

ASS. REC. BY:

REF:

C3/GAL/8008561/Svbe2

Special Instruction:

SUIVAJOY

ASSIGNMENT (Office)

From (Person):

Sharon Ng

of

GAL

Date/Time:

08/05/2018 9:28am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

TIB 1158E

Insured:

SLL 9917R

at Workshop m/s

SMRT

Tel:

of

60 Woodlands Ind Park E4

Policy No:

Claim No:

CLMD MVC 000001309

Sum Insured:

Excess:

Make of Veh:

D.O.A. 17092017

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction ( ✓ ) Estimate	
	TIB 1158E - NS/INC 13012715 / P1603	DA: 040713
	SLL 9917R - C3S / TP 17003216 / P1602-1	DA: 040717
11/5/18	Rec'd file from Assignment Team	
30/10/17	Sebastian confirmed LS \$6600 (Red 6077, 4819) (CR sur)	14/05/18

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 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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

T113 1158 E

Yr Regn:

21/6/2001

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

Truck / Trailer or

Make:

Mercedes Benz 0409 Auto c.o 11964

Colour

Multi Colour

A/C: Insured / Std / NI / NA

Sp. Reading

963139

T/Radio: Insured / Std / NI / NA

Eng No:

C/No:

WED 61232321078218

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: 17 / S/Rim / STD A/Rim or

Tyre Size:

F: 275/70 R22.5

R:

11

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

6 mm

R/Bal.

6/6 mm

L/Bal.

6 mm

L/Bal.

6/6 mm

D.O.A.

17/9/2017

D.O.I.

25/9/2017

Survey held at

SMA

Des. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

RECEIVED 14 MAY 2018

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

1)

2)

14/5 - typist

Report Format :

TP

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

6600 k)

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

350

Transportation:

S + RS \$

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Photos

Others

TOTAL

350

**Catherine Chong (LKK Auto)**

---

**From:** Ng, Sharon <Sharon.Ng@sg.gaig.com>  
**Sent:** Tuesday, 8 May, 2018 9:28 AM  
**To:** 'Survey'; 'assignments'  
**Subject:** OUR REF; CLMOMVC000001309 (SLL9917R)

Hi Sir

Please check if you have surveyed TP- TIB1158E for us.

Please furnish survey report to us.

Thanks  
Sharon  
Great American

---

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

## **Celine Fong (LKKAuto)**

---

**From:** Celine Fong (LKKAuto)  
**Sent:** Friday, 29 September 2017 5:37 PM  
**To:** donovan.lam@sg.gaig.com  
**Subject:** DOA: 17/09/2017, TIB 1158E (TP VEHICLE), SLL 9917R (OI VEHICLE)

Dear Mr Lam,

This SMRT vehicle was mistakenly assigned by SMRT claimed against under the usual arrangement by other insurers of "direct arrangement" it was inspected by our surveyor Sebastian Yeang, by the time when SMRT claims department realised the workshop already commenced the repair.

Please let us have your instruction whether we can continue with the survey and charged according to your fee structure.

Best Regards,

**Celine Fong**

**LKK Auto Consultants Pte Ltd**

phone: 6256-3561 | email: [celinefong@lkkauto.com](mailto:celinefong@lkkauto.com) | fax: 6256-4315

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

SURT

This vehicle was mistakenly inspected  
by our surveyor Seb - ... , ~~but~~  
by the time ~~the~~ <sup>with</sup> survey claims department  
realized ~~the~~ the workshop already  
commenced the repairs. Please

Let us have your instructions whether

We can continue with the  
survey and changed according to  
you see sth .

assigned by survey claimed  
against under the usual oversight  
by other  
for insured  
of "direct"  
inspection,  
otherwise,  
it was



**GREAT AMERICAN INSURANCE COMPANY**

UEN: T16FC0029B GST REG NO: M90370081T  
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER  
SINGAPORE 039190  
TEL: +65 6804 6000  
FAX: +65 6235 2616

24 March 2016

M/S LKK Auto Consultants Pte Ltd  
51 Ubi Avenue 1, #01/02-25,  
Paya Ubi Industrial Park,  
Singapore 408933

Attention: Mr K.K. Lau

Dear Sirs

**LETTER OF APPOINTMENT AS AUTOMOBILE ADJUSTER & SURVEYOR**

We refer to above matter and are pleased to confirm your appointment as our independent automobile adjuster and surveyor.

