



### CONCLUSION

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# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CS/AIG18005373/qb

78 SHENTON WAY #08-16  
CHARTIS BUILDING  
SINGAPORE 079120

Date : 22-03-2018



Code : AIG

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

Insured Veh.	SLJ 5983K	Veh. Inspected	GW 613C
Policy No.		Coverage (\$)	0.00
Claim No.	7137707961SG003	Excess (\$)	0.00
Assign From	SHAWN WUI	Assign Date	07/03/2018

## 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	12/12/2017	Inspection Date	23/03/2018
Survey held at	HALLAND MOTOR SERVICE NO.1 KAKI BUKIT AVE 6 #02-24 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.
--

## Catherine Chong (LKK Auto)

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**From:** Wui, Shawnkaijie <Shawnkaijie.Wui@aig.com>  
**Sent:** Wednesday, 7 March, 2018 9:21 AM  
**To:** 'assignments'; admin-a@lkkauto.com; Admin-D (LKKAuto)  
**Subject:** Assignment of Re-inspection  
**Attachments:** GW 613C - Survey Report 1.pdf; GW 613C - Survey Report Photo.pdf; GW 613C - PRS Photo.pdf

Dear Sirs,

Our ref.: 7137707961SG003

Kindly refer to the email below.

Please assist to conduct physical re-inspection of 3<sup>rd</sup> party vehicle.

Both parties GIA report will be forwarded in another encrypt email.

Please acknowledge.

Thanks and Regards,

**Shawn Wui**

**AIG**

Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way, #08-16, Singapore 079120

Tel +(65) 6419 1959 | Fax +(65) 6835 7416

[Shawnkaijie.Wui@aig.com](mailto:Shawnkaijie.Wui@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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**From:** motor@kscgp.com [mailto:motor@kscgp.com]

**Sent:** Tuesday, March 06, 2018 6:03 PM

**To:** Wui, Shawnkaijie

**Subject:** RE: Your ref.: GS/17/5255/HL/sy/cl; Our ref.: 7137707961SG003; Accident involving GW 613C and SLJ 5983K on

Dear Shawn,

We refer to your email dated 28 February 2018.

As requested, the re-inspection of our client's vehicle no. GW 613C has been scheduled as follows: -

Date: 23 March 2018 (Friday)

Time: 4.00 p.m.

Venue: Halland Motor Service, Autobay No. 1 Kaki Bukit Ave 6, #02-24, Singapore 417883

Contact: Mr. Roger

Hp: 9880 0121

Kindly confirm the above appointment, as soon as possible.  
Thank you.

Regards,

See Yee

Executive

KSCGP Juris LLP

10 Hoe Chiang Road

#13-03A Keppel Towers

Singapore 089315

Tel: 6538 3611 / DID: 3152 0987 / Fax: 6538 3708

Email: [motor@kscgp.com](mailto:motor@kscgp.com)

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----- Original Message -----

**From:** Wui, Shawnkaijie [<mailto:Shawnkaijie.Wui@aig.com>]

**To:** [motor@kscgp.com](mailto:motor@kscgp.com)

**Sent:** Wed, 28 Feb 2018 08:02:09 +0000

**Subject:**

WITHOUT PREJUDICE

Dear See Yee,

We refer to abovementioned accident.

As discussed, we would like to seek for your client advise to physical re-inspect your client vehicle.

Kindly assist to arrange and inform us 2 weeks in advance before the actual re-inspection date.

As your client vehicle is a commercial vehicle, we will offer downtime for the re-inspection at \$ 40.00.

Thanks and Regards,

Shawn Wui

AIG

Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way, #08-16, Singapore 079120

Tel +(65) 6419 1959 | Fax +(65) 6835 7416

[Shawnkaijie.Wui@aig.com](mailto:Shawnkaijie.Wui@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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-----  
**This email has been scanned by the MxScan Email Security System.**  
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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	13/12/2017 14:26
Date Of Accident	12/12/2017 07:30
Exact Location Of Accident	JALAN EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW613C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAI HWEE HARDWARE PTE LTD
Co Reg No	201218591W
Email Address	TAIHWEEHARDWARE@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	Office-92288293

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.2 D (M)

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

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3012891700
Cover Note Number	

### Driver

Name of Driver	VALARMATHI RAMU VIJAY
Passport No/FIN	G2190752P
Date Of Birth	29/01/1992
Occupation	INDOOR
Date Of Driving Pass	18/09/2014
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 YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION  
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) 4

#### 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 SLJ5983K  
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  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?



Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(Including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Q : SL55983 K

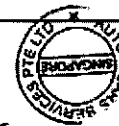
The accident happened on 12/12/2017 at Jalan Besar / Emas Crescent T-Junction at 7:30am. Vehicle A saw green light and was travelling straight when ~~so~~ vehicle B turn right and hit the right side of vehicle A

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



EVERY DAY

2



## 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	12/12/2017 11:58
Date Of Accident	12/12/2017 07:20
Exact Location Of Accident	BTW EUNOS CRESCENT AND JLN EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ5983K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WU HUEI MING
NRIC No	S7225910F
Email Address	WU_HUEIMING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92982297
Alternative Phone No	Office-92982297

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)

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	2100492977
Cover Note Number	

### Driver

Name of Driver	WU HUEI MING
NRIC No	S7225910F
Date Of Birth	19/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1997
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92982297
Fax Number	
Contact Number	OFFICE-92982297
Email Address	WU_HUEIMING@YAHOO.COM.SG
Address	3 FOO KIM LIN ROAD #03-18

Postcode	419679
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	COLLISION - HEAD ON 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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

#### 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	GW613C
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	

## Accident Sketch Plan

### SKETCH PLAN

#### 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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind policy liability.
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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 the 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 enquires 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.

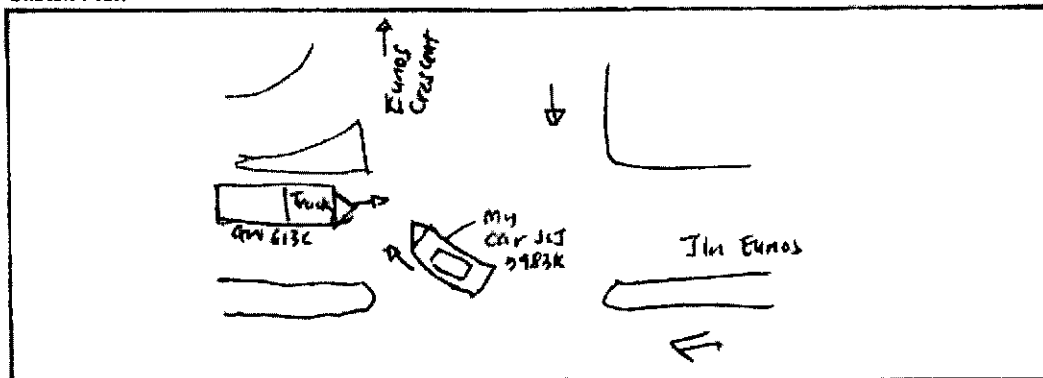
*[Signature]* 12/12/17 9:30am *[Signature]*

Policyholder's Signature / Date & Time

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

*[Signature]*  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



Accident Sketch Plan





**IL**

**I**

**To:**

**TAI HWEE HARDWARE PTE. LTD.  
86 KOON SENG ROAD  
Singapore 427027**

Insured :  
Policy No. / Claim No. :  
Sum Insured :  
Excess Clause :  
Windscreen Coverage :  
Type of Claims : Third Party Claims  
Third Party Insurer :  
Third Party Policy No. :

**REFERENCE**

Assigned By : **As above**  
Accident Date : -  
Assignment Date : **12 December 2017**  
Inspection Date : **12 December 2017**  
Our Reference No. : **PAS/HMS/180203/TP**

**Inspection Report Date : 02 February 2018**

**Workshop Name :**

**HALLAND MOTOR SERVICE**

**Inspection Address :**

**1 Kaki Bukit Avenue 6, AutoBay #02-24  
Singapore 417883**

Registration No. : **GW 613 C**  
Make/Model : **Nissan Cabstar**  
Yr of Manuf/Regn : **2003**  
Carrying Capacity : -  
Chassis No. : **JN15F4F23Z0850147**  
Engine No. : **QD32176067**  
Colour : **Gold**  
Class : **Goods ( Lorry )**

