

ASS. REC. BY:

REF: CS/SMO18008784/UtD3n2 Special Instruction:

VIVAJOY

ASSIGNMENT (Office)

From (Person):

Grace 720

of

SMO

Date/Time: 15/5/18 @ 11:19am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YN 880G

Insured:

FBK 3107A

at Workshop m/s

Chin Meng Motors

Tel:

9191 2829

of

1 Kaki Bukit Ave 6 Blk B #01-40 / Blk C #01-63

Policy No:

Claim No:

CMTD1802048/NSW

Sum Insured:

Excess:

Make of Veh:

D.O.A.

13/05/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

11:44am @ 15/5/18

Person Contacted:

Quek

Vehicle IN

OUT

Date/Time

Action/Instruction (✓) Estimate

YN 880G-X

FBK 3107A-NA/INC15019600/d2

DOA: 9/11/15

20/5

Revert preli advise via email

(08/11/13) wef

ASS. REC. BY: MORISREF: 540/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: YN8806at Workshop m/s Cherry

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS col 7/1/2020

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YN8806 Yr Regn: 1/10

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

Truck / Trailer or (M)Make: Suzuki NHR85 c.c. 2999Colour: Dark Blue A/C: Insured / Std / NI / NASp. Reading: 172358 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAANHR85C97100118Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/75R16

R: _____

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

TOYO / YOKO or nexenFront 6 mm Rear 6/6 mmR/Bal. 6 mm R/Bal. 6/6 mmL/Bal. 6 mm L/Bal. 6/6 mmD.O.A. 13/5/18 D.O.I. 17/5/18

Survey held at _____

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

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

Date / Time Action / Instruction

L7A 296913/6/18 conf. and final by 1164.88 with Kensing
(Red. 1048.53 : 47%)

RECEIVED 14 JUN 2018

Date/Time, File Pass to?

☐ : Preli. Report☒ : Final Report1) 4/6 Typist

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: TPLump Sum (I.B.I.): (\$ 1164.88)250



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

SOMPO INSURANCE SINGAPORE PL

Ref : CS/SMO18008784/Utd3

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERSINGAPORE 048623

Date : 15-05-2018



Code : SMO

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBK 3107A	Veh. Inspected	YN 880G
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1802048/NSW	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	15/05/2018

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

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5. General Information

Accident Date	13/05/2018	Inspection Date	
Survey held at	CHIN MENG MOTORS 1 KAKI BUKIT AVE 6 #01-40/63 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.
--



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: CMTD1802048/NSW

Date: 22/5/2018

Our Ref: CS/SMO18008784/Utd3

The Motor Claims Department
SOMPO INSURANCE SINGAPORE PL

Without Prejudice

Dear Sirs/Mdm

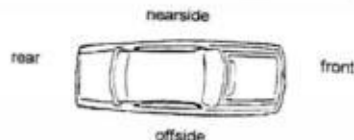
PRELIMINARY ADVICE OF VEHICLE NO. YN 880G.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 17/05/2018 at the premises of M/s Chin Meng Motors and have the following to report: -

Workshop Estimate Amount	: S\$ <u>2,213.41</u>
Revised Estimate Amount	: S\$ <u>4,396.16</u>
"Check" Items Amount	: S\$ <u>323.20</u>
Market Value	: S\$ <u>-</u>
LTA Reimbursement Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:

The vehicle sustained damages at the rear o/s portion.



Repair days: 3

Comments/ Present Status:

Damages Consistent.

Yours faithfully

Marcus

Automotive Assessor

Nivitha (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Tuesday, 15 May 2018 11:19 AM
To: Chin Meng Motors; admin-d@lkkauto.com; assignments@lkkauto.com
Cc: cmm@cmm.sg; Ngo, Sau Wei Shawn; Ye, Yong Kang Melvin
Subject: CMTD1802048/NSW - SUV(LKK)/ FBK3107A & YN880G ACC ON 13-05-18
Attachments: YN880G 13-05-18.pdf

Our Claim Reference: CMTD1802048/NSW

Your Reference: YN880G

Hi Kim Seng,

We acknowledged receipt of your claim documents.

Please be informed that Shawn Ngo is the handler of this case.

As agreed we have appointed LKK AUTO according to your request to conduct the survey.

Aside to LKK AUTO,

Please make arrangement to conduct the survey for YN880G.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

Disclaimer: This e-mail, including attachments, is intended for the person(s) or company named and may contain confidential and/or legally privileged information. Unauthorised disclosure, copying or use of this information may be unlawful and is prohibited. If you are not the intended recipient, please delete this message.