As our independent adjuster and surveyor, you are authorised to conduct pre-repair inspections for own damage and third party repairs, re-surveys as well as negotiation and finalise repair costs for own damage claims and direct third party settlement with third party workshops and legal representative.

You may produce this letter as proof of authorisation in the course of conducting the scope of work described in the foregoing on our behalf.

Please note that the finalised settlement proposal has to be submitted to our claims office for final approval. You may contact the undersigned should you have any queries.

Yours faithfully,

A handwritten signature in black ink, appearing to be "V. Sng", written over a horizontal line.

Victor Sng  
Senior Manager, Claims  
Great American Insurance Company

DID : 6804 6037  
FAX : 6235 3354

## 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	19/09/2017 09:55
Date Of Accident	17/09/2017 11:05
Exact Location Of Accident	JUNCTION OF WOODLANDS AVE 5 AND AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	TIB1158E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64823888

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BUS

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 BUS

### Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087563MFBP
Cover Note Number	

### Driver

Name of Driver	NAI WUI CHEE
Passport No/FIN	G7194782W
Date Of Birth	10/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	28/05/2001
Driving Experience	16 YEARS AND 3 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 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) 20

### Details of Police Action

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

### Circumstances of Accident

POLICE REPORT : T/20170918/2003

### Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLL9917R  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver NEO JIAJIA  
NRIC/Passport Number  
Contact Number 81610494  
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

NEO JIAJIA



Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

COMPLAINED LEFT LEG PAIN

SLL9917R

## Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20170918/2003

1 of 3

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

Report No. T/20170918/2003

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2017 01:33		Vide Report No.: J/20170917/0266		Station Diary No.: 9	
<b>Informant's Particulars</b>					
Name of Informant: NAI WUI CHEE			Address: 6 ANG MO KIO ST 62 SINGAPORE 569140		
ID Type / ID No.: FIN NO / G7194782W			Contact No.: Home/Office: Mobile: 81662102		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 16/03/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BUS CAPTAIN			Driving Licence Information: Class: 2B,3,4A Date of Expiry: 21/05/2018		

<b>General Information of the Accident</b>					
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/09/2017 23:05	Type of Location: X-Junction	
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 3 WOODLANDS AVENUE 5					
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLL9917R	Car				Seriously Damaged	2
TIB1158E	Bus/Coach/Minibus				Slightly Damaged	20

<b>Details of Pedestrian Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20170918/2003

2 of 3

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

Report No. T/20170918/2003

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NEO JIA JIA		ID No. S8408659D
Related Vehicle	SLL9917R (Car)		Contact No. 81610494
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	NAI WUI CHEE		ID No. G7194782W
Related Vehicle	TIB1158E (Bus/Coach/Minibus)		Contact No. 81662102
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4A Date of Expiry: 21/05/2018
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 17/09/2017, I started my shift at 1547hrs, to drive SMRT Bus. After dinner at about 1800hrs, I took bus TIB1158E to perform bus service number 911. At about 2305hrs, I was travelling on Woodlands Avenue 3 towards Woodlands Road. When I approached the cross junction of Woodlands Avenue 3 and Avenue 5, the traffic junction light was green and I proceeded. As I was in the midst of crossing the junction, a grey Toyota Altis, SLL9917R made a U-turn from the opposite side of Woodlands Avenue 3. As the road was wet, I could not stop in time and resulted in hitting onto the left side of the car. The car suffered serious damages while my bus suffered slight damage. The driver of the car then proceeded to the side of the road and stopped. I shifted my bus to the side and stopped to help the driver. The passenger in the car then called for the police while I called my control room to inform. Ambulance and police arrived at scene, and the driver, Neo Jia Jia, HP: 81610494 was conveyed to KTPH. I am lodging this report for my company to do the necessary claims. I would like to state that there is a in car camera in the car however not sure if it is working.



**SINGAPORE  
POLICE FORCE**



T/20170918/2003

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

3 of 3

Report No. T/20170918/2003

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 2 NAGARCHUNAN PILLAI S/O MOGAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/09/2017 01:33

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

SIN 127

Authentication Stamp  
NP168

Signature :

**Singapore Police Force**

## Sketch Plan Pg. 4



**SKETCH PLAN**

BUS/09/17/7031

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that :  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