Mileage : 296910 Km/h  
Radio/Cassette : Fitted  
CD Disc Player : Fitted  
Air Conditioner : Fitted  
Clock : Fitted  
Seat Belt : Fitted  
Wing Mirror : Fitted  
Other Accessories : Fitted

**PRE-ACCIDENT CONDITION (Static Check Only)**

Body Work : Good  
Paint Work : Good  
Handbrake : Serviceable  
Footbrake : Serviceable  
Steering : Serviceable  
Any Apparent Eng : None  
Modifications

Market Value : -

Wreck Value (Part) : -

**TYRE SIZE & CONDITION**

Front N/s Size : 195R15C 80 %  
Make : Condor  
Rear N/s size : 155R12 80 % 80  
Make : Condor  
Spare Size : 155R12 80 %  
Make : Condor

Front O/s Size : 195R15C 80 %  
Make : Condor  
Rear O/s Size : 155R12 80 % 80  
Make : Condor  
Spare Size :  
Make :

Type of Wheel Rims: Standard

Jack & Tools : Intact/Missing

Note: The above percentage % represent the estimated remaining tyre threads.





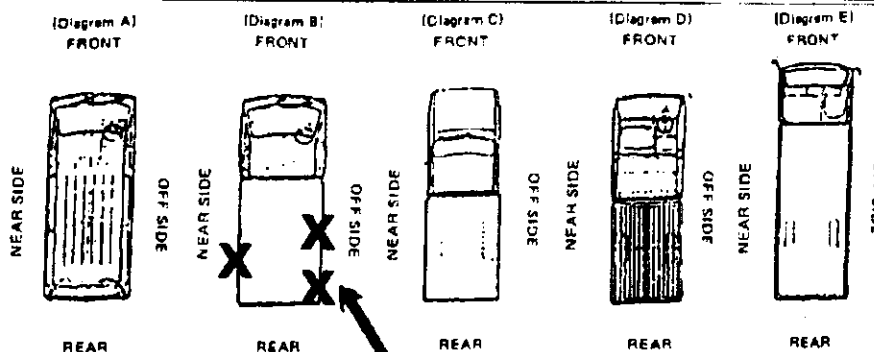
VEHICLE REGISTRATION NO. : GW 613 C

PP DI

FI

Direction of impact/damage marked → (X)

The vehicle sustained impact on its O/s Rear portion. (see Diagram B)



## EN L DE RIPTION OF D M

Parts damaged were :

The o/s side gate and lower panel, rear o/s fender and wheel arch, tailgate lower panel were dented.

## U T RE MME TI N

A static inspection was carried out on 12/12/2018 & our report is here with enclosed for your perusal. The Repairs Estimate submitted by M/s Halland Motor Service as per attached Appraisalment Schedule have been revised and scrutinised thoroughly by us & in our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Lump Sum Repair Basis of \$ 15,400.00 after deducting the Policy Excess Clause of \$ NA. As instructed, we have not authorised any of the repairs on your behalf.

	Repairer's		Our	
	Estimate	Amount	Revised	Amount
Spares Parts	20506	00	14798	70
Towing Charges	250	00	200	00
PB Labour Charges	1400	00	1200	00
Others Misc Charges	1900	00	1490	00
Paintwork	1400	00	1200	00
Total	\$ 25456	00	\$ 18888	70

Under normal circumstances, the duration of repairs should not exceed Eight (08) days.

Attached photographs taken during inspection Sixty - Eight (68) Photographs

## P I L E K

1. The inspection was conducted on a 'without prejudice' basis
2. On 16/12/2018, we examined the extent of damages.
3. On 23/12/2018, we examined the repaired vehicle.

