

ASS. REC. BY:

REF:

093/LPC17022927/TTH6-11

Special Instruction:

Surveyor:

Taufik

ASSIGNMENT (Office)

From (Person):

Gerald Poh

of

LPC

Date/Time:

12.02.2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBA 841K

Insured:

SKC 6949C

at Workshop m/s

Muter Point Trading

Tel:

6776 0058

of

17 Jlnmas Puteh

Policy No:

Claim No:

17/17/17/VP05/020241

Sum Insured:

Excess:

Make of Veh:

D.O.A.

26.11.2017

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

04.12.2017 11:29am

Person Contacted:

Juy

Vehicle IN/OUT

| Date/Time | Action/Instruction (X) Estimate |
|-----------|--|
| | FBA 841K - X |
| | SKC 6949C - 093 / LPC 16 010387 / KMH3C3-1 |
| | DN: 10067016 |
| 5/12- | dismantle |
| 7/12- | after repair |

Submitted

4/54 2850, 5 days
(Red: 750 :20%)

21/2/2018

RECEIVED 21 FEB 2018

No bill

Signature: Tanglin

REF:

LPC

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

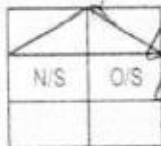
Excess:

(Client's Record)

Make of Veh.

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

PRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

No G/A

Submit PRS Report.

RECEIVED 31 JAN 2016

Veh No: FSA 841 K Yr Regn: Jan 06

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Yamaha

C.C. 135

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

29633

T/Radio: Insured / Std / NI / NA

Eng/No:

5YPT05612

C/No:

5YPT05612

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

80/90R17

R:

40/80R17

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. mm

L/Bal. mm

D.O.A.

D.O.I. 4/12/17 @ 12pm

Survey held at

Motor Point

Des. of Damages (Frt) Rear / (O/S) N/S / U/C / Rooftop or

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

Date/Time: File Pass to?

31/1 TYPST

Date/Time: File Return to?

2)

Report Format:

TP-PRI

Lump Sum / I.B.I: (\$

Days Of Repair: -

Resurvey No. of Trip: 2

Add Fee:

☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Survey Fee:

Transportation

☐ S - RS ☐ SI

☐ Prices

☐ Costs

TOTAL



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

LONPAC INSURANCE BHD

Ref : CS3/LPC17022927/T1tb-1

300 BEACH ROAD
#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 12-02-2018



Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------------|----------------|------------|
| Insured Veh. | SKC 6949C | Veh. Inspected | FBA 841K |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | 17/17/17/VP05/020241 | Excess (\$) | 0.00 |
| Assign From | GERALD POH | Assign Date | 12/02/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|--------|--------------|---|
| Make & Model | | c.c | 0 |
| Engine No. | HIDDEN | Year of Reg. | |
| Chassis No. | | Colour | |
| Odometer | - | Steering | |
| Brakes | | Modification | |
| General | | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------|------|---------|
| R/H Front Tyre | | | mm |
| L/H Front Tyre | | | mm |
| R/H Rear Tyre | | | mm |
| L/H Rear Tyre | | | mm |

4. Description of Damages

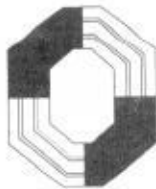
| |
|--|
| |
|--|

5. General Information

| | | | |
|----------------|---|-----------------|------------|
| Accident Date | 24/11/2017 | Inspection Date | 12/02/2018 |
| Survey held at | MOTOR POINT TRADING 17 JALAN MAS PUTEH SINGAPORE 128622 | | |

5a. Remarks

| |
|--|
| |
|--|



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 17/17/17/VP05/020241

Your Ref : Not Advised

7 February 2017

M/s LKK Auto Consultants Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Pk
Singapore 408933

Dear Sirs/Madam

PAPER SURVEY OF FBA841K

We refer to the above accident.

We enclose the following documents :-

- a) Survey report & photos of FBA841K
- b) GIA report of FBA841K
- c) GIA report & photos of SKC6949C

Kindly study the documents and let us have your opinion on the adjusted repair cost within the next 10 days.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email : mt_claim@lonpac.com

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 | 27/11/2017 11:26 |
| Date Of Accident | 24/11/2017 20:30 |
| Exact Location Of Accident | ALONG COOPERATION ROAD TOWARDS JLN BOON LAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | FBA841K |
| Insured/Policyholder | |
| Name Of Registered Owner | KALAISELVAN S/O JAYARAMAN |
| NRIC No | S8536346H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90538754 |
| Alternative Phone No | OFFICE-90538754 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | YAMAHA |
| Model | SPARK 135 M |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | MC/00199605/03 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KARUPPIAH JAYARAMAN |
| NRIC No | S1181555C |
| Date Of Birth | 18/07/1956 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/11/1985 |
| Driving Experience | 32 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90538754 |
| Fax Number | |
| Contact Number | OFFICE-90538754 |
| Email Address | JK18071956@GMAIL.COM |

