

REF: CS/LAW18006578/Gvbez

Special Instruction:

From (Person): Stella Ow of Tan Kok Quon Date/Time: 03/04/2018
Estimated Cost: _____ Bill to: _____

US: \$ 4200.00

Third Parties:

Claimant:

Surveyor: PRO-OPTION SERVICES

Workshop: Santo miter.

$$\text{OD}(\overline{\text{TP Re-inspection}}) / \text{Evaluation}$$

To Inspect Vehicle No: FBJ 639G Insured: SJR BLUE
at Workshop m/s Sanfu Motor Tel: _____
of Blk 1 Kaki Bukit Ave 6 #02-43

Policy No: _____ Claim No: CF-HY.SD. 1101.17-A16

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29.12.2016
(Client's Record)

11.04.2018 (Wednesday) @ 3pm

H.O.D. Embarsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 2 days)
Date/Time: 11/5/18 Submit Final Fig 2200, 1 days (Red \$ 2000 / 48 %; 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)

RECEIVED 14 MAY 2018

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value : _____

Inspected/
Evaluated by:

<i>Fee Charged:</i>	
---------------------	--

Date: _____

Basic & Add

135

Transport

50

Photos

60

Others

80

Total

325

1) Date/Time 14/5 typist File Pass to _____ 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 _____

REF:

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:

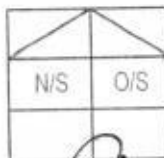
Excess:

(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 Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 1 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FBI6396

Yr Regn:

06 Jan 2012

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

Truck / Trailer or

Make:

Triump Tiger 800 C.G. 800

Colour:

Black / yellow

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

SMTTRE 15B 8C523303

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:

110/80 R19

R:

150/70 R17

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

TOYO / YOKO or

METZELER

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

11-04-18

Survey held at

w/s

3pm

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

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

Catherine Chong (LKK Auto)

From: Stella Ow on behalf of Lum Hui Yun <stellaow@tkqp.com.sg>
Sent: Tuesday, 3 April, 2018 6:21 PM
To: assignments@lkkauto.com
Cc: Lum Hui Yun
Subject: NEW ASSIGNMENT : LKK Ref: TBA ; TKQP Ref: CF.HY.so.1101.17-AIG
Attachments: GIA of SJR 814E.pdf; Plf Police Report.pdf; Repair Bill.pdf; Vehicle Inspection Report - FBJ639G.pdf

Importance: High

Dear Celine,

We refer to the above matter.

We write on behalf of AIG Asia Pacific Insurance Pte Ltd to engage you to conduct a physical re-inspection on motor vehicle no. FBJ 639G. .

We enclose the following documents for your attention:-

1. Accident Vehicle Inspection Report for vehicle no. FBJ 639G;
2. Repair bill from Sanfu Motor Pte Ltd;
3. Police Report of Plaintiff, Chen JianWen; and
4. GIA report for SJR814E.

Please note that the physical re-inspection is schedule as follows: -

Date	:	Wednesday, 11 April 2018
Time	:	3.00 p.m.
Venue	:	Sanfu Motor Pte Ltd at 1 Kaki Bukit Avenue 6 #02-43 Autobay@Kaki Bukit Singapore 417883

Please let us have your invoice billed to "AIG Asia Pacific Insurance Pte Ltd" care of our office address and also let us have the re-inspection report.

Please let us have your confirmation that the aforesaid date and time is suitable to you as soon as possible.

Thanks.

Best Regards,

Stella Ow
For and on behalf of Lum Hui Yun
Senior Associates

TKQP

Tan Kok Quan Partnership

Advocates & Solicitors, Singapore

8 Shenton Way #47-01 AXA Tower Singapore 068811

T (65) 6225 9333

D (65) 6496 9535

F (65) 6227 6116

E stellaow@tkqp.com.sg

W www.tkqp.com.sg

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PHOTOCOPY

**SANFU MOTOR PTE LTD**

Company Reg. No. : 200612487G

Explore the Excitement of Engineering

1 Kaki Bukit Ave 6, #02-43 AutoBay@Kaki Bukit S417883

Tel: (65) 67447753 Fax: (65) 67446010

Business Hours: Mon - Fri 9am to 7pm

Sat: 9am to 6pm

Sun & Public Holidays Closed

Invoice / Cash Bill

Customer : JOHNNY CHEN, JIANWEN
 Contact No : 81800868, 97265731
 Vehicle No : FBJ 639
 Model : TIGER 800