Yours FaithFully



TF NG PHILIP FOO  
ACII CAE, AMIMI  
AIAME, AMSAE-A  
Licensed Appraiser/Adjuster

Inspection Report Date: 01 February 2018

VEHICLE REGN NO : GW 613 C  
OUR REFERENCE : PAS/HMS/180203/TP  
INSPECTION REPORT DATE : 1-Feb-18

## APPRAISEMENT SCHEDULE

CONTINUATION SHEET NO: 1

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount \$ cts	Recommendation / Revised Amount \$ cts
<b>PARTS SUPPLY - LIST ITEMS</b>					
1	1pc	O/s side gate	Dented/Bent	2915.10	2915.10 ✓
2	1pc	Tailgate corner bracket o/s	Bent/Warped	183.20	183.20 ✓
3	1set	Gearbox	Jammed	5241.00	5241.00 X
4	1pc	Rear o/s leaf spring assy	Bent	476.90	476.90 ✓
5	1set	Rear axle hand brake cable	Torn	88.20	88.20 ✓
6	1pc	Rear Propeller Shaft	Bent	1430.00	1430.00 ✓
7	1pc	Rear n/s leaf spring assy	Bent	476.90	476.90 ✓
8	1pc	Rear propellor shaft coupling front	Bent	188.00	188.00 ✓
9	1pc	Rear propellor shaft coupling rear	Bent	188.00	188.00 ✓
10	1pc	Rear axle case	Bent	1628.00	1628.00 ✓
11	1pc	Rear axle shaft o/s	Bent	652.00	652.00 ✓
12	1pc	Rear axle hub o/s	Bent	388.00	388.00 ✓
				13855.30	13855.30
Less: 30% discount				-	4156.59
				13855.30	9698.71
<b>NETT ITEMS</b>					
1	1pc	O/s Taillamp assy & holder	Cracked	286.80	286.80 ✓
2	1pc	Tailgate lock handle o/s	Cracked	118.90	118.90 ✓
3	4pcs	O/s Side Gate hinges @\$118.9	Bent	475.60	475.60 ✓
4	1pc	Rear o/s lower corner bracket stopper	Bent	12.50	12.50 ✓
5	1pc	Rear o/s fender	Badly Dented	115.80	115.80 ✓
6	1pc	Rear o/s wheel mudflap	Badly Dented	47.50	47.50 ✓
7	1pc	Rear axle	Bent/Warped	3880.00	3880.00 ✓
8	1pc	Rear axle shaft bearing n/s	Warped	121.00	121.00 ✓
9	1pc	Rear axle shaft bearing o/s	Warped	121.00	121.00 ✓
10	1pc	Rear axle shaft oil seal n/s	Necessary	85.00	85.00 ✓
11	1pc	Rear axle shaft oil seal o/s	Necessary	85.00	85.00 ✓
12	1set	Rear axle case gasket	Necessary	58.00	58.00 ✓
13	1pc	Rear axle shaft spacer o/s	Necessary	45.00	45.00 ✓
14	1pc	Rear axle shaft spacer n/s	Necessary	45.00	45.00 ✓
				5497.10	5497.10
Less: 10% discount				-	549.71
				5497.10	4947.39
<b>SUB / GRAND TOTAL</b>				<b>19352.40</b>	<b>14646.10</b>