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

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] JURONG WEST NPC
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20171125/2134. ON 24/11/2017 AT ABOUT 8.30PM (FBA841K) WAS RIDING ALONG CORPORATION RD AND WAS ON THE LEFT LANE OF A TWO LANE ROAD AND GOING TOWARDS BOON LAY DR. I WAS APPROACHING A CROSS JUNCTION BEFORE JURONG WEST STADIUM AND THERE WAS A WHITE VOLKSWAGEN SKC6949C ON MY RIGHT. THERE WERE A FEW CARS INFRONT OF THE WHITE VOLKSWAGEN. SUDDENLY, THE WHITE CAR JUST CUT TO THE LANE INFRONT OF ME. I BRAKED HOWEVER COULD NOT STOP IN TIME AND THE CAR COLLIDED ONTO ME. I THEN FALL TO THE GROUND. THE CAR THEN STOPPED AND RENDERED ASSISTANCE TO ME AND BROUGHT ME TO THE CLINIC FOR TREATMENT. ON 25/11/2017, I STILL FELT PAIN ON MY RIGHT LEG AND WENT TO NATIONAL UNIVERSITY HOSPITAL AND RECEIVED 7 DAYS MC. THE DRIVER HAD GIVEN ME THE FOOTAGE OF THE INCIDENT.

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 SKC6949C
 Vehicle Make/Model/Colour VOLKSWAGEN/JETTA 1.4
 Details Of Properties
 Name of Driver OOI SENG QIONG
 NRIC/Passport Number S8523558C
 Contact Number 90217912
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

KARUPPIAH JAYARAMAN

Approximate Age

Injuries Sustain

FELT PAIN ON RIGHT LEG

Injured person in which vehicle?

FBA841K

Were seat belts worn?

NO

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 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 be 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 insurers 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 envelops/packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
(b) all insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be 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 also 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 situated outside of Singapore, for one or more of the above Purposes.

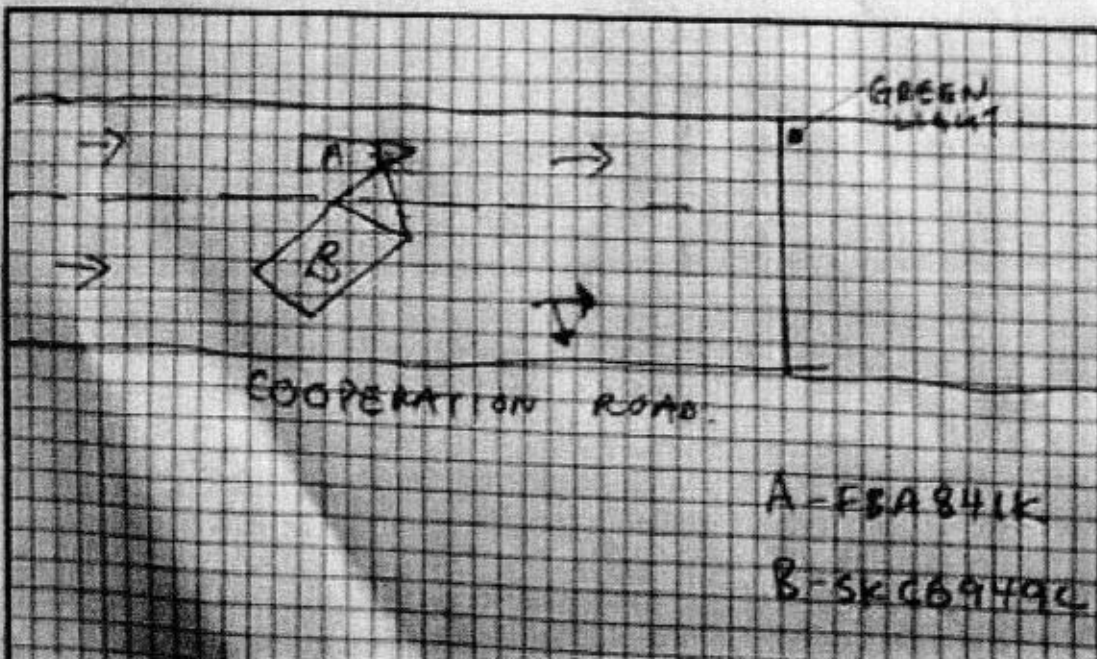
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Asyraf Bin Abdullah

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

Pls refer to Police Report T/20171125/2134

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Drivers Signature

Job Complete Date/Time

27 November 2017 at 10:02 AM

Date/Time:

27 November 2017 at 10:02 AM



**SINGAPORE
POLICE FORCE**



T/20171125/2134

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No T/20171125/2134

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 25/11/2017 23:02 | Vide Report No.: | Station Diary No.: 173 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|--|--|----------------------------|
| Name of Informant: KARUPPIAH JAYARAMAN | | | Address: APT BLK 262 BOON LAY DRIVE #06-565 SINGAPORE 640262 | | |
| ID Type / ID No.: NRIC NO / S1181555C | | | Contact No.: Home/Office: Mobile: 90538754 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 61 | Date of Birth: 18/07/1956 | Type of Informant: Rider | | |
| Race: Indian | | | Language: | | Institution / School Name: |
| Occupation: Driver | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|-----------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 24/11/2017 20:30 | Type of Location: X-Junction |
| Location: Along Road 1 CORPORATION ROAD JUNCTION BEFORE JURONG WEST STADIUM | | | | |
| Weather: Clear | | Road Surface: | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|------------------|-----------------|
| FBA841K | Motorcycle | | | | Slightly Damaged | 0 |
| SKC6949C | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20171125/2134

