 67050891

Caleb - 98291188 | Gerald - 92364860

Fiat Bravo 1.4M T-Jet	\$17,800	\$4,830 /yr	24-Aug-2009	1,368 cc	174,500 km	Boeki Auto & Marine	Available
------------------------------	-----------------	--------------------	--------------------	-----------------	-------------------	--------------------------------	------------------

Trade In All Available, Interested Please Call For Viewing, Viewing By Appointment Only.

Office No. - 65549390

Boeki - 82180500

Fiat Bravo 1.4M T-Jet	\$22,800	\$7,050 /yr	10-Nov-2009	1,368 cc	150,000 km		Available
------------------------------	-----------------	--------------------	--------------------	-----------------	-------------------	--	------------------

Upgraded Sound System. A Lot Of Upgrades Done To The Car. A Powerful And Comfort Hatchback With Great Fuel Consumption. View And Test The Car Yourself. My Lost Is Your Gain! Not Urgent Sale. Price Is ...

Office No. - -

Crimson - 97625732

Fiat Bravo 1.4A T-Jet	\$24,000	\$7,740 /yr	13-Nov-2009	1,368 cc	-	Sportsway Auto Trading	Available
------------------------------	-----------------	--------------------	--------------------	-----------------	----------	-------------------------------	------------------

Selling With Auspicious Carplate, Low Depreciation, High Parf Of \$11,111, New Paint Work, Wear And Tear Parts Replaced With Invoice To Proof, Engine And Gearbox Serviced, Pioneer Head Unit, 17" Enkei ...

Office No. - 63482188

Kinstons - 86918688 | Douglas - 97888880

Fiat Bravo 1.4A T-Jet	\$24,500	\$8,030 /yr	30-Nov-2009	1,368 cc	87,000 km	Sportsway Auto Trading	Available
------------------------------	-----------------	--------------------	--------------------	-----------------	------------------	-------------------------------	------------------

Lady Owner, Upgraded Front Mount Intercooler With Stainless Steel Pipings, Upgraded VL 38 Turbo, Sprint Booster, 18" Volks Racing G Games With Almost New PS4 Tyres, Fully Adjustable Coilovers, Customi...

Office No. - 63482188

Kinstons - 86918688 | Douglas - 97888880

sgCarMart is the number one car classifieds for parallel import cars, Toyota, Honda, Nissan, Mitsubishi & BMW. There are plenty of cars for sale, even for COE cars, OPC cars, vans, trucks, hybrid cars, sports cars or stationwagons. You can also buy from a car auction, look up car loans, low mileage cars, car brands, carpark rates & car insurance. We have new car dealers comprising parallel importers, authorised car dealers, and used car dealers on our site. Find new car price lists, new car launches and new car promotions, and also motoring advice, car reviews & car news on the latest models. Visit our partner sites for job openings for Singapore jobs, real estate properties for sale, mover, car performance parts, car discussion, forum discussion, commercial vehicle leasing & COE results.

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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	07/08/2017 10:04
Date Of Accident	05/08/2017 15:45
Exact Location Of Accident	ALONG PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3764C
Insured/Policyholder	
Name Of Registered Owner	LIM KOK PENG
NRIC No	S1100128I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98562283
Alternative Phone No	OFFICE-98562283

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180

Exact Purpose for which vehicle was being used at time of accident

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700021580
Cover Note Number	

Driver Particulars

Name of Driver	LIM QING WEI VICTOR
NRIC No	S8618363C
Date Of Birth	08/07/1986
Occupation	INDOOR
Date Of Driving Pass	26/03/2005
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98562283
Fax Number	
Contact Number	OFFICE-98562283
Email Address	NOEMAIL

Address 177 BUKIT BATOK WEST AVE 8 #11-241
 Postcode 650177
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS5827E
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver NG WEE KIAT
 NRIC/Passport Number S9023501Z
 Contact Number
 Address
 Postcode
 Insurance Company Name AXA INSURANCE PTE LTD
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

YES
 Name
 Phone Number
 Email Address

Sketch Plan

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 Authorized 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' 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.

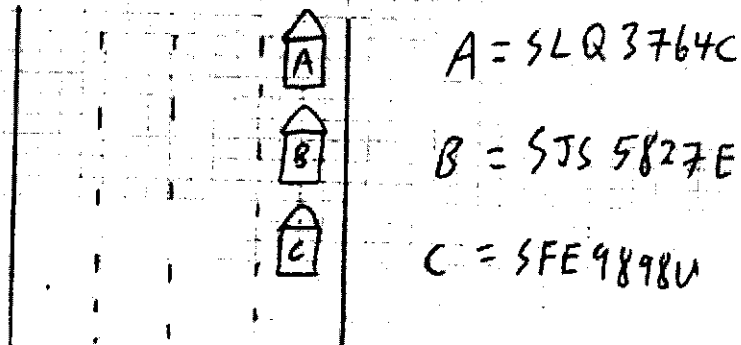
Eric Lee Ming Hui
DID : 6771 4336 HP : 9181 7717
Email : eric.lee@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS DRIVING ALONG ON LANE 1 WHEN CARS IN FRONT OF ME SLOWED DOWN AND STOPPED.

I FOLLOWED SUIT AND STOPPED.

AFTER A FEW SEC, I WAS REAR ENDED BY VEH B(SJS5827E) AT THE BACK.

FROM MY IN CAR VIDEO FOOTAGE, I CAN SEE THAT VEH B ACTUALLY STOPPED IN TIME TOO BUT WAS REAR ENDED BY VEH C(SFE9898U) WHICH CAUSED HIM TO HIT ON TO MY VEHICLE.

Declaration


I/We declare for foregoing particulars are true in every respect.

Please note that you have 14 calender days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Eric Lee Ming Hui
DID : 6771 4336 HP : 9181 7717
Email : eric.lee@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Policyholder's Signature / Date &
Time



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

Witnessed by Reporting Centre

Sketch Plan #3



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8618363C**



**LIM QING WEI, VICTOR
(LIN QINGWEI)**

林 庆 威

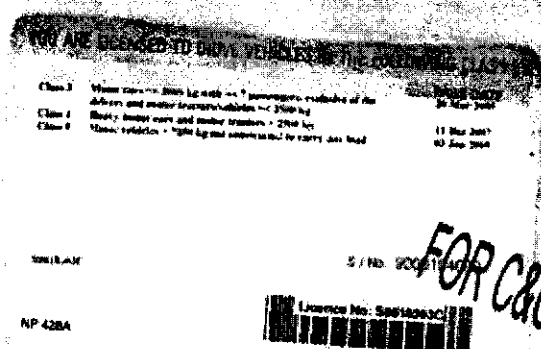
Race
CHINESE

Date of birth
05-07-1965

Gender
M

Country of birth
SINGAPORE

FOR C&C USE ONLY



Card No. **S8618363C**

06-03-2017



APT BLK 177 BUKIT BATOK WEST AVENUE 8

STAMP NO. 580177

FOR C&C USE ONLY

Sketch Plan #4



COVER NOTE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

*In a Moving Van Observed on I-5, Covered State is hereby **HELD COVERED** by the terms and conditions of the policy issued to the Policyowner.