## PRECISION APPRAISAL SERVICES

VEHICLE REGN NO : GW 613 C  
 OUR REFERENCE : PAS/HMS/180203/TP  
 INSPECTION REPORT DATE : 1-Feb-18

**APPRAISEMENT SCHEDULE**

CONTINUATION SHEET NO : 1

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount	Recommendation / Revised Amount
			B/F	\$ 19352.40	\$ 14646.10
		<u>SPECIAL NETT ITEMS</u>			
1	1pc	Rear n/s Leaf spring 'U' bolt rear	Bent	57.30	57.30 ✓
2	1pc	Rear n/s Leaf spring 'U' bolt front	Bent	57.30	57.30 ✓
3	1pc	Rear n/s shock absorber	Bent	172.20	172.20 ✓
4	1set	O/s Side Gate lettering & sticker	Necessary	200.00	200.00 ✓
5	1tin	Rear axle oil	Necessary	80.00	80.00 ✓ 50
6	1pc	Rear o/s wheel rim	Dented/Warped	300.00	300.00 ✓ 50
7	1pc	Rear o/s shock absorber	Bent	172.20	172.20 ✓
8	1pc	Rear o/s Leaf spring 'U' bolt rear	Bent	57.30	57.30 ✓
9	1pc	Rear o/s Leaf spring 'U' bolt front	Bent	57.30	57.30 ✓
		Total Spare Parts		20506.00	15799.70
		<u>LABOUR &amp; MISC. CHARGES</u>			
1		Towing		250.00	200.00 ✓ 100
2		Remove the necessary affected parts, straighten tailgate and lower panel, o/s side gate lower panel, rear o/s fender and wheel house and replace parts		1400.00	1200.00 ✓ 900
3		Putty and Spraypaint		1400.00	1200.00 ✓ 700
4		Remove and refit rear axle, rear leaf spring and cable and replace parts		1200.00	980.00 ✓ 500
5		Remove and refit propeller shaft and gearbox etc		400.00	300.00 ✓ 100
6		Tuff Kote		100.00	60.00 ✓
7		Reset wheel alignment		150.00	120.00 ✓ 60
8		Rewire rear portion		50.00	30.00 ✓
		Note: Recommended lump sum repair at \$15,900.00nett			
SUB / GRAND TOTAL				25456.00	19889.70

PRECISION APPRAISAL SERVICES

3323-6  
1381286  
11018

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	8591W

### Vehicle Details

Vehicle No.:	GW613C
Vehicle to be Exported:	No
Intended De-registration Date:	27 Mar 2018
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR
Primary Colour:	Gold
Manufacturing Year:	2003
Engine No.:	QD32176067
Chassis No.:	JN1SF4F23Z0850147
Maximum Power Output:	-
Open Market Value:	\$19,777.00
Original Registration Date:	24 Feb 2003
First Registration Date:	24 Feb 2003
Transfer Count:	3
Actual ARF Paid:	\$989.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	30 Sep 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$20,268.00
COE Rebate Amount:	\$18,274.00
<b>Total Rebate Amount:</b>	<b>\$18,274.00</b>

### Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 27 Mar 2018

OK



# 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 Fédération Internationale Des Experts En Automobile

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CS/AIG18005373/Uqbe2

78 SHENTON WAY #08-16  
CHARTIS BUILDING  
SINGAPORE 079120

Date : 27-03-2018



ATTN : SHAWN WUI

Code : AIG

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

Insured Veh.	SLJ 5983K	Veh. Inspected	GW 613C
Policy No.	2100492977	Coverage (\$)	0.00
Claim No.	7137707961SG003	Excess (\$)	0.00
Assign From	SHAWN WUI	Assign Date	07/03/2018

## 2. Vehicle Particulars & Condition

Make & Model	NISSAN CABSTAR	c.c	3153
Engine No.	HIDDEN	Year of Reg.	2003
Chassis No.	JN1SF4F23Z0850147	Colour	GOLD
Odometer	308415	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15	COMPASAL	6 mm
L/H Front Tyre	195 R15	COMPASAL	6 mm
R/H Rear Tyre	155 R12 (D)	COMPASAL	6/6 mm
L/H Rear Tyre	155 R12 (D)	COMPASAL	6/6 mm