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20171125/2134

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------------|--|-----------------------------------|
| Rider | | | |
| Name | KARUPPIAH JAYARAMAN | ID No. | S1181555C |
| Related Vehicle | FBA841K (Motorcycle) | Contact No. | 90538754 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 25/11/2017 | Date Discharge | 25/11/2017 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Slight |
| Driver | | | |
| Name | OOI SENG QIONG | ID No. | S8523558C |
| Related Vehicle | SKC6949C (Car) | Contact No. | 90217912 |
| 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 24/11/2017 at about 8.30pm, I(FBA841K) was riding along Corporation Rd and was on the left lane of a two lane road and going towards Boon Lay Dr. I was approaching a cross junction before Jurong West Stadium and there was a white Volkswagen, SKC6949C on my right. There were a few cars in front of the white Volkswagen. Suddenly, the white car just cut to the lane in front of me. I braked however could not stop in time and the car collided onto me. I then fall to the ground. The car then stopped and rendered assistance to me and brought me to the clinic for treatment.

On 25/11/2017, I still felt pain on my right leg and went to National University Hospital and received 7 days MC. The driver had given me the footage of the incident.



**SINGAPORE
POLICE FORCE**



T/20171125/2134

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20171125/2134

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:

J /
Sgt 1 NURAQILAH BINTE ABDUL HAMID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/11/2017 23:02

Officer In Charge Of Case:

TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No : 65476404

Classification Of Case:

Authentication Stamp

NP168

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 | 28/11/2017 13:12 |
| Date Of Accident | 24/11/2017 21:30 |
| Exact Location Of Accident | ALONG CORPORATION TOWARDS KJE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKC6949C |
| Insured/Policyholder | |
| Name Of Registered Owner | OOI SENG QIONG |
| NRIC No | S8523558C |
| Email Address | ALEXOOISQ@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90217912 |
| Alternative Phone No | OFFICE-90217912 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | VOLKSWAGEN |
| Model | JETTA TSI-1.4 (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE |

| | |
|--|----------------|
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|----------------------|
| Name of Insurance Company | LONPAC INSURANCE BHD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | Z1VP05013539 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | OOI SENG QIONG |
| NRIC No | S8523558C |
| Date Of Birth | 22/07/1985 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/01/2009 |
| Driving Experience | 8 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90217912 |
| Fax Number | |
| Contact Number | OFFICE-90217912 |
| Email Address | ALEXOOISQ@GMAIL.COM |

| | |
|---|--|
| Address | BLOCK 889B WOODLANDS DRIVE 50 #13-237 |
| Postcode | 732889 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | YES |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| POLICE STATION NAME [OTHER] | JURONG POLICE DIVISIONAL HQ - PLEASE SEE THE ATTACHED POLICE REPORT |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE SEE THE ATTACHED SKETCH PLAN AND THE ACCIDENT DETAILS

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 | FBA841K |
| 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) | 1 |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

DETAILS OF INJURED PERSON 1

| | |
|--|---------------|
| Name | NOT AVAILABLE |
| Approximate Age | 61 |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | FBA841K |
| Were seat belts worn? | |
| Was injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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**.
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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: 28 Nov 17 1255

Driver's Signature

(If driver is not the policyholder)

Date & Time:

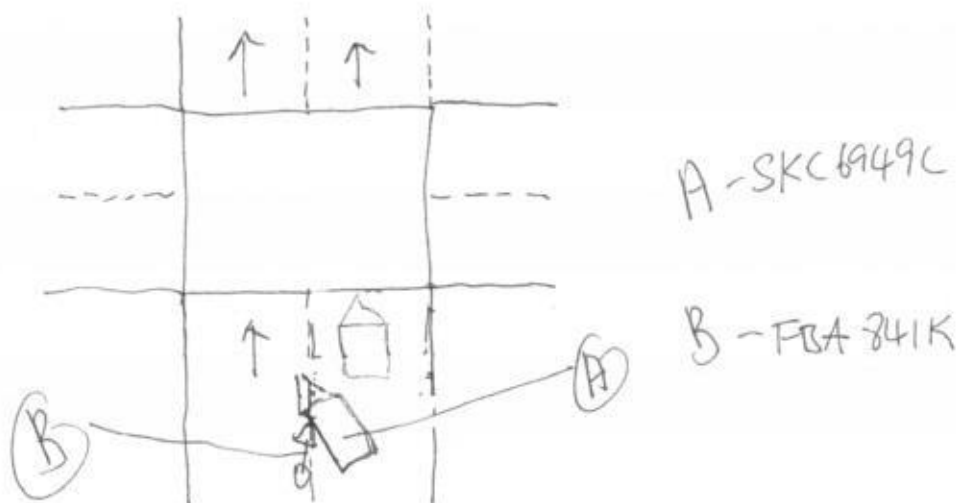
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24 November 17, about 09:30pm when I was driving my vehicle SKC6949C home, I met an accident with a motorcyclist FBA841K. I was driving along cooperation road when the accident occur. I came to a two lane junction where vehicles are turning right but I'm going straight. I came to a complete stop, signalled left, check blind spot and turn out my car to the left lane. To my surprise, ~~I did not~~ a motorist was knocked down. I did not see any vehicle on my left when I turned my vehicle out. I alight immediately and check if the motorist is okay. He was a 61 years old Indian uncle. The uncle told me that he saw me signalled left and turning out and he brake. Due to raining condition, he don't dare to brake hard and afraid that he might fall that's why he collide onto my left door. I brought him to the nearest GP Clinic to treat his wound and paid \$421. for the treatment. The following day, the uncle complained pain on his ankle and his son had brought him to a clinic for xray and I had transferred him \$121.75 for the treatment. As for the repair, we both agreed to bare our own repair cost. Today, the uncle son text me and told me that the workshop had quoted him 1.5k for the repair and they are not going to pay for it. He wants to claim the 1.5k from me but I refused hence he said he will claim against my insurance.