Name of Policyholder : LIM KOK PENG
 Period of Insurance : 01 JUL 2017 to 06 JUL 2018
 Expiry No. : 27091031236588
 Claims No. : WDO17734221489199



Vehicle No. SLQ 3
Cover Note No. : 1700021580
Endorsement No. :
Issued Date : 04 Jul 2017



ABOUT THE COVER

Next Model	MERCEDES Benz CLA180 Coupe				
Engine Capacity/Tonnage	1,595.00 CC	Sum Insured	Market Value	First Year of Registration	2017
Driver Restriction	NA	Off Peak Car	No	Insuring with COE/PARF	Yes
Person or Classes of Persons Entitled to Drive					

n) The Phosphoride
by John Smith, Ph.D., who is studying at the University of California, Berkeley.
The subject will be discussed by the speaker.

✓ I intend to pay the scheduled rate of \$3.00 per 100 lbs of dry weight for the first 100 lbs of my crop and then 20% of the value of the crop for the remainder of the crop.

Age Condition : All Age Condition

1. relation as to use:

The only law enacted, however, and passed January 20, 1908, was the "Prohibition Act," which provided for the prohibition of alcohol in the United States.

Loss of Use (15 days) 20000

¹ - All vehicles registered in accordance with Section 4 of the Motor Vehicle Theft Prevention Act (Public Law 101-646) and Section 95 of the Motor Vehicle Act (1987) (California) are not to be included under these laws.

EXCESS

Section 1
 Plate - 50 Chain Passage - 1000 1 inch x 50 Floor Cover - 50

Decrease 2
Property Damage - 10

Wiederholung 3 + 20

Named Driver and Excess (where applicable)
 ILM FOR RENT - Seen from Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Know Service Centres (For accident reporting only) Add: 330 Ulu Alam 3 Singapore 408024 67412234

For more information, please contact us at: **180 777 7777** or **6777 7777**
180 777 7777 or **6777 7777** (toll-free numbers for Singapore and Malaysia only)
 For more information, please contact us at: **180 777 7777** or **6777 7777**
 180 777 7777 or 6777 7777 (toll-free numbers for Singapore and Malaysia only)

For more information regarding Corporate Crime Reporter, please contact our 24-hour editorial emergency hotline at +1 833 835 8335. Alternatively, you may refer to AJO website www.ajoinvestor.com or AJO SEC Media App. Simply search and download "AJO SEC" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MERCEDES-BENZ FINANCIAL SERVICES (S) LTD

IF YOU ARE NOT RECEIVING YOUR CERTIFICATE OF INSURANCE AND TRAVEL DOCUMENTS WITHIN 30 DAYS FROM THE END OF YOUR TRAVEL, PLEASE CONTACT AIG IMMEDIATELY.
 PLEASE VERIFY THAT THE COVER NAME IS IDENTICAL TO THE NAME OF THE TRAVELER. (THIRD PARTY NAME AND COMPANY NAME) (CIVILIAN)
 (MILITARY) AND NAME (THIRD PARTY NAME) (MILITARY) FOR CIVILIAN TRAVELERS, THE COVER NAME IS VALID FOR 90 DAYS FROM THE END OF YOUR TRAVEL.

852307

CYCLE & CARRIAGE - ACONO

230 ALEXANDRA MCGEE

SINGAPORE 150930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Plc. Ltd.
AUTHORIZED REPRESENTATIVE

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	07/08/2017 15:43
Date Of Accident	05/08/2017 15:50
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS5827E
Insured/Policyholder	
Name Of Registered Owner	CHEN XIAO SI
NRIC No	S9038063Z
Email Address	JEREMYNGWK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82238549
Alternative Phone No	OFFICE-92238549

Vehicle Particulars

Manufacturer	FIAT
Model	-

Exact Purpose for which vehicle was being used at time of accident

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA130371

Cover Note Number

Driver

Name of Driver	NG WEE KIAT
NRIC No	S9023501Z
Date Of Birth	02/07/1990
Occupation	INDOOR
Date Of Driving Pass	20/05/2014
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured FRIEND
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident CHAIN COLLISION
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) 2

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT.

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 SFE9898U
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ3764C

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name CHEN XIAO SI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJS5827E

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NG WEE KIAT

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLQ3764C

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Accident 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 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

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

		<p>PIE downward Junction Before Adam Road Exit</p>	<p><u>Number Plate</u></p> <p>A - SJS 5827E B - SFE 9898U C - SLQ 3764C</p> <p><u>Legend</u></p> <p> Vehicle Bike</p>
--	--	--	--

Accident Sketch Plan

Describe Circumstances of the Accident

[illegible]

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

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

1 Date of accident 05-08-17		Time 1550		2 Exact location of accident PIE		To be signed by BOTH drivers	
3 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		4 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
6 Insurance company AXA		Does the policy cover damage to vehicle A? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		Policy No. GA150371		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SS55727E**

7 Insured / policyholder (see insurance cert.)
Name **CHEN XIAO SI**
(capital letters) **FLORENCE**
Address _____
NRIC / Passport no. **S9038063Z**
Tel no. (From 9am till 5pm) _____
HP _____

8 Vehicle
Make, type **FIAT**

9 Insurance company
AXA ☒ ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **GA150371**

10 Driver
☐ Same as Driver
Name **WEE KIAI**
(capital letters)
NRIC / Passport no. **02-07-1990**
Class of license **3**
HP **92337544**
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the appropriate boxes applicable to your vehicle.

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	cutting the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

Registration No. (VEHICLE B)

13 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (From 9am till 5pm) _____
HP _____

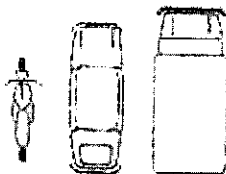
14 Vehicle
Make, type _____

15 Insurance company
☐ ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

16 Driver (See driving license)
(if different from insured B above)
Name _____
(capital letters)
NRIC / Passport no. _____
Class of license _____
HP _____
Gender Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

18 Indicate the point of initial impact with an arrow (→)



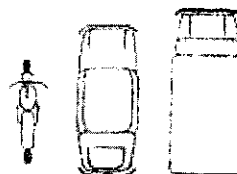
19 Visible damage to vehicle A

20 My remarks

21 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

22 Indicate the point of initial impact with an arrow (→)



23 Visible damage to vehicle B

24 My remarks

25 Signatures of drivers

A

B

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information on page 2

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy

For insurer's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd **SE KE MYN G W S E**

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Tel (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1 Occupation (if more than one, state all)		Email: <u>seke.myng@gmail.com</u>
	2 Vehicle registration no. <u>CC</u>		If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state Relationship of Driver with owner <u>Relative</u>		state the vehicle number and name of owner of driver's own vehicle (where applicable)
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify		
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no		
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at time of accident (including insured)	7 Date of birth: <u>02.07.1996</u>	Occupation: <u>Indoor</u> <input checked="" type="checkbox"/> <u>Outdoor</u> <input type="checkbox"/>	Date of license pass: <u>2005-2014</u>
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle
	<u>Lim Jia Ming</u>		
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Georgetown HPC</u>		
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?		
Accident details	14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		
	15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>		
	16 Speed of vehicles: A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr		
	17 What warnings were given by driver or other party?		
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	19 What lights were displayed on your vehicle/the other vehicle(s)?		
	20 If your vehicle is commercial, state weight of load carried at time of accident		
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)		
Declaration	22 State number of Passengers (including Driver) <u>2</u>		
	I/We declare the foregoing particulars are true in every respect		
Policyholder's signature <u>[Signature]</u>		Date	
Driver's signature (if driver is not the policyholder) <u>[Signature]</u>		Date	