Invoice : -NEW33920
 Date : 07/03/2017 13:55:17
 Cashier : admin
 Mechanic I : Jawa Ng

Description	Qty	Unit Price (SGD)	Amount (SGD)
Total Accident Repair, Accident On 29.12.2016	1	\$4,200.00	\$4,200.00

SubTotal: \$4,200.00

Total: \$4,200.00

Cash : \$0.00

Remarks :

Amount Due: \$4,200.00

Goods sold are strictly not returnable or exchangeable, goods received in good order and condition. Some products sold are intended for race use only not for street or highway use.

Any Claims for un-satisfied jobs on our part must be notified in writing within ten (10) days from date of this invoice otherwise any additional jobs will be chargeable.

Customer is hereby agreed and understood that all non-oem modifications to your vehicle done at your requests and SANFU MOTOR PTE LTD shall not accept any or responsibility and or liability whatsoever and however arising therefrom.

Payment must be made full upon collection of vehicle. SANFU MOTOR PTE LTD reserves its right to exercise its lien and retain possession of the vehicle unless and until the customers had paid all outstanding charges and sums due and payable to SANFU MOTOR PTE LTD under these condition.

All parts dismantled by SANFU MOTOR PTE LTD will be stored for up 14 days, afterwhich they would be subjected to disposal at the discretion of SANFU MOTOR PTE LTD without prior notices to the owner. SANFU MOTOR PTE LTD shall not be held liable for any loss or damage of these items while storage.


 Sanfu Motor Pte Ltd

We Open Mon - Fri 9am to 7pm Sat 9am to 6pm Closed on Sundays & Public Holidays

10 Days Servicing Warranty



**SINGAPORE
POLICE FORCE**



T/20161230/2134

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20161230/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2016 18:02	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars

Name of Informant: CHEN JIANWEN			Address: APT BLK 149 BEDOK RESERVOIR ROAD #11-1697 SINGAPORE 470149		
ID Type / ID No.: NRIC NO / S8514436G			Contact No.: Home/Office: Mobile: 97265731		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 08/05/1985	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OPERATIONS EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

Details of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/12/2016 19:10	Type of Location: T-Junction
Location: Along Road 1 TELOK BLANGAH ROAD KAMPONG BAHRU ROAD Junction of Telok Blangah Road and Kampong Bahru Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBJ639G	Motorcycle	TRIUMPH	TIGER 800 MANUAL	Yellow	Slightly Damaged	1
SJR814E	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ639G	NTUC Income Insurance Co-Operative Limited	5076830464	06/01/2016	05/01/2017



**SINGAPORE
POLICE FORCE**



T/20161230/2134

2 of 4

Report No. T/20161230/2134

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	SIEW BOON HOWE	ID No.	NIL
Related Vehicle	FBJ639G (Motorcycle)	Contact No.	96975706
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
Name	CHEN JIANWEN	ID No.	S8514436G
Related Vehicle	FBJ639G (Motorcycle)	Contact No.	97265731
Hospital/Clinic	CLIFFORD DISPENSARY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/12/2016	Date Discharge	30/12/2016
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name	TEO CHANG SHENG	ID No.	S8339444G
Related Vehicle	SJR814E (Car)	Contact No.	83830814
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 29/12/2016 at about 1910hrs, I was stationary on Telok Blangah Rd travelling towards Kampong Bahru Rd, waiting for the traffic light to turn green. Suddenly, I felt an impact from behind and it caused my motorcycle to move forward. A car had hit into the rear of my motorcycle. I then met with the driver and we exchanged our particulars. Neither me, my pillion or the driver of the car was injured at that point in time so we did not call for any emergency services. We proceeded on our own way after the accident. On 30/12/2016, my body started to feel pain so I went to Clifford Dispensary Pte Ltd and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20161230/2134

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Report No. T/20161230/2134

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20161230/2134

4 of 4

Report No. T/20161230/2134

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:
G /
Sgt MUHAMMAD DANIAL IRSYAD BIN RAMLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Signature Of Informant:

Date/Time:
30/12/2016 18:02

Classification Of Case:

Authentication Stamp

MP168

Singapore Police Force

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	31/12/2016 09:47
Date Of Accident	29/12/2016 19:00
Exact Location Of Accident	JUNCTION OF TELOK BLANGAH ROAD & SENTOSA GATEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR814E
Insured/Policyholder	
Name Of Registered Owner	IN THE ESTATE OF TEO AH LAY
Passport No/FIN	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83830814
Alternative Phone No	OTHERS-83830814

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	REPORTING ONLY
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	2100207315-06000
Cover Note Number	04/05/2016 TO 03/05/2017

Driver

Name of Driver	TEO CHANG SHENG (ZHAO CHANGSHENG)
NRIC No	S8339444G
Date Of Birth	08/12/1983
Occupation	INDOOR
Date Of Driving Pass	01/11/2004
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83860814
Fax Number	
Contact Number	
E-Mail Address	TEO.CHANG.SHENG@GMAIL.COM

Address APT BLK 866A PUNGGOL DRIVE #13-548 SINGAPORE 821866
Postcode
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 COLLIDED INTO MOTORCYCLIST
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

REFER WITH ATTACH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBJ639G
Vehicle Make/Model/Colour MOTORBIKE
Details Of Properties
Name of Driver CHEN JIANWEN
NRIC/Passport Number S8514436G
Contact Number 97265731
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

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.

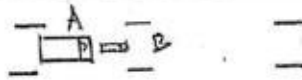
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TELOR ISALLAH ROAD



A: SJR314E

B: FBJ 6394H

Accident Sketch Plan

Describe Circumstances of the Accident

about

- Travelling along Teluk Okang road towards city on 29 Dec 16 at 1900hrs
- Stop behind traffic light near junction of Teluk Okang Road & Eastern Gateway
- Pull up hand brake and depress brake pedal. However, handbrake was not fully pulled up
- Car starts to roll slowly and bump to the back of motorcycle. Motorcycle did not fall
- Went down to check if biker and pillion was alright and both could stand and talk as per normal
- Took photos of bike and car. ~~and~~ No major damage was seen on both vehicles on the surface
- Exchange contact and was informed by biker that he will send his bike to workshop for inspection ~~on site~~
- Receive a call from biker at about 1600hrs on 30 Dec 16 that he had send his bike for inspection and waiting for comment
- Biker also informed that after his back is feeling hurt due to the bump and will be visiting doctor
- Biker informed that due to his backpain, which he claimed that was sustained during the bump, he will proceed to make a police report and to make an insurance report/claim
- As such, I proceeded to Teluk Okang NPP on 30 Dec 2016 at about 231845hrs to make a police report.
- Police officer advised that no police report was required as there is no injury involved in the accident & that resulted in 3 days respite as more at the moment
- Proceeded to inform & Mutual Reporting Centre on 31 Dec 2016 at about 0950 hrs

Insurance Co	Am Arta	1455	Ar R
Vehicle No	S128145	29/12	2016
<input type="checkbox"/> Roadside Only <input type="checkbox"/> Own Damage Claim <input type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop			

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : TEO CHANH SHENG (ZHAO CHANH SHENG)
VEHICLE NUMBER : SJB14E
DATE/TIME OF ACCIDENT : 2/12/2016 @ 1900HRS
PLACE OF ACCIDENT : JUNCTION OF TELOK BLANHAH ROAD & SEMPORA GATEWAY
THIRD PARTY VEHICLE (IF ANY) : FRT 639H

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

FROM OFFICE AT 1 HARBOURFRONT AVE TO ADHIE
AT PARKHOL DRIVE

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

COLLISION WITH LODGE

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

Name: _____

I Affirmed The Above Information Is Given To My Best Knowledge.



PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189
Tel: 6315 1239, Fax: 6315 3298, Mobile: 9061 0543

ACCIDENT VEHICLE INSPECTION REPORT

Report no : 31M0117.SF
Vehicle no : FBJ639G

1 REFERENCE

Date of inspection : 6 January 2017
Requested by : Chen Jianwen
Blk 149 Bedok Reservoir Road
#11-1697
Singapore 470149
Type of survey : Independent
Repairer : Sanfu Motor Pte Ltd
1 Kaki Bukit Ave 6, #02-43, Singapore 417883
Date of accident : 29 December 2016

2 VEHICLE DATA

Make/model : Triump TIGER 800 MANUAL
Chassis no : SMTTRE15B8CS23303
Engine no : 8524442
Date of registration : 06 January 2012
Engine capacity : 800 cc
Colour : Green

3 STATIC CONDITION CHECK

Steering : Serviceable
Foot brakes : Serviceable
Hand brakes : Serviceable
Paintwork : Good
General : Good

4 TIRE CONDITION CHECK MM/Make

Front tread : 5 mm/Michelin
Rear tread : 5 mm/Michelin

SIZE

110/80R19
150/60R17

5 BRIEF DESCRIPTION OF DAMAGE

Rear mudguard bent/deformed, rear wheel hugger grazed/bent/deformed, side box bracket bent/distorted, exhaust pipe bent, etc. Please see para. 8 of this report for more details.

6 REMARKS

This inspection is carried out on a "WITHOUT PREJUDICE" basis and we have not authorized any repairs.

7 RECOMMENDATION

Cost of repairs : \$4,200.00 (lump sum)
Estimated no of days : Two (2)

8 ASSESSMENT OF DAMAGE AND COSTS

Report no: 31M0117.SF
Vehicle no: FBJ639G

A SPARE PARTS

Description	Qty	Assessed Condition	Repairer's Amount	Revised Amount
Rear wheel hugger	1	grazed/bent/deformed	335.00	335.00
Exhaust pipe	1	bent	2,200.00	2,200.00
Rear mudguard	1	bent/deformed	201.00	201.00
		Subtotal of the above	2,736.00	2,736.00
		Discount 10%	273.60	273.60
		Subtotal 1:	2,462.40	2,462.40
(Special nett)				
Rear side box bracket (set)	1	bent/distorted	550.00	550.00
Rear side box (set)	1	scraped	1,900.00	1,900.00
		Subtotal 2:	2,450.00	2,450.00
		Total cost of parts:	4,912.40	4,912.40

B LABOUR

Labour charges to remove and replace the damaged parts, and to check and align wheels. 360.00 240.00

Total cost of labour:	360.00	240.00
Total cost of repair:	5,272.40	5,152.40

2780.9

2%: 2200

1 Day:

9 CONCLUSION

Report no: 31M0117.SF
Vehicle no: FBJ639G

The actual damage sustained by the vehicle was carefully inspected and assessed during the inspection and the assessment is appended in para. 8 of this report. The degree of damage sustained by individual part(s) is/are carefully assessed before the part(s) is/are recommended to be either replaced or repaired.

The revised or adjusted cost of repairs to restore the vehicle is \$5,152.40.

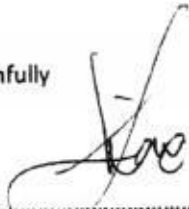
However, considering the age and condition of the vehicle and the availability of good second parts in the market, the repairs are recommended to be undertaken on a contract lump sum basis of \$4,200.00 and the estimated number of days for the repairs would be Two (2) working days.

The above recommendations in my view are fair and reasonable for the restoration of the vehicle to its pre-accident condition.

Note: By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged part(s) with used, reconditioned or new part(s), or to repair the part(s) to a roadworthy condition.

We have not authorised any repairs and would like to revert the recommendations for your consideration and decision.