DECLARATION

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

Policyholder's Signature

Date & Time: 28 Nov 2017 12:55

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



J/20171124/7021

1 of 2

POLICE REPORT (NP299)

Report No. J/20171124/7021

Police Station Of Origin
Jurong Police Divisional HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

| | | |
|--|---|-------------------|
| Date/Time Report Made 24/11/2017 21:50 | Vide Report No. | Station Diary No. |
| Name Of Informant OOI SENG QIONG | Address APT BLK 889B WOODLANDS DRIVE 50 #13-237 SINGAPORE 732889 | |
| ID Type / ID No. NRIC NO / S8523558C | Contact No. Home/Office: Mobile: 90217912 | |
| Nationality SINGAPORE CITIZEN | Email Address alexooisq@gmail.com | |
| Occupation IT Executive | Sex Male | Age 32 |
| | Date of Birth 22/07/1985 | Race Chinese |
| Institution/School Name | Language English | |
| Date/Time Of Incident 24/11/2017 21:00 - 24/11/2017 21:30 | Location Of Incident APT BLK 889B WOODLANDS DRIVE 50 #13-237 SINGAPORE 732889 | |

Brief details.

On 24 November when I'm on my way back home from work at about 9pm, I was driving along cooperation road towards kje. I came to a junction whereby cars are turning right while I'm going straight. I signaled left turned out from my lane and hit a motorcycle Uncle license plate number FBA841K. I immediately stopped by the roadside and alight to check if the motorist is okay. I help the Uncle up and we xchange particulars. The motorist is an old Uncle about 70 years old and im worry if he is injured hence we proceed to the nearest GP clinic to treat his wound. We agreed to private settlement and I'll

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 24/11/2017 21:50 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20171124/7021

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20171124/7021

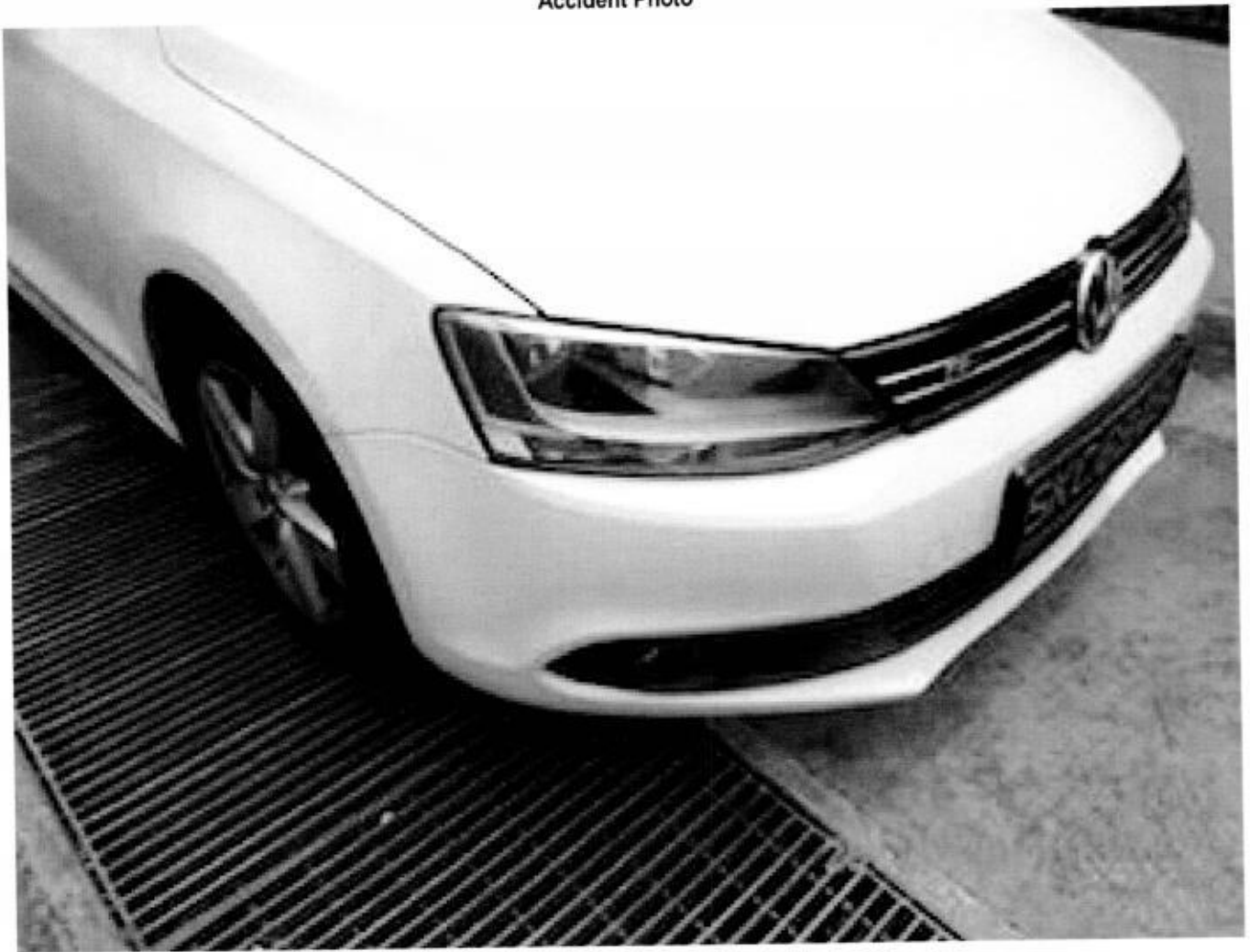
follow him to his bike shop to get his bike fix tomorrow.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 24/11/2017 21:50 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