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20170806/2018

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

4 of 4

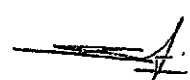
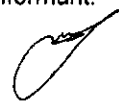
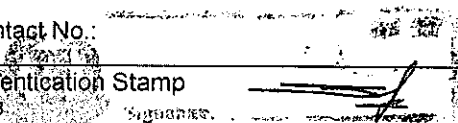
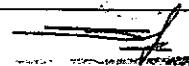
Report No. T/20170806/2018

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: G / Sgt SOFRI BIN ABU SAMAH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2017 10:20
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Contact No.: 	
Authentication Stamp NP168 	

Singapore Police Force

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170806/2018

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 4

Report No. T/20170806/2018

CONTINUATION OF REPORT

Driver			
Name	LIM QING WEI, VICTOR		ID No. S8618363C
Related Vehicle	SLQ3764C (Car)		Contact No. 97392551
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 5th August 2017, I was driving my Fiat car bearing licence plate SJS5827E along Pan Island Expressway alongside my girlfriend as my passenger. Around 1547hrs, the traffic approaching Adam Rd exit was congested even on the first lane that I was travelling on.

I noticed that the Mercedes vehicle in front of me slowed down and came to a stop. I was able to stop safely. However, I felt a loud impact on the rear of my vehicle and that resulted me to hit on to the front vehicle. I was shocked and went down of my vehicle to make a check. I then realized that a Mercedes car bearing licence plate SFE9898U had actually hit on to the rear of my vehicle which then resulted into me colliding on to the vehicle in front of me which is of a Mercedes make, bearing licence plate SLQ3764C.

All drivers including myself exchanged particulars and took pictures of the damages to our vehicles. No ambulance was required at that point of time as none suffered any injuries.

Subsequently, me and my passenger then felt discomfort on our backs and neck respectively, on the same day of the incident and went to consult medical attention today, 6th August 2017 at Parkway East Hospital. We were given 2 days of Medical Leave and medicines.

I would like to declare that I have a footage of the accident from the driver of the first car that I collided into. I do have a built in-car camera but it was not functioning on the day of the incident.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170806/2018

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 4

Report No. T/20170806/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW CHANG HIAN	ID No.	S0283143J
Related Vehicle	SFE9898U (Car)	Contact No.	96661895
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
Driver			
Name	NG WEE KIAT	ID No.	S9023501Z
Related Vehicle	SJS5827E (Car)	Contact No.	82238549
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/08/2017	Date Discharge	06/08/2017
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	CHEN XIAOSI, FLORENCE	ID No.	S9038063Z
Related Vehicle	SJS5827E (Car)	Contact No.	90670315
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/08/2017	Date Discharge	06/08/2017
No. of Days granted Medical Leave	02	Degree of Injury	NIL

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170806/2018

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 4

Report No. T/20170806/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2017 10:20		Vide Report No.:		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: NG WEE KIAT			Address: APT BLK 513 JURONG WEST STREET 52 #06-44 SINGAPORE 640513		
ID Type / ID No.: NRIC NO / S9023501Z			Contact No.: Home/Office: Mobile: 82238549		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 02/07/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES ENGINEER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/08/2017 15:50	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY 1ST LANE BEFORE ADAM ROAD EXIT				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFE9898U	Car					0
SJS5827E	Car					1
SLQ3764C	Car					0

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	07/08/2017 11:41
Date Of Accident	05/08/2017 15:35
Exact Location Of Accident	ALONG PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE9898U
Insured/Policyholder	
Name Of Registered Owner	NGIN ENG DORRIS
NRIC No	S1074366D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96399502
Alternative Phone No	OFFICE-96399502

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S500

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100082039
Cover Note Number	

Driver Particulars

Name of Driver	LOW CHANG HIAN
NRIC No	S0283143J
Date Of Birth	01/05/1944
Occupation	INDOOR
Date Of Driving Pass	11/08/1964
Driving Experience	52 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96661895
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 44 ADAM ROAD
Postcode 289897
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident 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

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 SJS5827E
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver JEREMY NG
NRIC/Passport Number S9023501Z
Contact Number
Address
Postcode
Insurance Company Name DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

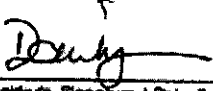
Name
Phone Number
Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

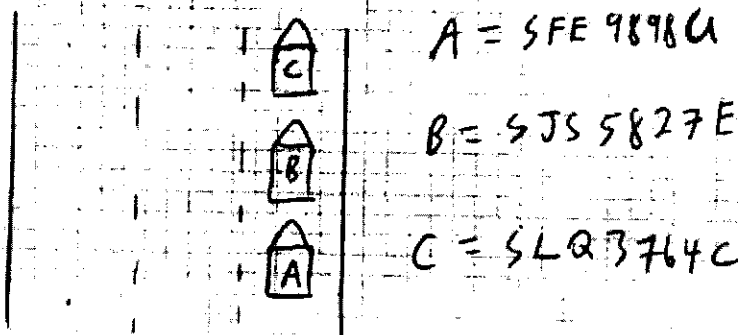
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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' 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

Eric Lee Ming Hui
DID : 6771 4336 HP : 9181 7717
Email : eric.lee@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop
Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

I WAS DRIVING ALONG LANE 1 OF PIE WHEN CARS IN FRONT OF ME
SUDDENLY JAMMED BRAKE.

I FOLLOWED SUIT BUT COULDN'T STOP IN TIME AND HIT ON TO VEH B
(SJS5827E).

THIS RESULTED IN VEH B(SJS5827E) TO HIT ON TO VEH C(SLQ3764C) IN
FRONT OF HIM.

Declaration

I/We declare for foregoing particulars are true in every respect.

**Please note that you have 14 calender days to revert and file the claim under
your own policy. Failing to do so, your insurance company will not allow nor
accept the claim.**

(Please contact your insurance company for any further details)


Policyholder's Signature / Date &
Time


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

Eric Lee Ming Hui
DID : 6771 4336 HP : 9181 7717
Email : eric.lee@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Witnessed by Reporting Centre

CERTIFICATE OF INSURANCE

34.3.1

MERCEDES-BENZ MOTOR INSURANCE (MOTOR DRIVER'S OWN DAMAGE EXCESS: S\$8500.00 (1))
BASIS POLICY)
CERTIFICATE NO. 2100082032-00000
WINDSCREEN EXCESS: S\$100.00
THEFT EXCESS: OUTSIDE SINGAPORE: S\$15000.00
SUM INSURED: Market Value
INSURING (WITH CO-INSUREE)

1) VEHICLE REGISTRATION NO.
2) NAME OF INSURED
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT
4) DATE OF EXPIRY OF INSURANCE
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

The Insured and any person who is named as a named driver under the policy

6) LIMITATION AS TO USE
 Use only for social, domestic and pleasure purposes and for the business of the Insured. This policy does not extend to hire for commercial, driving test, racing, performance, reliability trial, competition, the carriage of goods, other than samples in connection with any trade or business or use for any purpose not mentioned in the Motor Vehicle.