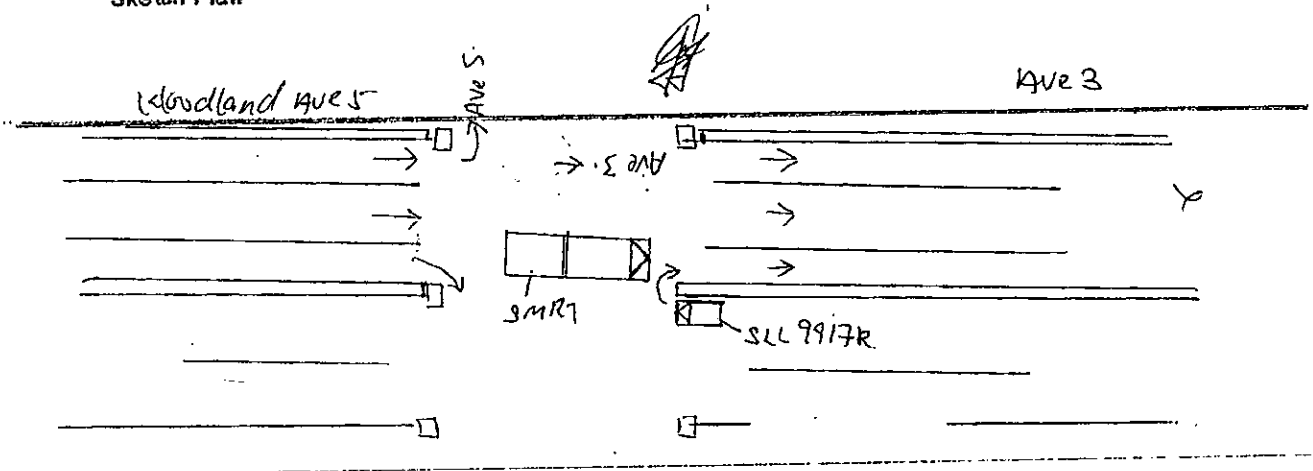
SMRT Buses Ltd  
6 Ang Mo Kio Street 6  
Singapore 569140  
Tel: 6482 3888 Fax: 6482 3882  
www.smrt.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

police report T/2010918/2003.

**Declaration**

We declare the foregoing particulars are true in every respect.

**SAINT BUSSES LTD**  
6 Ang Mo Kio Street 5  
Singapore 569140  
Tel: 6482 3888 Fax: 6482 3888  
www.saint.com.sg



Policyholder's Signature / Date &  
Time

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

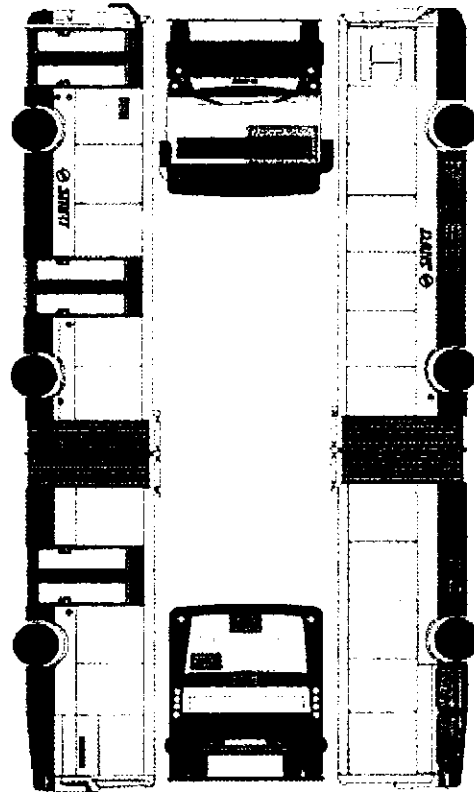


Witnessed by Reporting Centre  
Personnel

## SMRT Accident Vehicle Repair Estimates

### Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : TIB1158E  
Ref. No : BUS/09/17/7031  
Reg. Date : 21/09/2017  
Vehicle Type : BUS -17M  
Make : MB0405G 17M (MERCEDES)  
BENDY  
Model : MERCEDES 0405G  
Name of Driver : Nai Wui Chee  
Type of Accident : HEAD TO SIDE  
Date / Time of Accident : 17/09/2017 11:05:00 AM  
Accident Reported Date / Time : 18/09/2017 12:00:00 AM  
Surveyor is Required? : Yes  
Survey by :  
Vehicle is Towed Back? : No  
Towed Back Date/Time :  
Replacement Vehicle issued? : No  
Accident Repair Job Card No :  
Special Instruction to ARC,if any :  
TIB1158E - FRONT BUMPER DENTED  
SLL9917R (TP) - INSURED WITH GREAT AMERICAN  
Prepared Date : 21/09/2017 02:08:12 PM





Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	1,590.00	1,325.00
Total Labour	1,590.00	1,325.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	616.00	528.00
Total Spray Painting & Panel Beating	616.00	528.00

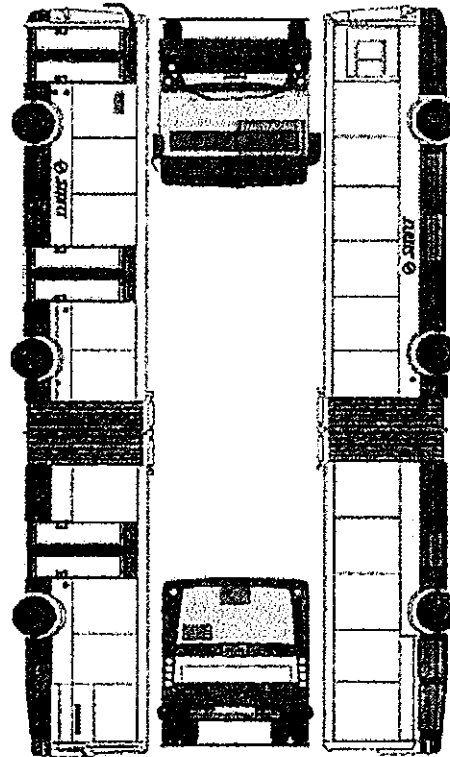
Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

## SMRT Accident Vehicle Repair Estimates

### Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : TIB1158E  
Ref. No : BUS/09/17/7031  
Reg. Date : 21/06/2001  
Vehicle Type : BUS -17M  
Make : MB0405G 17M (MERCEDES)  
BENDY  
Model : MERCEDES 0405G  
Name of Driver : Nai Wui Chee  
Type of Accident : HEAD TO SIDE  
Date / Time of Accident : 17/09/2017 11:05:00 AM  
Accident Reported Date / Time : 18/09/2017 12:00:00 AM  
Surveyor is Required? : Yes  
Survey by :  
Vehicle is Towed Back? : No  
Towed Back Date/Time :  
Replacement Vehicle issued? : No  
Accident Repair Job Card No : 000024092222  
Special Instruction to ARC,if any :  
TIB1158E - FRONT BUMPER DENTED  
SLL9917R (TP) - INSURED WITH GREAT AMERICAN  
Prepared Date : 21/09/2017 02:08:12 PM



Section B - To be Completed by Service Advisor, Accident Repair Centre

Chassis No : WEB61232321098218

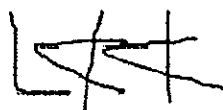
Mileage : 0

Work Shop :

Repair Completed Date / Time : 01/01/2000

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 1,590.00	1,325.00
Total Spray Painting Charges	: 616.00	528.00
Total Material Charges	: 4,732.39	4,732.39
Other Charges	: 0.00	0.00
TOTAL	: 6,938.39 12,677	6,585.39
Lum Sum Total	: 6,950.00	6,600.00
No. of Repair Days	: 6.00	4.00 /
Prepared / Adjusted By	: Goh Kok Khoon	Sebastian Yeang
Arc / Surveyor Sign Off Date	: 25/09/2017 01:55:11 PM	25/09/2017 01:55:30 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 25/09/2017 01:55:11 PM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

Quotation No :	Invoice No :
Quotation Date :	Invoice Date :
Invoice Amount :	Prepared Date :

**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	1,590.00	1,325.00 /
<b>Total Labour</b>	<b>1,590.00</b>	<b>1,325.00</b>

**Part 2 - Spray Painting & Panel Beating Related Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	616.00	528.00 /
<b>Total Spray Painting &amp; Panel Beating</b>	<b>616.00</b>	<b>528.00</b>

**Part 3 - Other Costs - Accident and Accident Repair Related Expenses**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
<b>Total Other Costs</b>		