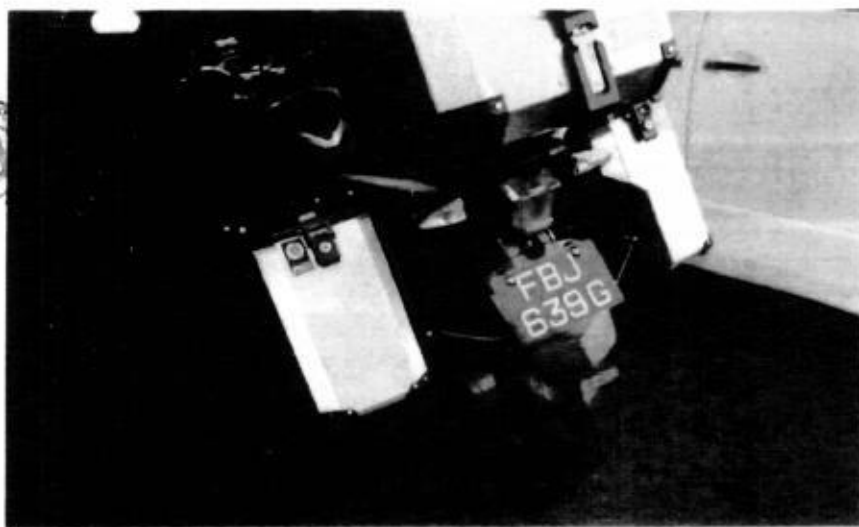
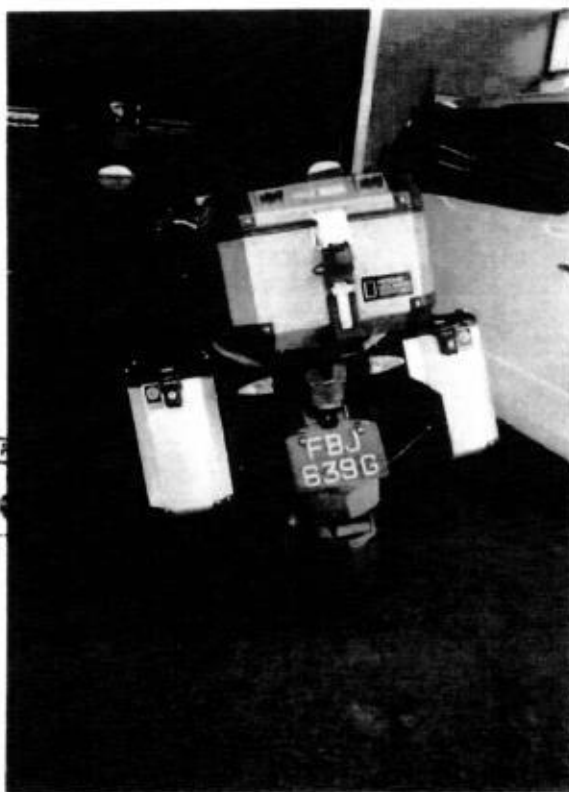
Yours faithfully



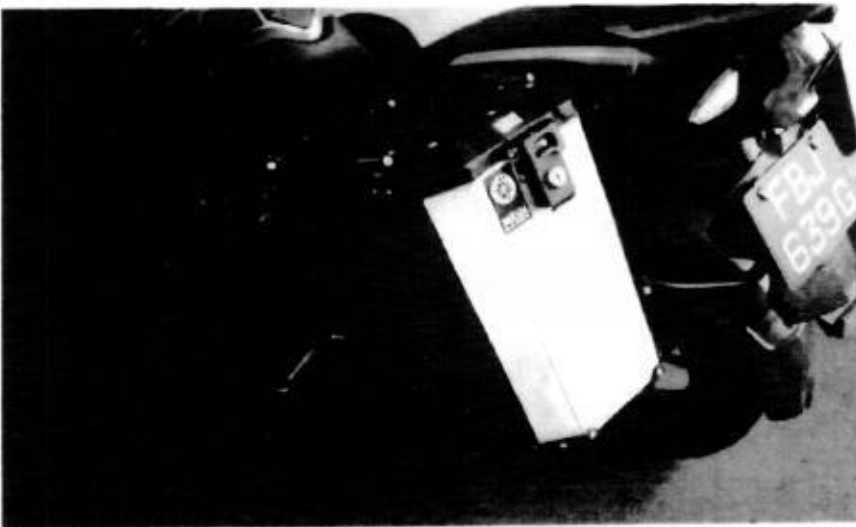
.....
Liaw Leong San
Licensed Automotive Appraiser