APPROVED REPORTING CENTRES (MERCEDES-BENZ AUTHORIZED REPAIRERS)
 1. Cycles & Carriage Pander Loop Service Center - 388 Pandan Loop (Tel: 67741340)
APPROVED REPORTING CENTRES (ANY AUTHORIZED REPAIRERS (NON-CL-ASS-RELATED REPAIRS))
 2. Confort Delord Engin - 205 Braddell Rd (Tel: 64837118) 3. Euro & Van Dam Back Care (Tel: 67741340)
 4. Great Fix - 52 Telok Ave 3 (Tel: 67740057) 5. For Windscreen Only: 6. Ken Poo's Sing Motor - 51 Delfi Lane 12 (Tel: 67479960)
 7. Lai Hui (Mang Kwei) Motor - 21 Serangoon Rd (Tel: 64536101) 7. Move Automotive - 1008 Bukit Merah Lane 3 (Tel: 67723862)
 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415330) 9. S&S Motor - 1 Yuh Buei Ave 6 Bk D (Tel: 67476106)

LOSS OF USE 15 Days Replacement Car only for repairs at C&C's Refer to policy wordings for details

NAMED DRIVER Low Chuan Hian, Low Su-Pin, Gary, Hassan Bin Ahmed

HIRE PURCHASE COMPANY / NA
EMPLOYER'S LOAN

Conditions rendered inoperative by Section 8 of the Motor Vehicle (Third Party Motor Vehicle Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), do not to be included under these conditions.

AIG Asia Pacific Insurance Pte. Ltd.

[Handwritten signature]

Ref. No. 1010004344

Sketch Plan #4



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 11 Aug 1964

NP 428A



Enquire Vehicle & Owner Information (Vehicle No. SFE9898U As At 05 Aug 2017 / 15:50:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: MISC.17/CC

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S1074366D

Owner Name: NGIN ENG DORRIS

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

Registered Block/House No.: 44

Registered Street Name: ADAM ROAD

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 289897

Current Vehicle Details

Vehicle No.: SFE9898U

Make Description/Model: MERCEDES BENZ / S500L

Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.



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
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Last updated on 30 Jul 2017 at 12:58 AM

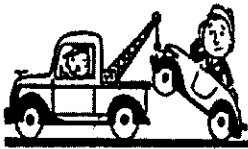
DETAIL LAB

**PREMIER@KAKI BUKIT,
8 KAKI BUKIT AVE 4 #02-03/04 SINGAPORE 415875
TEL : 63855510 MOBILE : 98448533
ben@detaillab.com.sg**

TO : CHEN XIAO SI
AS PER REPORT
SINGAPORE

Our Reference:	BRAVO / SJS5827E
Date:	10 NOVEMBER 2017
Vehicle Num:	SJS 5827 E
Make/Model:	FIAT BRAVO 1.4A 120BHP SMT TURBO ABS AIRBAG
Chassis/Engine	ZFA19800004232998/198A40001437226
Accident Date:	05/08/2017
Policy No:	GA130371

	Amount
TOTAL LUMP SUM REPAIR FOR SJS 5827 E :	S\$ 24,500.00
TOTAL :	S\$ 24,500.00
DETAIL LAB	



TOWING SERVICES

BTS TOWING SERVICES

BLK 200A SENGKANG EAST ROAD #04-20 SINGAPORE 541200

H/P: 96311733 FAX: 6384 1950

Reg. No: 52879605D

~~CASH~~ / WORK ORDER

NO. 13406

Date:

Aug 5-27

Messrs:

Detail Lob

94148533

Vehicle no:

JJS 5827E

Model:

Proton Bano.

From:

ADON RD.

To:

KALCI ST. 14

Remarks:

Time rec'd:

1645

Time completed:

Driver:

Dann

Tow truck no:

YL-8805H

Order by:

Boi

Total amount:

\$120/-

Received by:

Issued by:

☐ Change tyres & towing☒ Using King Dolly☐ Use Car Carrier☐ Basement / Multi carpark☐ Low Spoiler / Jump Start☐ Crane Up / Winch out☐ Causeway / 2nd Link☒ Accident / Over-turn☐ Loaded / Transport Charge

Note: The receipt of service or his presentative is required to follow along to the towing destination, failing which the tow operator shall not be liable for any alleged damage(s) to the car nor missing item(s) from the same.



WIN WIN CAR RENTAL

PHOTOCOPY

Invoice

SJS5827E
CHEN XIAO SI
BLK 749 PASIR RIS ST 71
#12-62
S(510749)

Invoice No : WWIN0001725
Invoice Date : 26/9/2017
Due Date : 26/9/2017
VHA No : 33701
Referral ID : D006

Description :	Amount
Rental for 20 Day/s @ \$120 per Day	\$2,400

Vehicle No : SJJ 3919 J

Vehicle Description : Toyota Vios J 1.5 A

Rental Period : 05/08/2017 to 25/08/2017

Total Amount Payable : \$2,400

WIN WIN CAR RENTAL

8 Kaki Bukit Ave 4 #06-04 Premier @ Kaki Bukit Singapore 415875


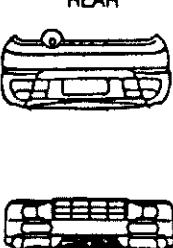
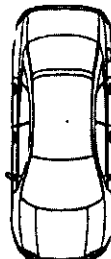


Tel: 6315 8479 H/P: 9833 0807

W101N1725
SJS 5827E

PHOTO COPY No: 33701
1799

ROC No: 52987763E

VEHICLE RENTAL AGREEMENT

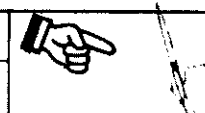
HIRER'S PARTICULAR Name: (as in I/C) <u>CHEN XIAO SI</u> NRIC/PASSPORT No: <u>S9038063Z</u> Address (Res): <u>BLK 749 PASIR RIS ST. 71</u> <u>#12-62 S (510749)</u> Name & Address of Employer _____ Occupation: _____ Driving Exp: _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: _____ Tel: (O) _____ (R) _____ (HP) <u>82238549</u>		Vehicle No: <u>SJ3919J</u> Replace Veh No: _____ Mileage Out: <u>212732</u> Mileage Out: _____ Make & Model: <u>TOYOTA VIOS</u> Auto / Manual Group: _____ Out : Date <u>5/8/2017</u> Time: <u>17:20</u> HIRE / PERIOD EXPIRY Time: _____ NON-WAIVER EXCESS- \$ <u>2000</u> / <u>2</u>																																											
ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) <u>NGWEE KIAT</u> NRIC/PASSPORT No: <u>S9023501Z</u> Address (Res): <u>513 JURONG WEST ST. 52</u> <u>#06-44 S (640513)</u> Driving License No: _____ D/L Type: <u>Local</u> / International Issue Date: _____ Date of Birth: _____ Occupation: _____ Driving Exp: _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">CHARGES</th> </tr> <tr> <td>Daily</td> <td><u>20</u> @ \$ <u>120</u></td> <td>per day</td> <td><u>\$2400</u></td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td>per week</td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td>per month</td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td>per hour</td> <td></td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td>per day/month</td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td>per day/month</td> <td></td> </tr> <tr> <td colspan="4">Delivery/Collection Service</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUB-TOTAL \$</td> </tr> </table>		CHARGES				Daily	<u>20</u> @ \$ <u>120</u>	per day	<u>\$2400</u>	Weekly	@ \$	per week		Monthly	@ \$	per month		Hours	@ \$	per hour		Others	@ \$			CDW	@ \$	per day/month		PAI	@ \$	per day/month		Delivery/Collection Service				SUB-TOTAL \$					
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VEHICLE CHECK LIST <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  RIGHT </div> <div style="text-align: center;">  FRONT </div> <div style="text-align: center;">  TOP </div> <div style="text-align: center;">  LEFT </div> </div> <p style="font-size: small;">D - DENTS S - SCRATCHES A - ACCIDENTS</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="7">PETROL LEVEL</th> </tr> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> <tr> <th colspan="7">EXTENSION</th> </tr> <tr> <td colspan="7">Misc.</td> </tr> <tr> <td colspan="7" style="text-align: right;">TOTAL CHARGES \$</td> </tr> </table>		PETROL LEVEL							Out	E	1/4	1/2	3/4	F		In	E	1/4	1/2	3/4	F		EXTENSION							Misc.							TOTAL CHARGES \$						
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ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio/Cass <input type="checkbox"/> CD <input type="checkbox"/> Cartridges		Hirer's Signature  Additional Driver's Signature _____																																											