12692

**Part 4 - Spare Parts / Material Usage**

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
4014451003	FRONT	6008246	FRONT MOULDING	1	2,433.64	100.00	0.00	Repair	Repair	No <i>R</i>
4009851005	FRONT	6008202	FRONT HEADLAMP HOUSING LH	1	736.46	100.00	0.00	Repair	Repair	No <i>R</i>
4009851006	FRONT	6008195	FRONT HEADLAMP HOUSING RH	1	736.46	100.00	0.00	Repair	Repair	No <i>R</i>
4015751012	FRONT	6008199	FRONT FLAP	1	1,820.79	10.00	1,638.71	Replace	Replace	No <i>/ Defect</i>
4515713000	FRONT	6008249	FRONT STRUCTURE METAL	1	1,653.92	10.00	1,488.53	Replace	Replace	No <i>/ Defect</i>
4015751001	FRONT	6008198	FRONT BUMPER RH	1	594.15	10.00	534.73	Replace	Replace	No <i>/ CRK</i>
4009851007	FRONT	6008197	FRONT BUMPER CENTER	1	1,493.59	10.00	1,344.23	Replace	Replace	No <i>/ CRK</i>
4015751000	FRONT	6008196	FRONT BUMPER LH	1	594.15	10.00	534.73	Replace	Replace	No <i>/ CRK</i>
	COMMON	4005301	SMRT STICKER (S)	1	75.00	0.00	75.00	Replace	Replace	No <i>/ ACC</i>
4814239056	VE	6008149	SIGNAL LAMP	1	128.33	10.00	115.50	Replace	Replace	No <i>/ CRK</i>
4814239056	VE	6008153	FRONT OUTER LAMP	1	204.51	10.00	184.06	Replace	Replace	No <i>/ CRK</i>
<b>TOTAL MATERIALS</b>							<b>5,915.50</b>	<b>5,915.49</b>		
<b>TOTAL MATERIALS(Discounted)</b>							<b>4,732.39</b>	<b>4,732.39</b>		

**Added Spare Parts / Material Usage After Surveyor Signed off**

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
4814239056	VE	FRONT OUTER LAMP	1	204.51	10.00	184.06	Replace	Replace	No
<b>TOTAL SUPPLEMENTARY MATERIALS</b>						<b>184.06</b>			

$$\begin{array}{r}
 5915.49 \\
 - 20\% \\
 \hline
 4732.39 \\
 + 1325.00 \\
 \hline
 6057.39 \\
 - 528.00 \\
 \hline
 5529.39
 \end{array}$$

4/5 : \$ 6600

Sebastian.  
30/10/2017.




## 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			
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI18008561/Svbe2	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 21-05-2018	
Code : GAI			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SLL 9917R	Veh. Inspected	TIB 1158E
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000001309	Excess (\$)	0.00
Assign From	SHARON NG	Assign Date	08/05/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MERCEDES BENZ O4O5G AUTO	c.c	11967
Engine No.	HIDDEN	Year of Reg.	2001
Chassis No.	WEB61232321098218	Colour	MULTI COLOUR
Odometer	963139	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	CONTINENTAL	6 mm
L/H Front Tyre	275/70 R22.5	CONTINENTAL	6 mm
R/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	6/6 mm
L/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	6/6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	17/09/2017	Inspection Date	25/09/2017
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. TIB 1158E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT FLAP	DEFORMED	1,820.79	1,820.79
1	FRONT STRUCTURE METAL	DEFORMED	1,653.92	1,653.92
1	FRONT BUMPER RH	CRACKED	594.15	594.15
1	FRONT BUMPER CENTER	CRACKED	1,493.59	1,493.59
1	FRONT BUMPER LH	CRACKED	594.15	594.15
1	SIGNAL LAMP	CRACKED	128.33	128.33
1	FRONT OUTER LAMP	CRACKED	204.51	204.51
1	FRONT MOULDING	TO REPAIR SEE LABOUR	2,433.64	-
1	FRONT HEADLAMP HOUSING LH	TO REPAIR SEE LABOUR	736.46	-
1	FRONT HEADLAMP HOUSING RH	TO REPAIR SEE LABOUR	736.46	-
	LESS 10% DISCOUNT		-	-648.94
			10,396.00	5,840.50
<b>SPECIAL NETT ITEMS</b>				
1	SMRT STICKER (S) (SN)	NECESSARY	75.00	75.00
			75.00	75.00
<b>LABOUR</b>				
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF FRONT MOULDING , FRONT HEADLAMP HOUSING LH AND FRONT HEADLAMP HOUSING RH.		1,590.00	1,325.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		616.00	528.00
			2,206.00	1,853.00
<b>GRAND TOTAL</b>			<b>12,677.00</b>	<b>7,768.50</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>6,600.00</b>

Report Ref No. CS/GAI18008561/Svbe2

YEANG WAI KEEN  
Automotive Assessor

HO LEONG CHUAN  
Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.  
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.