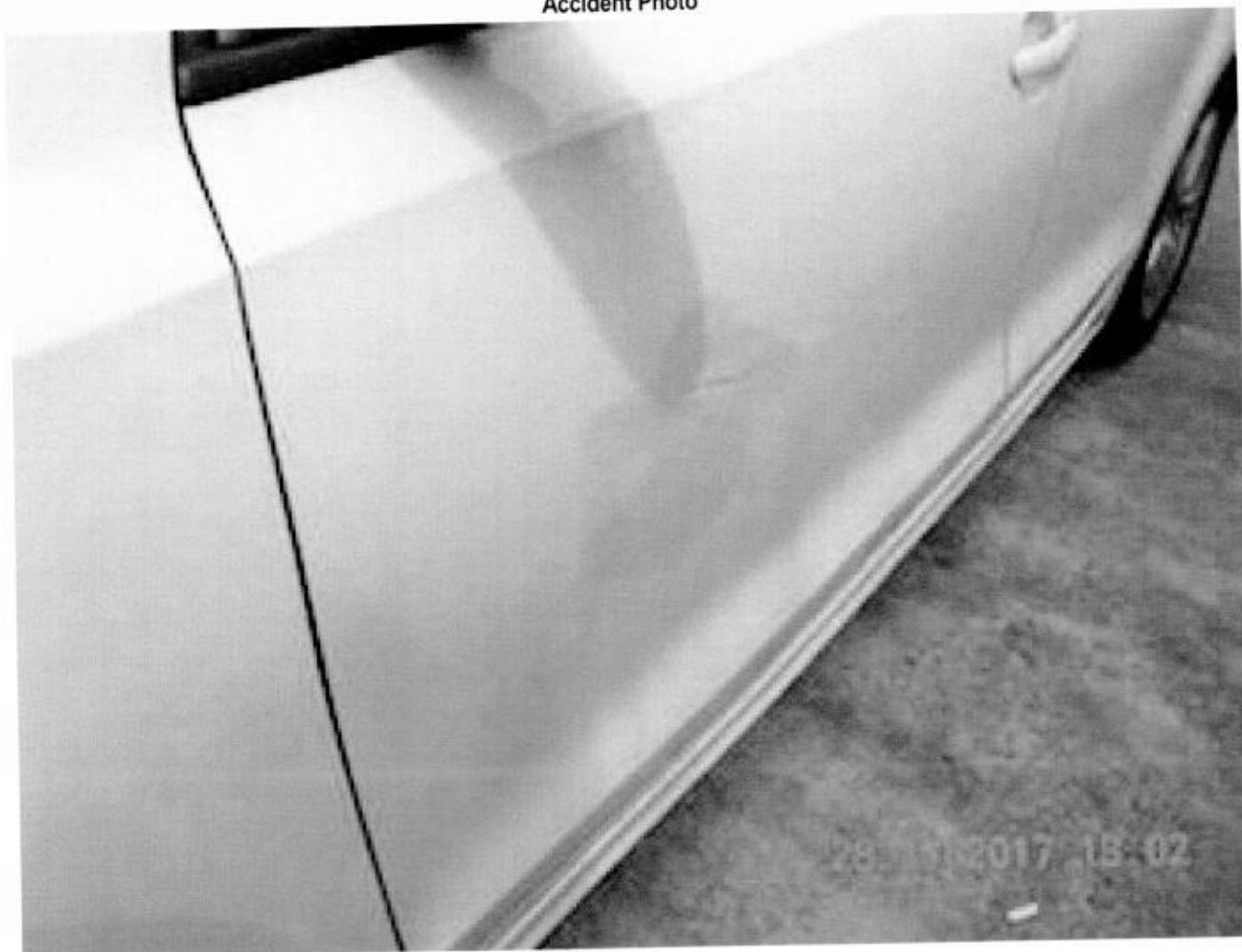
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



MOTOR POINT TRADING

17 Jalan Mas Puteh
Singapore 128622

TEL / FAX:
Email:

6776 0058
motorpoint_sam@yahoo.com.sg

TAX INVOICE

Billing To: Kalaiselvan S/O Jayaraman

Invoice No: INV2017-0025
Invoice Date: December 31, 2017
Quotation No: NIL
TERM: C.O.D.