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given WIN WIN CAR RENTAL in connection with this agreement is true.

* IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN CAR RENTAL.

RETURN OF VEHICLE: THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN * SINGAPORE OF HIRER / DRIVER * FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN CAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	 SIGNATURE OF HIRER/DRIVER
<u>25/8</u>	<u>1300</u>				



PHOTOCOPY

INVOICE

TO : CHEN XIAO SI
C/O: DETAIL LAB
PREMIER@KAKI BUKIT, 8 KAKI BUKIT
AVE 4 #02-03/04
SINGAPORE 415875

Invoice No.: 817/DL210
Date: 30 AUGUST 2017

PARTICULARS

Vehicle Registration No.: SJS 5827 E
Date of Loss: 05 AUGUST 2017
Date of Assessment: 08 AUGUST 2017

SERVICES

FEES

1. Assessment with report Photographs - Including films, developing, storage and Transport.

\$680.00

TOTAL \$680.00

SINGAPORE DOLLARS SIX HUNDRED EIGHTY ONLY

We would appreciate your cheque crossed and made payable to:
"AEON AUTO CONSULTANTS LLP" with our invoice no. written on the back of the cheque.

AEON AUTO CONSULTANTS LLP



AEON AUTO CONSULTANTS LLP

50 Chin Swee Road #09-04 Thong Chai Building Singapore 169874
Telephone +65 97687958 Facsimile +65 68264112 Email amas@aeonac.com
Reg. No. LL0701273L (registered with limited liability)

AUTOMOBILE ASSESSMENT REPORT

TO: CHEN XIAO SI
C/O: DETAIL LAB
PREMIER@KAKI BUKIT, 8 KAKI BUKIT AVE 4
#02-03/04
SINGAPORE 415875

Our Reference: 817/DL210
Date: 30 AUGUST 2017

ASSESSMENT OF VEHICLE NO. SJS 5827 E DATE OF LOSS: 05/08/2017

We have carried out a physical assessment of SJS5827E at **DETAIL LAB**, Premier@Kaki Bukit, 8 Kaki Bukit Ave 4 #02-03/04 Singapore 415875, according to your instruction on **08 AUGUST 2017** and are pleased to submit our report herewith.

1. VEHICLE PARTICULARS

Registration No.:	SJS 5827 E
Make & Model:	FIAT BRAVO 1.4A 120BHP SMT TURBO ABS AIRBAG
Year of Registration:	2009
Engine Capacity:	1368
Chassis No.:	ZFA19800004232998
Engine No.:	198A40001437226
Colour:	BLACK
Mileage (km):	124886

2. VEHICLE CONDITION

Body Paint:	GOOD
Steering:	SERVICEABLE
Foot Brake:	SERVICEABLE
Parking Brake:	SERVICEABLE
Modification:	NIL

3. TYRE PARTICULARS & CONDITION

Front

RH Make/Size/Thread:	CONTINENTAL	225/45 R17 - 75%
LH Make/Size/Thread:	CONTINENTAL	225/45 R17 - 75%

Rear

RH Make/Size/Thread:	CONTINENTAL	225/45 R17 - 75%
LH Make/Size/Thread:	CONTINENTAL	225/45 R17 - 75%

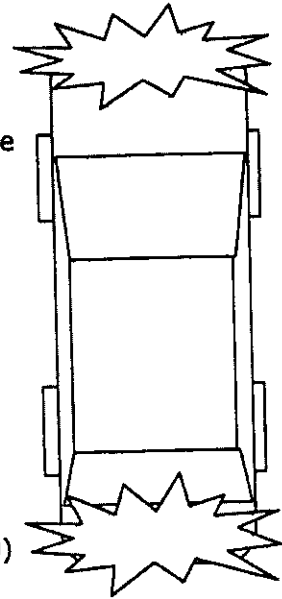
4. DESCRIPTION OF DAMAGE

At the time of the inspection, the vehicle sustained damages to the FRONT and REAR portion.

5. REMARKS

Market Value: Na
Salvage Value: Na
Repair Limit: Na

Estimated Amount: \$ 36,918.75
Adjusted Amount: \$ 33,404.85 (Lump Sum of \$24,500.00)
Estimated Repair Days: 18 days



Pursuant to your instruction, we have **NOT AUTHORISED** repair.

The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 days** from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by Aeon Auto Consultants LLP for any reliance on this report by any third party.

ASSESSMENT REPORT FOR VEHICLE NO. SJS 5827 E

PARTS (LIST ITEMS)

Qty	Description	Condition	Workshop's Estimate	Our Assessment
2	FRONT BONNET RUBBER GUIDE STOPPER L/R	Bent	60.00	X 60.00
1	FRONT BONNET RUBBER SEAL	Cut	180.00	X 180.00
1	FRONT BONNET WEATHER STRIP	Cut	230.00	X 230.00
2	FRONT HEADLAMP L/R	Cracked	840.00	X 840.00
4	FRONT HEADLAMP CLIPS L/R	Necessary	26.00	X 26.00
2	FRONT HEADLAMP LOWER BRACKET L/R	Bent	240.00	X 240.00
1	FRONT GRILLE	Cracked	325.00	X 325.00
1	FRONT GRILLE 'LOGO' EMBLEM	Necessary	180.00	X 180.00
1	FRONT SUPPORT PANEL	Bent	680.00	X 680.00
1	FRONT SUPPORT PANEL GARNISH	Cracked	340.00	X 340.00
1	FRONT BUMPER	Cracked	882.00	882.00 /
1	FRONT BUMPER INNER SPONGE	Cracked	130.00	130.00 /
2	FRONT BUMPER FOGLAMP L/R	Cracked	600.00	X 600.00
2	FRONT BUMPER FOGLAMP GARNISH L/R	Cracked	256.00	X 256.00
1	FRONT BUMPER LOWER CENTER GRILLE	Cracked	238.00	X 238.00
1	FRONT BUMPER LOWER UNDER COVER	Cracked	380.00	X 380.00
2	FRONT BUMPER SIDE RETAINER L/R	Bent	156.00	156.00 /
1	FRONT BUMPER REINFORCEMENT	Bent	520.00	520.00 /
1	REAR TAILGATE	Bent	2,140.00	2,140.00 /
1	REAR TAILGATE 'BRAVO' EMBLEM	Necessary	47.00	47.00 /
1	REAR TAILGATE 'LOGO' EMBLEM	Necessary	114.00	114.00 /
2	REAR TAILGATE DAMPER L/R	Bent	240.00	X 240.00
2	REAR TAILGATE HINGES L/R	Bent	390.00	X 390.00
1	REAR TAILGATE INNER HANDLE	Cracked	75.00	X 75.00
1	REAR TAILGATE INNER TRIM BOARD	Cracked	289.00	X 289.00