Report no: 31M0117.SF

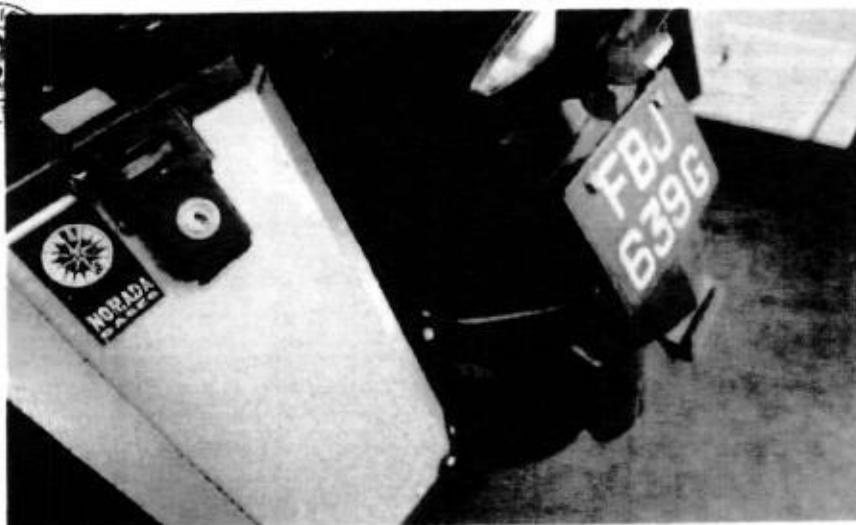
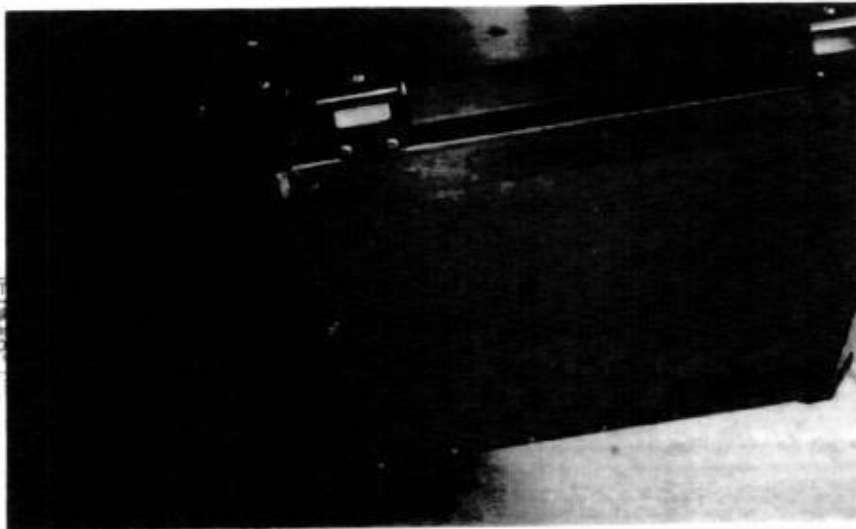
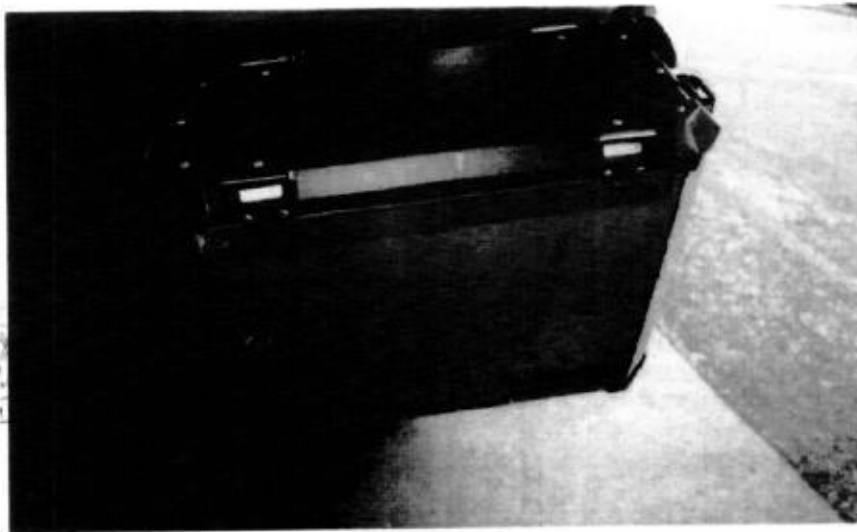
Vehicle no: FBJ639G