CC: LAWRENCE LEE & CO

Vehicle No: FBA841K Accident Date: November 24, 2017
Make/Model: YAMAHA SPARK135 Survey Date: December 4, 2017

Rider Name: KARUPPIAH JAYARAMAN
Rider NRIC: S1181555C
Contact No: 87497658

| QTY | DESCRIPTION | U.PRICE | AMOUNT |
|-------|--|-------------|-------------|
| 1 | Accident Lump Sum Repair | \$ 3,600.00 | \$ 3,600.00 |
| 1 | L H Teo Appraisal Services Survey fees | \$ 461.00 | \$ 461.00 |
| TOTAL | | | \$ 4,061.00 |

*Please make all cheque payable to MOTOR POINT TRADING.

*Goods sold cannot be returned or exchanged.

MOTOR POINT TRADING

17, JALAN MAS PUTEH
SINGAPORE 128622
TEL/FAX: 6776 0058

Authorized Signatory

Loss Adjuster, Consulting Automotive Engineer, Accident Reconstruction & Analyst.**VEHICLE APPRAISAL REPORT**

Mr. Kalaiselvan
S/o Jayaraman
Apt Blk 252 Boon Lay Drive
#06-565
Singapore- 640 262

Our Ref : TP/1712/FBA841/ws
Date : 29 December 2017

REFERENCE PARTICULARS

Your Reference No : Not Advised
Date of Accident : 24 Nov 2017

Date of Assignment : 04 Dec 2017
Date of Inspection : 04 Dec 2017
Date of Re-inspn. : 05 Dec 2017

PARTICULARS OF VEHICLE

Regn. No : FBA 841K
Make : YAMAHA
Model : SPARK 135 M
Year : 2006 (COE.Exp : Jan 2021)

Odometer : 29633km
Color : Black
Chassis No. : 5YP705612
Engine No : 5YP705612

TYRE / CONDITION

| <u>Location</u> | <u>Make</u> | <u>Size</u> | <u>Thread Balance</u> |
|-----------------|-------------|-------------|-----------------------|
| Front | Bridgestone | 80/90 R 17 | 5 mm |
| Rear | Bridgestone | 90/80 R 17 | 5 mm |

DAMAGE PROFILE

The motor cycle sustained damage on Frontal and right side.

Please refer to photographs and assessment of repairs for details.

ASSESSMENT SUMMARY

Repair cost to the vehicle is assessed as \$ **3,600.00 lump sum.**

Survey conducted at: Motor Point Trading.

Enclosed (61) photographs depicting damage to the vehicle.

Estimated time required for repairs: (5) days.

The survey was conducted on a **WITHOUT PREJUDICE BASIS.**

ASSESSMENT FOR REPAIR : FBA 841 K

| <u>Qty</u> | <u>Description</u> | <u>Condition</u> | <u>Repairer's Estimate</u> | <u>Our Assessment</u> |
|------------|-----------------------------------|---------------------|----------------------------|---------------------------------|
| 1 pc | Front top cover | Cut | 85.00 | 85.00 |
| 1 pc | Head light unit assy | Cut | 115.00 | 115.00 |
| 1 pc | Handle bar rear cover | Cut | 65.00 | 65.00 |
| 1 set | Front top cover stay | Distorted | 35.00 | 35.00 |
| 1 pc | Handle bar | Bent | 85.00 | 85.00 |
| 1 pc | Handle bar bracket | Distorted | 102.00 | 102.00 |
| 1 set | Balancer | Cut | 45.00 | 45.00 |
| 1 set | Handle grip | Usable | 35.00 | ~ |
| 1 pc | Brake lever | Cut | 26.00 | 26.00 |
| 1 pc | Clutch lever | Usable | 22.00 | ~ |
| 1 set | Mirror | Broken | 100.00 | 100.00 |
| 1 pc | Front cowling | Cut | 136.00 | 136.00 |
| 1 pc | Cowling emblem | Necessary | 24.00 | 24.00 |
| 1 pc | Front cowling bracket | Bent | 68.00 | 68.00 |
| 2 pcs | Front pilot lamp @85.00 | Cracked | 170.00 | 170.00 |
| 1 pc | Front mudguard | Cut | 78.00 | 78.00 |
| 1 pc | Front fork assy LH | Repair | 360.00 | S.N. 100.00 <i>local repair</i> |
| 1 pc | Front fork assy RH | Cut / Bent | 360.00 | 360.00 <i>450 SW</i> |
| 1 pc | Steering stem | Distorted | 145.00 | 145.00 |
| 1 pc | Front wheel assy | Warped | 320.00 | 320.00 <i>200</i> |
| 1 pc | Front wheel shaft | Necessary | 45.00 | 45.00 |
| 1 pc | Front brake disc | Cut | 125.00 | 125.00 |
| 1 pc | Inner panel | Cut | 178.00 | 178.00 |
| 1 pc | Leg shield RH | Cracked | 108.00 | 108.00 |
| 1 pc | Leg shield outer plate RH | Cut | 56.00 | 56.00 |
| 1 pc | Air guide RH | Deformed | 32.00 | 32.00 |
| 1 pc | Body side cover RH | Cut | 72.00 | 72.00 |
| 1 pc | Tail cover RH | Cut | 112.00 | 112.00 |
| 1 pc | Gear pedal assy | Bent | 35.00 | 35.00 |
| 1 pc | Brake pedal | Cut / Bent | 65.00 | 65.00 |
| 1 pc | Front footrest bar | Bent | 78.00 | 78.00 |
| 1 set | Foot rest rubber | Torn | 25.00 | 25.00 |
| 1 pc | Rear footrest RH | Cut | 32.00 | 32.00 |
| 1 pc | Rear footrest bracket RH | Bent | 60.00 | 60.00 |
| 1 pc | Muffler front protector | L Repair <i>cut</i> | 85.00 | S.N. 40.00 |
| 1 pc | Exhaust muffler chrome protector | Cut | 105.00 | 105.00 |
| 1 pc | Exhaust complete | Cut / Bent | 265.00 | 265.00 <i>Rx</i> |
| 1 set | Exhaust gasket | Necessary | 12.00 | 12.00 |
| | | | 3,866.00 | 3,364.00 <i>2619</i> |
| | | Less 10% | 386.60 | 336.40 <i>2357.10</i> |
| | | | 3,479.40 | 3,027.60 |
| | <u>Special nett Items</u> | | | |
| | Add special nett items from above | | | 140.00 <i>190</i> |
| 1 set | Steering cone and bearing | Necessary | 80.00 | 60.00 |