## 4. Description of Damages

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.
--

## 5. General Information

Accident Date	12/12/2017	Inspection Date	26/03/2018
Survey held at	HALLAND MOTOR SERVICE NO.1 KAKI BUKIT AVE 6 #02-24 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.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	8 Working Days
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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GW 613C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	O/S SIDE GATE	REPLACED	2,915.10	2,915.10
1	TAILGATE CORNER BRACKET O/S	REPLACED	183.20	183.20
1	SET GEARBOX	REPAIRED SEE LABOUR	5,241.00	-
1	REAR O/S LEAF SPRING ASSY	REPLACED	476.90	476.90
1	SET REAR AXLE HAND BRAKE CABLE	REPLACED	88.20	88.20
1	REAR PROPELLER SHAFT	REPLACED	1,430.00	1,430.00
1	REAR N/S LEAF SPRING ASSY	REPLACED	476.90	476.90
1	REAR PROPELLER SHAFT COUPLING FRONT	REPLACED	188.00	188.00
1	REAR PROPELLER SHAFT COUPLING REAR	REPLACED	188.00	188.00
1	REAR AXLE CASE	REPLACED	1,628.00	1,628.00
1	REAR AXLE SHAFT O/S	REPLACED	652.00	652.00
1	REAR AXLE HUB O/S	REPLACED	388.00	388.00
	LESS 30% DISCOUNT		-	-2,584.29
			13,855.30	6,030.01
<b>NETT ITEMS</b>				
1	O/S TAILLAMP ASSY & HOLDER (N)	REPLACED	286.80	286.80
1	TAILGATE LOCK HANDLE O/S (N)	REPLACED	118.90	118.90
4	O/S SIDE GATE HINGES @\$118.90 (N)	REPAIRED SEE LABOUR	475.60	-
1	REAR O/S LOWER CORNER BRACKET STOPPER (N)	REPLACED	12.50	12.50
1	REAR O/S FENDER (N)	REPLACED	115.80	115.80
1	REAR O/S WHEEL MUDFLAP (N)	REPLACED	47.50	47.50
1	REAR AXLE (N)	REPLACED	3,880.00	3,880.00
1	REAR AXLE SHAFT BEARING N/S (N)	REPLACED	121.00	121.00
1	REAR AXLE SHAFT BEARING O/S (N)	REPLACED	121.00	121.00
1	REAR AXLE SHAFT OIL SEAL N/S (N)	REPLACED	85.00	85.00
1	REAR AXLE SHAFT OIL SEAL O/S (N)	REPLACED	85.00	85.00
1	SET REAR AXLE CASE GASKET (N)	REPLACED	58.00	58.00
1	REAR AXLE SHAFT SPACER O/S (N)	REPLACED	45.00	45.00
1	REAR AXLE SHAFT SPACER N/S (N)	REPLACED	45.00	45.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 10% DISCOUNT		-	-502.15
			5,497.10	4,519.35
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR N/S LEAF SPRING 'U' BOLT REAR (SN)	REPLACED	57.30	57.30
1	REAR N/S LEAF SPRING 'U' BOLT FRONT (SN)	REPLACED	57.30	57.30
1	REAR N/S SHOCK ABSORBER (SN)	REPLACED	172.20	172.20
1	SET O/S SIDE LETTERING & STICKER (SN)	REPLACED	200.00	200.00
1	TIN REAR AXLE OIL (SN)	REPLACED	80.00	50.00
1	REAR O/S WHEEL RIM (SN)	REPLACED	300.00	50.00
1	REAR O/S SHOCK ABSORBER (SN)	REPLACED	172.20	172.20
1	REAR O/S LEAF SPRING 'U' BOLT REAR (SN)	REPLACED	57.30	57.30
1	REAR O/S LEAF SPRING 'U' BOLT FRONT (SN)	REPLACED	57.30	57.30
			1,153.60	873.60
	<b><u>LABOUR</u></b>			
	TOWING.		250.00	100.00
	REMOVE THE NECESSARY AFFECTED PARTS, STRAIGHTEN TAILGATE AND LOWER PANEL, O/S SIDE GATE LOWER PANEL, REAR O/S FENDER AND WHEEL HOUSE AND REPLACE PARTS. INCLUSIVE OF THE REPAIR OF SET GEARBOX AND O/S SIDE GATE HINGES.		1,400.00	900.00
	PUTTY AND SPRAYPAINT.		1,400.00	700.00
	REMOVE AND REFIT REAR AXLE, REAR LEAF SPRING AND CABLE AND REPLACE PARTS.		1,200.00	500.00
	REMOVE AND REFIT PROPELLER SHAFT AND GEARBOX ETC.		400.00	100.00
	TUKK KOTE.		100.00	60.00
	RESET WHEEL ALIGNMENT.		150.00	60.00
	REWIRE REAR PORTION.		50.00	30.00
			-	-
			-	-
			4,950.00	2,450.00
<b>GRAND TOTAL</b>			<b>25,456.00</b>	<b>13,872.96</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>11,000.00</b>

Report Ref No. CS/AIG18005373/Uqbe2



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A handwritten signature in black ink, appearing to read 'Ch'.

CHUA KANG SENG

Licensed Appraiser

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