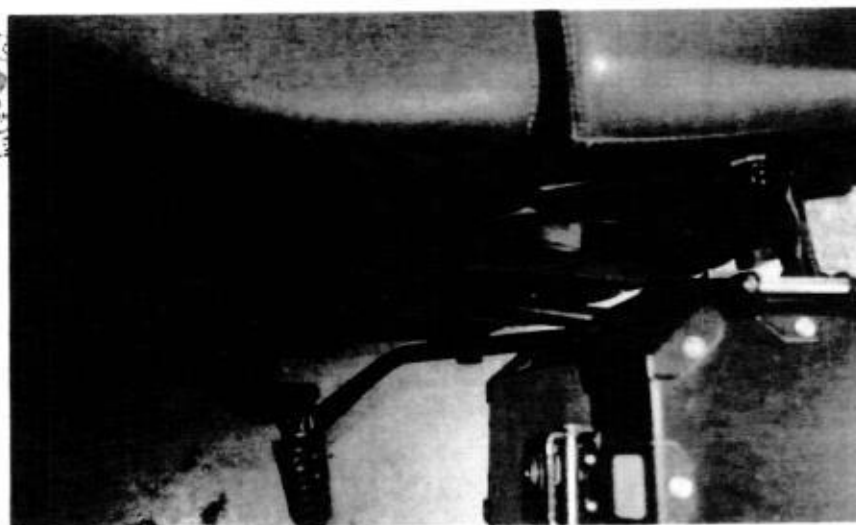
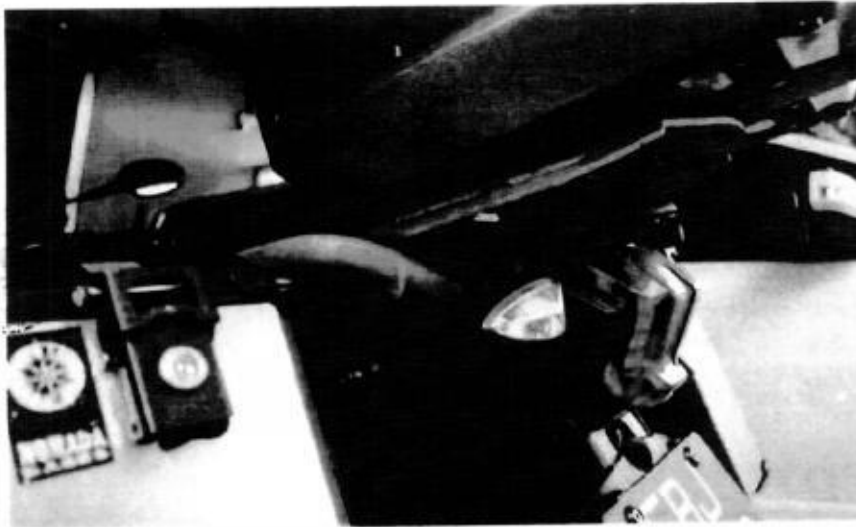
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Vehicle no: FBJ639G