Our Ref.: TP/1712/FBA841/ws

| | | | | |
|-------|-----------------|-----------|--------|-------------|
| 1 pc | Center basket | Cut | 35.00 | 35.00 |
| 1 pc | Front No. plate | Necessary | 15.00 | 12.00 |
| 1 pc | Rear No. plate | Broken | 18.00 | 15.00 |
| 1 set | Rear rack | Bent | 150.00 | 120.00 /90 |
| 1 pc | Rear box | Cut | 280.00 | 250.00 /80 |
| 1 pc | Helmet | Cut | 65.00 | 65.00 |
| 1 set | Body stickers | Necessary | 150.00 | 120.00 /100 |
| | | | 793.00 | 817.00 567 |

| | | | | |
|---|---|--------|------------|-----|
| | <u>Labour Charges</u> | | | |
| 1 | Towing fees | 80.00 | 60.00 | |
| 2 | Body frame repair and alignment | 300.00 | 250.00 /50 | |
| 3 | Workmanship to repair & renew damaged areas | 400.00 | 350.00 /50 | |
| | | 780.00 | 660.00 | 460 |


Total Parts & Labour Concluded 5,052.40 4,504.60

Lump sum repair adjustment 3,600.00


ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle. We have listed the breakdown of our findings and our recommendation as per assessment above.

Inspected by


Dylan Lee

Faithfully Yours
L H TEO Appraisal Services


Teo Liak Hoo
Advance Automotive Engineer (UK)
Dip. Mech. Engr. M Prof BTM(Dip.BTM)
MIIE, MIMI, AMSIM an

3574.10
4/5/2050
5 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

Affiliated to Federation Internationale Des Experts En Automobile

LONPAC INSURANCE BHD

Ref.: CS3/LPC17022927/T11bs2-1

300 BEACH ROAD
#17-04/07 THE CONCOURSESINGAPORE 199555

Date: 22-02-2018



Code: LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------------|----------------|------------|
| Insured Veh. | SKC 6949C | Veh. Inspected | FBA 841K |
| Policy No. | Z1VP05013539 | Coverage (\$) | 0.00 |
| Claim No. | 17/17/17/VP05/020241 | Excess (\$) | 0.00 |
| Assign From | GERALD POH | Assign Date | 12/02/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-----------|--------------|----------|
| Make & Model | YAMAHA | c.c | 135 |
| Engine No. | HIDDEN | Year of Reg. | 2006 |
| Chassis No. | 5YP705612 | Colour | BLACK |
| Odometer | 29633 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|----------|-------------|---------|
| R/H Front Tyre | 80/90R17 | BRIDGESTONE | 5 mm |
| L/H Front Tyre | | | mm |
| R/H Rear Tyre | 90/80R17 | BRIDGESTONE | 5 mm |
| L/H Rear Tyre | | | mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION AND O/S BODY. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|---|-----------------|------------|
| Accident Date | 24/11/2017 | Inspection Date | 04/12/2017 |
| Survey held at | MOTOR POINT TRADING 17 JALAN MAS PUTEH SINGAPORE 128622 | | |

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: | 5 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBA 841K