ASSESSMENT REPORT FOR VEHICLE NO. SJS 5827 E

1	REAR TAILGATE MECHANISM LOCK	Bent	145.00	X 145.00	
1	REAR TAILGATE OUTER LOCK HANDLE SWITCH	Faulty	230.00	X 230.00	
2	REAR TAILGATE RUBBER GUIDE STOPPER L/R	Bent	180.00	X 180.00	} NN
1	REAR TAILGATE SWITCH	Faulty	290.00	X 290.00	
1	REAR TAILGATE WEATHER STRIP	Cut	145.00	145.00	
1	REAR TAILGATE WINDSCREEN MOULDING	Necessary	350.00	350.00	/
1	REAR TAILGATE WIPER ARM	Bent	150.00	X 150.00	} NN
1	REAR TAILGATE WIPER ARM COVER	Bent	40.00	X 40.00	
1	REAR TAILGATE WIPER ARM RUBBER SEAL	Necessary	15.00	X 15.00	
1	REAR TAILGATE WIPER MOTOR	Faulty	480.00	X 480.00	
2	REAR TAILLAMP L/R LH - CMA, RH X NN	Cracked	796.00	796.00	398
8	REAR TAILLAMP CLIPS L/R LH - MC, RH X NN	Necessary	52.00	52.00	26
1	REAR LH TAILLAMP INNER PANEL	Bent	780.00	X 780.00	Repair
1	REAR RH TAILLAMP INNER PANEL	Repair	780.00	-	
2	REAR TAILLAMP LOWER BRACKET L/R LH - BT, RH X NN	Bent	135.00	135.00	67.5
4	REAR TAILLAMP LOWER BRACKET RIVERT L/R LH - MC, RH X NN	Necessary	60.00	60.00	30
1	REAR RH FENDER	Repair	911.00	-	
1	REAR LH FENDER	Bent	911.00	X 911.00	Repair
1	REAR LH FENDER INNER SHIELD	Cracked	175.00	175.00	/
2	REAR FENDER INNER AIR VENT L/R	Cracked	240.00	X 240.00	} NN
2	REAR FENDER INNER SPONGE L/R	Cracked	190.00	X 190.00	
2	REAR FENDER INNER UPHOLSTERY TRIM L/R	Cracked	1,400.00	X 1,400.00	
1	REAR BUMPER	Cracked	795.00	795.00	/
1	REAR BUMPER NUMBER PLATE LAMP WIRE HARNESS - SET	Cut	165.00	X 165.00	NN

ASSESSMENT REPORT FOR VEHICLE NO. SJS 5827 E

1	REAR BUMPER LH REVERSE LAMP •	Cracked	300.00	300.00	/
3	REAR BUMPER LOWER STAY CLIPS	Necessary	19.50	19.50	/
1	REAR BUMPER REINFORCEMENT	Bent	599.00	599.00	/
2	REAR BUMPER SIDE RETAINER L/R	Bent	77.40	77.40	/
1	REAR BUMPER RH RED LAMP •	Cracked	300.00	X 300.00	NN
1	REAR BUMPER TOP RETAINER	Bent	120.00	120.00	/
5	REAR BUMPER TOP RETAINER RIVERT	Necessary	90.00	90.00	/
1	REAR BUMPER TOW HOOK COVER	Cracked	37.30	X 37.30	NN
1	SPARE TYRE PANEL INNER TOP UPHOLSTERY BOARD	Bent	680.00	X 680.00	NN
1	SPARE TYRE RETAINER LOCK	Bent	68.00	X 68.00	NN
2	SPARE TYRE SIDE PANEL L/R	Bent	450.00	X 450.00	Repair
1	SPARE TYRE PANEL •	Bent	950.00	X 950.00	Repair
1	REAR END PANEL INNER TOP GARNISH	Cracked	166.00	X 166.00	NN
4	REAR END PANEL INNER TOP GARNISH CLIPS	Necessary	26.00	26.00	/
1	REAR END PANEL LOCK STRIKER	Bent	65.00	X 65.00	} NN
1	REAR END PANEL LOCK STRIKER COVER	Cracked	35.00	X 35.00	
1	REAR END PANEL	Bent	345.00	345.00	/
1	REAR LH CHASSIS FRAME	Repair	680.00	-	
1	REAR EXHAUST ALUMINIUM HEAT SHIELD	Bent	96.10	X 96.10	} NN
4	REAR EXHAUST RUBBER MOUNTING	Bent	185.20	X 185.20	
1	REAR EXHAUST SILENCER BOX •	Bent	575.00	X 575.00	
1	REAR AXEL •	Bent	1,850.00	X 1,850.00	

Less 10% discount

Parts Total:

7552.4
6797.16

26,687.50	24,316.50
2,668.75	2,431.65
24,018.75	21,884.85

ASSESSMENT REPORT FOR VEHICLE NO. SJS 5827 E

SPECIAL NETT ITEMS

1	FRONT BUMPER CLIPS - SET	Necessary	30.00	30.00	/
1	FRONT BUMPER NUMBER PLATE	Bent	25.00	25.00	15
1	FRONT BUMPER NUMBER PLATE HOLDER	Cracked	50.00	50.00	30
1	FRONT BUMPER CARBON FIBER LOWER • SPOILER	Cracked	1,800.00	1,800.00	800
1	REAR LH 17" SPORT RIM •	Bent	500.00	X 500.00	} NN
1	REAR LH 225/45 R17 SPORT TYRE	Cut	480.00	X 480.00	
1	REAR TAILGATE INNER TRIM BOARD CLIPS - SET	Necessary	30.00	30.00	/
1	REAR TAILGATE WINDSCREEN INNER GARNISH CLIPS - SET	Necessary	30.00	30.00	/
1	REAR TAILGATE WINDSCREEN SEALANT	Necessary	100.00	100.00	50
2	REAR FENDER INNER TRIM BOARD CLIPS L/R - SET	Necessary	60.00	X 60.00	} NN
2	REAR FENDER INNER UPHOLSTERY TRIM CLIPS L/R - SET	Necessary	60.00	X 60.00	
1	REAR LH FENDER INNER SHIELD CLIPS - SET	Necessary	30.00	30.00	/
1	REAR BUMPER CLIPS - SET	Necessary	30.00	30.00	/
1	REAR BUMPER NUMBER PLATE	Bent	25.00	25.00	15
1	REAR BUMPER NUMBER PLATE HOLDER	Cracked	50.00	50.00	30
2	REAR BUMPER NUMBER PLATE LED LAMP • L/R	Cracked	200.00	X 200.00	NN
1	REAR BUMPER REVERSE SENSOR - SET	Cracked	350.00	350.00	220
1	REAR BUMPER CARBON FIBER LOWER • DIFFUSER	Cracked	1,500.00	1,500.00	600
1	REAR BUMPER REVERSE CAMERA - SET •	Cracked	800.00	X 800.00	NN
1	SPARE TYRE	Repair	280.00	-	
1	SPARE TYRE PANEL INNER BRAKE DOWN SIGN	Reuse	150.00	-	NN
1	SPARE TYRE PANEL INSULATOR MAT	Necessary	350.00	X 350.00	NN
Special Nett Total :			6,930.00	6,150.00	