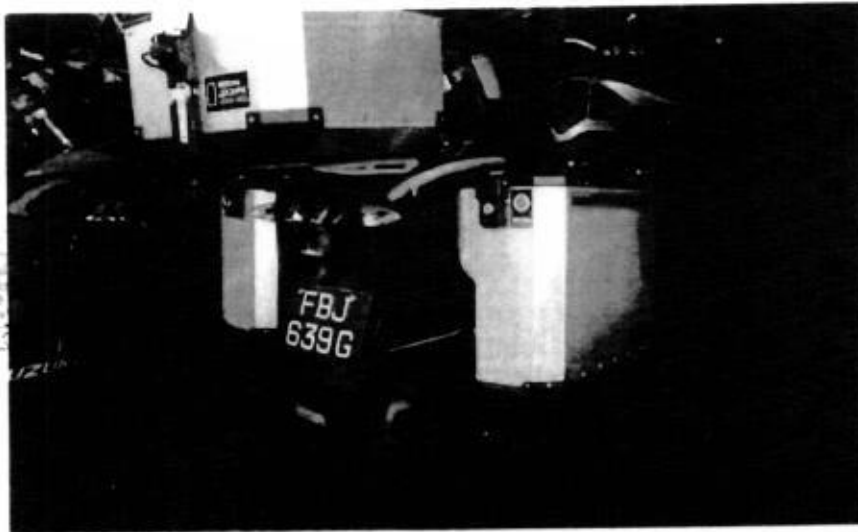
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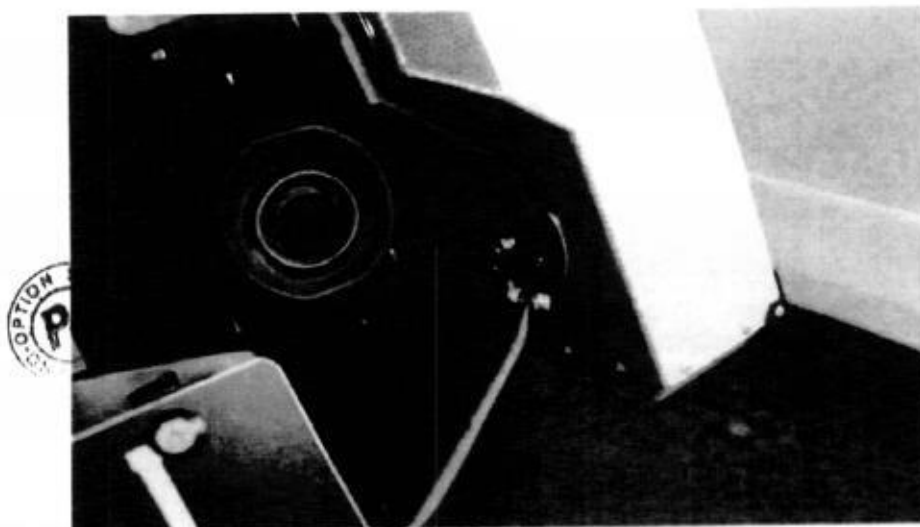


Report no: 31M0117.SF
Vehicle no: FBJ639G



Report no: 31M0117.SF

Vehicle no: FBJ639G




**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/LAW18006578/Gvbe2		
C/O: TAN KOK QUAN PARTNERSHIP 1 WALLICH STREET #07-02 GUOCO TOWERS SINGAPORE 078881		Date : 14-05-2018		
		Code : AIG		
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)				
Insured Veh.	SJR 814E	Veh. Inspected	FBJ 639G	
Policy No.	2100207315-06000	Coverage (\$)	0.00	
Claim No.	CF.HY.so.1101.17-AIG	Excess (\$)	0.00	
Assign From	STELLA OW	Assign Date	03/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	TRIUMPH TIGER 800	c.c	800	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	SMTTRE15B8C523303	Colour	BLACK / YELLOW	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	110/80 R19	METZELER	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	150/70 R17	METZELER	5 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.				
5. General Information				
Accident Date	29/12/2016	Inspection Date	11/04/2018	
Survey held at	SANFU MOTOR PL 1 KAKI BUKIT AVENUE 6 #02-43 AUTOBAY @ KAKI BUKIT 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:		1 Working Days		

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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBJ 639G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR WHEEL HUGGER	NOT NECESSARY	335.00	-
1	EXHAUST PIPE	NOT NECESSARY	2,200.00	-
1	REAR MUDGUARD	BENT / DEFORMED	201.00	201.00
	LESS 10% DISCOUNT		-273.60	-20.10
			2,462.40	180.90
	<u>SPECIAL NETT ITEMS</u>			
1	SET REAR SIDE BOX BRACKET (SN)	BENT / DISTORTED	550.00	550.00
1	SET REAR SIDE BOX (SN)	SCRAPED	1,900.00	1,900.00
			2,450.00	2,450.00
	<u>LABOUR</u>			
	LABOUR CHARGES TO REMOVE AND REPLACE THE DAMAGED PARTS, AND TO CHECK AND ALIGN WHEELS.		360.00	150.00
			360.00	150.00
	GRAND TOTAL		5,272.40	2,780.90
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,200.00

Report Ref No. CS/LAW18006578/Gvbe2

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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