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|----------------------------------|------------|---------------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | FRONT TOP COVER | CUT | 85.00 | 85.00 |
| 1 | HEAD LIGHT UNIT ASSY | CUT | 115.00 | 115.00 |
| 1 | HANDLE BAR REAR COVER | CUT | 65.00 | 65.00 |
| 1 | SET FRONT TOP COVER STAY | DISTORTED | 35.00 | 35.00 |
| 1 | HANDLE BAR | BENT | 85.00 | 85.00 |
| 1 | HANDLE BAR BRACKET | DISTORTED | 102.00 | 102.00 |
| 1 | SET BALANCER | CUT | 45.00 | 45.00 |
| 1 | SET HANDLE GRIP | USABLE | 35.00 | - |
| 1 | BRAKE LEVER | CUT | 26.00 | 26.00 |
| 1 | CLUTCH LEVER | USABLE | 22.00 | - |
| 1 | SET MIRROR | BROKEN | 100.00 | 100.00 |
| 1 | FRONT COWLING | CUT | 136.00 | 136.00 |
| 1 | COWLING EMBLEM | NECESSARY | 24.00 | 24.00 |
| 1 | FRONT COWLING BRACKET | BENT | 68.00 | 68.00 |
| 2 | FRONT PILOT LAMP @ \$85.00 | CRACKED | 170.00 | 170.00 |
| 1 | FRONT MUDGUARD | CUT | 78.00 | 78.00 |
| 1 | STEERING STEM | DISTORTED | 145.00 | 145.00 |
| 1 | FRONT WHEEL ASSY | WARPED | 320.00 | 200.00 |
| 1 | FRONT WHEEL SHAFT | NECESSARY | 45.00 | 45.00 |
| 1 | FRONT BRAKE DISC | CUT | 125.00 | 125.00 |
| 1 | INNER PANEL | CUT | 178.00 | 178.00 |
| 1 | LEG SHIELD RH | CRACKED | 108.00 | 108.00 |
| 1 | LEG SHIELD OUTER PLATE RH | CUT | 56.00 | 56.00 |
| 1 | AIR GUIDE RH | DEFORMED | 32.00 | 32.00 |
| 1 | BODY SIDE COVER RH | CUT | 72.00 | 72.00 |
| 1 | TAIL COVER RH | CUT | 112.00 | 112.00 |
| 1 | GEAR PEDAL ASSY | BENT | 35.00 | 35.00 |
| 1 | BRAKE PEDAL | CUT / BENT | 65.00 | 65.00 |
| 1 | FRONT FOOTREST BAR | BENT | 78.00 | 78.00 |
| 1 | SET FOOT REST RUBBER | TORN | 25.00 | 25.00 |
| 1 | REAR FOOTREST RH | CUT | 32.00 | 32.00 |
| 1 | REAR FOOTREST BRACKET RH | BENT | 60.00 | 60.00 |
| 1 | EXHAUST MUFFLER CHROME PROTECTOR | CUT | 105.00 | 105.00 |

Report Ref No. CS3/LPC17022927/T1tbs2-1



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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.:2 of 2

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|----------------------|---------------------------|-------------------|
| 1 | EXHAUST COMPLETE | TO REPAIR SEE LABOUR | 265.00 | - |
| 1 | SET EXHAUST GASKET | NECESSARY | 12.00 | 12.00 |
| | LESS 10% DISCOUNT | | -306.10 | -261.90 |
| | | | 2,754.90 | 2,357.10 |
| 1 | FRONT FORK ASSY LH (LOCAL REPAIR) (SN) } | SHIFTED | 360.00 | 150.00 |
| 1 | FRONT FORK ASSY RH (LOCAL REPAIR) (SN) } | | 360.00 | - |
| 1 | MUFFLER FRONT PROTECTOR (LOCAL REPAIR) (SN) | CUT | 85.00 | 40.00 |
| | LESS 10% DISCOUNT | | -80.50 | - |
| | | | 724.50 | 190.00 |
| | <u>SPECIAL NETT ITEMS</u> | | | |
| 1 | SET STEERING CONE AND BEARING (SN) | NECESSARY | 80.00 | 60.00 |
| 1 | CENTER BASKET (SN) | CUT | 35.00 | 35.00 |
| 1 | FRONT NO. PLATE (SN) | NECESSARY | 15.00 | 12.00 |
| 1 | REAR NO. PLATE (SN) | BROKEN | 18.00 | 15.00 |
| 1 | SET REAR RACK (SN) | BENT | 150.00 | 100.00 |
| 1 | REAR BOX (SN) | CUT | 280.00 | 180.00 |
| 1 | HELEMET (SN) | CUT | 65.00 | 65.00 |
| 1 | SET BODY STICKERS (SN) | NECESSARY | 150.00 | 100.00 |
| | | | 793.00 | 567.00 |
| | <u>LABOUR</u> | | | |
| | TOWING FEES. | | 80.00 | 60.00 |
| | BODY FRAME REPAIR AND ALIGNMENT. | | 300.00 | 150.00 |
| | WORKMANSHIP TO REPAIR & RENEW DAMAGED AREAS. INCLUSIVE OF THE REPAIR OF EXHAUST COMPLETE. | | 400.00 | 250.00 |
| | | | 780.00 | 460.00 |
| | GRAND TOTAL | | 5,052.40 | 3,574.10 |

| | | | |
|---|--|--|-----------------|
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 2,850.00 |
|---|--|--|-----------------|

Report Ref No. CS3/LPC17022927/T1tbs2-1

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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