

INS. CASE OWNER:

cc 6, CT11800 4571, Aug 3 12

LKK:
IDAC:

Surveyor: ADRIAN DOI: 8/3/18 Date / Time: 8/3/18
Registered in Merimen: -

Pre-assign / CCU / FTE

G78444L



Insured Vehicle No.: 704 GWAN TRADING
Name of Insured: 704 GWAN TRADING
Insured Tel No.: _____ HP: _____
Excess Sec II :SS _____ D.O.A: 13-2-18
Is driver the owner? (NO) Nature of Accident: _____
If NO, Driver Name / Age: 704 GWAN
Driver Tel No.: 6386 7054 (VL: YES / NO)

Claim No.: _____
Policy No.: DMLVSN3080901 for 2
Make / Model: 7-DYNA
Place of Accident: JALAN LATIH x Telokong Conf.

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability: _____ % Final ? Yes / No

PBT

FY 27715



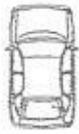
INRS: _____
WSP: here mang.
Tel: _____
Liability: _____
RMKS: _____



INRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>8/10</u> <u>7/11</u>	<u>FY27715 - X; G78444L - X</u>	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
<u>9/4/18</u>	Call OI: <u>> THIN</u>	<u>> WAM</u>
	After call ltr to OI: <u>17/8</u>	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

RECEIVED 07 AUG 2018

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: \$S _____ (_____ days) Reduction: _____ % Email Call

FINAL SETTLEMENT Date/Time: 7/7/18 Confirm with JUNE Email Call

Final Liability: % 100 (Agreed Assessed) BOLA S/N No.: 9CC If NO or B 28, Ass. Lia: _____

Repair Cost: \$S 400.00
Loss of Rental (LOR): \$S _____ (_____ days)
Loss of Use (LOU): \$S 100.00 (\$20 x 5 days)
Loss of Income (LOI): \$S _____ (\$ x _____ days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$S 7.49
Medical: \$S _____
Disbursement: \$S _____ (e.g. Tow/ Independent)
Legal Cost \$S _____

Total: \$S 1007.49 Global Sum \$S: _____
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$S 1007.49 Name 1: HUA MENG SPRAY PAINTING WORKSHOP
Payee 2: (Strike if N.A.) \$S _____ Name 2: _____
Payee 3: (Strike if N.A.) \$S _____ Name 3: _____

COPY SENT 8/8/18



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			
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CC6/CTI18004571/Aua3	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909		Date : 09-03-2018	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GT 8444L	Veh. Inspected	FY 2771S
Policy No.	DMCVSN3080901702	Coverage (\$)	0.00
Claim No.	SNM18D00864C02	Excess (\$)	0.00
Assign From		Assign Date	09/03/2018
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	13/02/2018	Inspection Date	08/03/2018
Survey held at	HUA MENG SPRAY PAINTING WKSP 1 KAKI BUKIT AVE 6 #01-61 AUTOBAY SINGAPORE 417883		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No. 200208384E

Our Reference: **SNM18D00864/C02/1**

Date : **04 APRIL 2018**

via Ordinary & Registered Mail

**TOH GUAN TRADING
BLK 697 HOUGANG STREET 61
#04-38
SINGAPORE 530697**

Dear Sir / Madam

**ACCIDENT INVOLVING GT8444L AND FY2771S ON 13 FEBRUARY 2018
ALONG SELETAR COURT ROAD**

We refer to the abovementioned accident.

Please be advised that the third party vehicle, **FY2771S** , is filing a third party property claim against your vehicle.

We have appointed **LKK Auto Consultants Pte Ltd**, to administer the said claim on our behalf and they will contact you for more information about the accident.

Kindly render your assistance and co-operation accordingly.

Yours truly,
Claims Department

(This is a computer generated letter and no signature is required.)

CC : LKK Auto Consultants Pte Ltd
Attn : THIN THIN
Ref : CC6/CTI18004571/AUA3
Contact No : 68412360
via Email : THINTHIN@LKKAUTO.COM

CC : Agent - (AN0083A) - KCB AGENCY

F01/LKKDS-2013

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Foreign Identification Number
Owner ID:	4711T
Vehicle Details	
Vehicle No.:	FY2771S
Vehicle to be Exported:	Yes
Intended De-registration Date:	08 Mar 2018
Vehicle Make:	YAMAHA
Vehicle Model:	T110Z
Primary Colour:	Silver
Manufacturing Year:	2004
Engine No.:	5TN015997
Chassis No.:	5TN015997
Maximum Power Output:	-
Open Market Value:	\$1,372.00
Original Registration Date:	03 Aug 2004
First Registration Date:	03 Aug 2004
Transfer Count:	4
Actual ARF Paid:	\$206.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jul 2019
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$2,082.00
COE Rebate Amount:	\$580.00
Total Rebate Amount:	\$580.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 08 Mar 2018



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Affiliated to Federation Internationale Des Experts En Automobile			
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CC6/CTI18004571/Aua3n2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 15-08-2018	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GT 8444L	Veh. Inspected	FY 2771S
Policy No.	DMCVSN3080901702	Coverage (\$)	0.00
Claim No.	SNM18D00864C02/1	Excess (\$)	0.00
Assign From		Assign Date	08/03/2018
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA T110Z	c.c	111
Engine No.	HIDDEN	Year of Reg.	2004
Chassis No.	5TN015997	Colour	SILVER / BLACK
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	70/90 R17	DUNLOP	6 mm
L/H Front Tyre			mm
R/H Rear Tyre	80/90 R17	DUNLOP	6 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	13/02/2018	Inspection Date	08/03/2018
Survey held at	HUA MENG SPRAY PAINTING WKSP 1 KAKI BUKIT AVE 6 #01-61 AUTOBAY SINGAPORE 417883		
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:		4 Working Days	



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Page No.: 1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FY 2771S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT FENDER	DEFORMED	75.00	75.00
1	FRONT LH WING MIRROR	BROKEN	36.00	36.00
1	FRONT LH FOOTREST	CUT	25.00	25.00
1	SIDE FAIRING LH	CRACKED	110.00	110.00
1	REAR LH FOOTREST	CUT	28.00	28.00
1	REAR LH FAIRING	TO REPAIR SEE LABOUR	125.00	-
1	EXHAUST PIPE	NOT NECESSARY	205.00	-
1	EXHAUST HEAT SHIELD	DENTED	75.00	75.00
1	HEADLAMP	NOT NECESSARY	76.00	-
1	BALANCER LH	CUT	25.00	25.00
1	METER ASSY	NOT NECESSARY	185.00	-
1	FRONT FORK ASSY	BENT	350.00	350.00
1	FRONT FORK BRACKET	BENT	178.00	178.00
1	STEERING CONE AND BEARING	NECESSARY	55.00	55.00
1	HEADLAMP COWLING	CUT	78.00	78.00
	LESS 10% DISCOUNT		-	-103.50
			1,626.00	931.50
<u>SPECIAL NETT ITEMS</u>				
1	REAR BOX (SN)	CUT	280.00	200.00
1	FRONT FORK OIL (SN)	NECESSARY	20.00	20.00
			300.00	220.00
<u>LABOUR</u>				
	PANEL BEATING .INCLUSIVE OF THE REPAIR OF REAR LH FAIRING .		350.00	200.00
	SPRAY PAINTING .		350.00	200.00
	WIRING .		50.00	30.00
	TOWING .		50.00	50.00
			800.00	480.00
GRAND TOTAL			2,726.00	1,631.50



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			900.00
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Report Ref No. CC6/CT118004571/Aua3n2

ADRIAN LING WAI PING

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

Licensed Appraiser

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