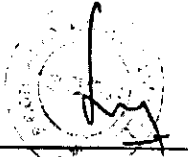
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ASSESSMENT REPORT FOR VEHICLE NO. SJS 5827 E

LABOUR

S/N	Description	Workshop's Estimate	Our Assessment
1	To provide towing charge.	50.00	X 50.00 NN
2	To remove, reinstall electrical wiring harness, check lighting and rewire for parking sensor.	180.00	160.00 60
3	To remove, reinstall top trim upholstery, cushion seat, trim garnish, trim liner carpet.	140.00	120.00 60
4	To reset system after repair works.	500.00	X 450.00 NN
5	To remove, reinstall tailgate windscreen.	150.00	130.00 100
6	To remove, change rear suspension parts, axle carriage, absorber, lower arm, top arm, trailing arm, knuckle arm, wheel bearing, bearing hub and etc.	650.00	X 600.00 NN
7	To road test driving, check and resetting wheel alignments system.	180.00	X 160.00 NN
8	To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.	1,800.00	1,600.00 1200
9	To provide labour, workmanship to change the above damaged bodyparts, repair, body alignments and damaged consistent to the accident.	2,200.00	2,000.00 1000
10	To apply anti-rust chemical on repaired and replaced panel.	120.00	100.00 60
Labour Total :		5,970.00	5,370.00
TOTAL (PARTS & LABOUR) \$		36,918.75	33,404.85

The workshop has agreed to undertake the repair on a Lump Sum basis. The final adjusted Lump Sum contract amount is **\$24,500.00 (SINGAPORE DOLLARS TWENTY-FOUR THOUSAND FIVE HUNDRED ONLY)**


 Amas Ong
 Automobile Assessor

111871.6
 net: 8950

**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**AIG ASIA PACIFIC INSURANCE PTE LTD**

Ref : CS/AIG17024744/Grbe2

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 15-03-2018



Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)

Insured Veh.	SFE 9898U	Veh. Inspected	SJS 5827E
Policy No.	2100082039	Coverage (\$)	0.00
Claim No.	2303138891SG003	Excess (\$)	0.00
Assign From	ANGIE GAN	Assign Date	06/12/2017

2. Vehicle Particulars & Condition

Make & Model	FIAT BRAVO	c.c	1368
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	ZFA19800004232998	Colour	GREY
Odometer	135222	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/45 R17	CONTINENTAL	6 mm
L/H Front Tyre	225/45 R17	CONTINENTAL	6 mm
R/H Rear Tyre	225/45 R17	CONTINENTAL	6 mm
L/H Rear Tyre	225/45 R17	CONTINENTAL	6 mm

4. Description of Damages

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.

REPAIR CONDITION SEE DETAILS.

5. General Information

Accident Date	05/08/2017	Inspection Date	02/01/2018
Survey held at	DETAIL LAB BLK 8 KAKI BUKIT AVE 4 #02-03/04 PREMIER @ KB SINGAPORE 415875		

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:	8 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJS 5827E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
2	FRONT BONNET RUBBER GUIDE STOPPER L/R	NOT NECESSARY	60.00	-
1	FRONT BONNET RUBBER SEAL	NOT NECESSARY	180.00	-
1	FRONT BONNET WEATHER STRIP	NOT NECESSARY	230.00	-
2	FRONT HEADLAMP L/R	NOT NECESSARY	840.00	-
4	FRONT HEADLAMP CLIPS L/R	NOT NECESSARY	26.00	-
2	FRONT HEADLAMP LOWER BRACKET L/R	NOT NECESSARY	240.00	-
1	FRONT GRILLE	NOT NECESSARY	325.00	-
1	FRONT GRILLE 'LOGO' EMBLEM	NOT NECESSARY	180.00	-
1	FRONT SUPPORT PANEL	NOT NECESSARY	680.00	-
1	FRONT SUPPORT PANEL GARNISH	NOT NECESSARY	340.00	-
1	FRONT BUMPER	REPLACED	882.00	882.00
1	FRONT BUMPER INNER SPONGE	REPLACED	130.00	130.00
2	FRONT BUMPER FOGLAMP L/R	NOT NECESSARY	600.00	-
2	FRONT BUMPER FOGLAMP GARNISH L/R	NOT NECESSARY	256.00	-
1	FRONT BUMPER LOWER CENTER GRILLE	NOT NECESSARY	238.00	-
1	FRONT BUMPER LOWER UNDER COVER	NOT NECESSARY	380.00	-
2	FRONT BUMPER SIDE RETAINER L/R	REPLACED	156.00	156.00
1	FRONT BUMPER REINFORCEMENT	REPLACED	520.00	520.00
1	REAR TAILGATE	REPLACED	2,140.00	2,140.00
1	REAR TAILGATE 'BRAVO' EMBLEM	REPLACED	47.00	47.00
1	REAR TAILGATE 'LOGO' EMBLEM	REPLACED	114.00	114.00
2	REAR TAILGATE DAMPER L/R	NOT NECESSARY	240.00	-
2	REAR TAILGATE HINGES L/R	NOT NECESSARY	390.00	-
1	REAR TAILGATE INNER HANDLE	NOT NECESSARY	75.00	-
1	REAR TAILGATE INNER TRIM BOARD	NOT NECESSARY	289.00	-
1	REAR TAILGATE MECHANISM LOCK	NOT NECESSARY	145.00	-
1	REAR TAILGATE OUTER LOCK HANDLE SWITCH	NOT NECESSARY	230.00	-
2	REAR TAILGATE RUBBER GUIDE STOPPER L/R	NOT NECESSARY	180.00	-
1	REAR TAILGATE SWITCH	NOT NECESSARY	290.00	-
1	REAR TAILGATE WEATHER STRIP	REPLACED	145.00	145.00
1	REAR TAILGATE WINDSCREEN MOULDING	REPLACED	350.00	350.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR TAILGATE WIPER ARM	NOT NECESSARY	150.00	-
1	REAR TAILGATE WIPER ARM COVER	NOT NECESSARY	40.00	-
1	REAR TAILGATE WIPER ARM RUBBER SEAL	NOT NECESSARY	15.00	-
1	REAR TAILGATE WIPER MOTOR	NOT NECESSARY	480.00	-
2	REAR TAILLAMP L/R	N/S REPLACED / O/S NOT NECESSARY	796.00	398.00
8	REAR TAILLAMP CLIPS L/R	N/S REPLACED / O/S NOT NECESSARY	52.00	26.00
1	REAR LH TAILLAMP INNER PANEL	REPAIRED SEE LABOUR	780.00	-
1	REAR RH TAILLAMP INNER PANEL	REPAIRED SEE LABOUR	780.00	-
2	REAR TAILLAMP LOWER BRACKET L/R	N/S REPLACED / O/S NOT NECESSARY	135.00	67.50
4	REAR TAILLAMP LOWER BRACKET RIVERT L/R	N/S REPLACED / O/S NOT NECESSARY	60.00	30.00
1	REAR RH FENDER	REPAIRED SEE LABOUR	911.00	-
1	REAR LH FENDER	REPAIRED SEE LABOUR	911.00	-
1	REAR LH FENDER INNER SHIELD	REPLACED	175.00	175.00
2	REAR FENDER INNER AIR VENT L/R	NOT NECESSARY	240.00	-
2	REAR FENDER INNER SPONGE L/R	NOT NECESSARY	190.00	-
2	REAR FENDER INNER UPHOLSTERY TRIM L/R	NOT NECESSARY	1,400.00	-
1	REAR BUMPER	REPLACED	795.00	795.00
1	SET REAR BUMPER NUMBER PLATE LAMP WIRE HARNESS	NOT NECESSARY	165.00	-
1	REAR BUMPER LH REVERSE LAMP	REPLACED	300.00	300.00
3	REAR BUMPER LOWER STAY CLIPS	REPLACED	19.50	19.50
1	REAR BUMPER REINFORCEMENT	REPLACED	599.00	599.00
2	REAR BUMPER SIDE RETAINER L/R	REPLACED	77.40	77.40
1	REAR BUMPER RH RED LAMP	NOT NECESSARY	300.00	-
1	REAR BUMPER TOP RETAINER	REPLACED	120.00	120.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
5	REAR BUMPER TOP RETAINER RIVERT	REPLACED	90.00	90.00
1	REAR BUMPER TOW HOOK COVER	NOT NECESSARY	37.30	-
1	SPARE TYRE PANEL INNER TOP UPHOLSTERY BOARD	NOT NECESSARY	680.00	-
1	SPARE TYRE RETAINER LOCK	NOT NECESSARY	68.00	-
2	SPARE TYRE SIDE PANEL L/R	REPAIRED SEE LABOUR	450.00	-
1	SPARE TYRE PANEL	REPAIRED SEE LABOUR	950.00	-
1	REAR END PANEL INNER TOP GARNISH	NOT NECESSARY	166.00	-
4	REAR END PANEL INNER TOP GARNISH CLIPS	REPLACED	26.00	26.00
1	REAR END PANEL LOCK STRIKER	NOT NECESSARY	65.00	-
1	REAR END PANEL LOCK STRIKER COVER	NOT NECESSARY	35.00	-
1	REAR END PANEL	REPLACED	345.00	345.00
1	REAR LH CHASSIS FRAME	REPAIRED SEE LABOUR	680.00	-
1	REAR EXHAUST ALUMINIUM HEAT SHIELD	NOT NECESSARY	96.10	-
4	REAR EXHAUST RUBBER MOUNTING	NOT NECESSARY	185.20	-
1	REAR EXHAUST SILENCER BOX	NOT NECESSARY	575.00	-
1	REAR AXEL	NOT NECESSARY	1,850.00	-
	LESS 10% DISCOUNT		-2,668.75	-755.24
			24,018.75	6,797.16
	SPECIAL NETT ITEMS			
1	SET FRONT BUMPER CLIPS (SN)	REPLACED	30.00	30.00
1	FRONT BUMPER NUMBER PLATE (SN)	REPLACED	25.00	15.00
1	FRONT BUMPER NUMBER PLATE HOLDER (SN)	REPLACED	50.00	30.00
1	FRONT BUMPER CARBON FIBER LOWER SPOILER (SN)	REPLACED	1,800.00	800.00
1	REAR LH 17" SPORT RIM (SN)	NOT NECESSARY	500.00	-
1	REAR LH 225/45 R17 SPORT TYRE (SN)	NOT NECESSARY	480.00	-
1	SET REAR TAILGATE INNER TRIM BOARD CLIPS (SN)	REPLACED	30.00	30.00
1	SET REAR TAILGATE WINDSCREEN INNER GARNISH CLIPS (SN)	REPLACED	30.00	30.00
1	REAR TAILGATE WINDSCREEN SEALANT (SN)	REPLACED	100.00	50.00
2	SET REAR FENDER INNER TRIM BOARD CLIPS L/R (SN)	NOT NECESSARY	60.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	SET FRONT FENDER INNER UPHOLSTERY TRIM CLIPS L/R (SN)	NOT NECESSARY	60.00	-
1	SET REAR LH FENDER INNER SHIELD CLIPS (SN)	REPLACED	30.00	30.00
1	SET REAR BUMPER CLIPS (SN)	REPLACED	30.00	30.00
1	REAR BUMPER NUMBER PLATE (SN)	REPLACED	25.00	15.00
1	REAR BUMPER NUMBER PLATE HOLDER (SN)	REPLACED	50.00	30.00
2	REAR BUMPER NUMBER PLATE LED LAMP L/R (SN)	NOT NECESSARY	200.00	-
1	SET REAR BUMPER REVERSE SENSOR (SN)	REPLACED	350.00	220.00
1	REAR BUMPER CARBON FIBER LOWER DIFFUSER (SN)	REPLACED	1,500.00	600.00
1	SET REAR BUMPER REVERSE CAMERA (SN)	NOT NECESSARY	800.00	-
1	SPARE TYRE (SN)	REPAIRED SEE LABOUR	280.00	-
1	SPARE TYRE PANEL INNER BRAKE DOWN SIGN (SN)	NOT NECESSARY	150.00	-
1	SPARE TYRE PANEL INSULATOR MAT (SN)	NOT NECESSARY	350.00	-
			6,930.00	1,910.00
	LABOUR			
	TO PROVIDE TOWING CHARGE.	NOT NECESSARY	50.00	-
	TO REMOVE, REINSTALL ELECTRICAL WIRING HARNESS, CHECK LIGHTING AND REWIRE FOR PARKING SENSOR.		180.00	60.00
	TO REMOVE, REINSTALL TOP TRIM UPHOLSTERY, CUSHION SEAT, TRIM GARNISH, TRIM LINER CARPET.		140.00	60.00
	TO RESET SYSTEM AFTER REPAIR WORKS.	NOT NECESSARY	500.00	-
	TO REMOVE, REINSTALL TAILGATE WINDSCREEN.		150.00	100.00
	TO REMOVE, CHANGE REAR SUSPENSION PARTS, AXLE CARRIAGE, ABSORBER, LOWER ARM, TOP ARM, TRAILING ARM, KNUCKLE ARM, WHEEL BEARING, BEARING HUB AND ETC.	NOT NECESSARY	650.00	-
	TO ROAD TEST DRIVING, CHECK AND RESETTNG WHEEL ALIGNMENTS SYSTEM.	NOT NECESSARY	180.00	-
	TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND WHERE CONSISTENT TO THE ACCIDENT.		1,800.00	1,200.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PROVIDE LABOUR, WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS, REPAIR, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR LH TAILLAMP INNER PANEL, REAR RH TAILLAMP INNER PANEL, REAR RH FENDER, REAR LH FENDER, SPARE TYRE SIDE PANEL L/R, SPARE TYRE PANEL, REAR LH CHASSIS FRAME AND SPARE TYRE.		2,200.00	1,000.00
	TO APPLY ANTI-RUST CHEMICAL ON REPAIRED AND REPLACED PANEL.		120.00	60.00
			5,970.00	2,480.00
GRAND TOTAL			36,918.75	11,187.16

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			8,950.00
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Report Ref No. CS/AIG17024744/Grbe2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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