Privacy Policy Notice: Sompo Insurance Singapore Pte. Ltd. may collect, use and disclose your personal data for the purposes stated in our Privacy Policy. This may include disclosure to holding and associated companies, credit bureau, parties to whom disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click [here](#) for our Privacy Policy

From: Chin Meng Motors [mailto:cmmotors@singnet.com.sg]

Sent: Monday, May 14, 2018 4:37 PM

To: Claims - Motor Survey

Cc: cmm@cmm.sg

Subject: YN880G, TP claim against FBK3107A (DOA: 13-05-18)

Dear Sir/Ms,

Accident involving YN880G and FBK3107A on 13-05-18 along Woodlands Ave 1

We are the motor workshop for YN880G and is making a claim against your insured/driver of FBK3107A for the above mentioned accident.

Kindly forward your list of surveyors to be selected as our single joint expert.

Enclosed herewith GIA

**Estimate to follow up (in the midst of preparing)

Thank you.

Best Regards,

Quek Kim Seng,
Chin Meng Motors

Main

1 Kaki Bukit Ave 6

Blk B #01-40

Blk C #01-63

Autobay

Singapore 417883

Tel: 6747-4810

Fax: 6745-5018

Hp: 9191-2829

Branch

68 Kaki Bukit Ave 6

#01-11

ARK @ KB

Singapore 417896

Tel: 6384-0111

Denise Tay (LKKAUTO)

From: Denise Tay (LKKAUTO)
Sent: Tuesday, 22 May 2018 3:09 PM
To: Admin-D (LKKAUTO); 'Teo, Grace'; assignments
Cc: 'Ngo, Sau Wei Shawn'; 'Ye, Yong Kang Melvin'; SUR
Subject: RE: CMTD1802048/NSW - SUV(LKK)/ FBK3107A & YN880G ACC ON 13-05-18
Attachments: PRELI ADVISED YN 880G.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **YN 880G**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAUTO)
Sent: Tuesday, 15 May 2018 11:47 AM
To: 'Teo, Grace' <grace.teo@sompo.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Ngo, Sau Wei Shawn' <Shawn.Ngo@sompo.com.sg>; 'Ye, Yong Kang Melvin' <melvin.ye@sompo.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: CMTD1802048/NSW - SUV(LKK)/ FBK3107A & YN880G ACC ON 13-05-18

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Teo, Grace [<mailto:grace.teo@sompo.com.sg>]
Sent: Tuesday, 15 May 2018 11:19 AM
To: Chin Meng Motors <cmmotors@singnet.com.sg>; admin-d@lkkauto.com; assignments@lkkauto.com
Cc: cmm@cmm.sg; Ngo, Sau Wei Shawn <Shawn.Ngo@sompo.com.sg>; Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>
Subject: CMTD1802048/NSW - SUV(LKK)/ FBK3107A & YN880G ACC ON 13-05-18

Our Claim Reference: CMTD1802048/NSW

Your Reference: YN880G

Hi Kim Seng,

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	0882K

Vehicle Details

Vehicle No.:	YN880G
Vehicle to be Exported:	No
Intended De-registration Date:	17 May 2018
Vehicle Make:	ISUZU
Vehicle Model:	NHR85AUE4A
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	4JJ1825226
Chassis No.:	JAANHR85E97100118
Maximum Power Output:	-
Open Market Value:	\$30,451.00
Original Registration Date:	08 Jan 2010
First Registration Date:	08 Jan 2010
Transfer Count:	1
Actual ARF Paid:	\$1,523.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	07 Jan 2020
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$18,110.00
COE Rebate Amount:	\$2,969.00
Total Rebate Amount:	\$2,969.00

The information contained herein is correct as at 17 May 2018

OK

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 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	14/05/2018 15:20
Date Of Accident	13/05/2018 11:10
Exact Location Of Accident	WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN880G
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	JEREMYC_QUEK@CERTISSECURITY.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68428849

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A-3.0 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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	MT20171547

Driver

Name of Driver	MOHAMED SALLEH BIN AHMAD
NRIC No	S7040229G
Date Of Birth	28/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1995
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93846700
Fax Number	
Contact Number	
EMail Address	JEREMYC_QUEK@CERTISSECURITY.COM

Address	C/O: 20 JALAN AFIFI
Postcode	409179
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	3
Passenger 1	NAME: : TL 73943 GENDER: : MALE
Passenger 2	NAME: : GM 37512 GENDER: : MALE

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

AS ATTACHED

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	FBK3107A
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD AMIN BIN MOKHTAR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of 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 lodging 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.

B. 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:
NERC/FIN No.:

QUEK KIM SENG
S8013338C

Accident Sketch Plan Pg. 1

SKETCH PLAN



A-7M880G
B1-FBK3107A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

I/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: 12-01-18

1240HRS

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

QUEN KIM SENG
S3013338C

Accident Sketch Plan Pg. 1

My number: 93846700



INCIDENT REPORT FOR DUTY POST

Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition				
LIT-BNE-CLL	Banking ↓ Retail	13-05-18	17:10 hrs	Wet & Slippery				
Person(s) Involved	Particulars of Witness(es)							
myself - 17799	Follower 73943							
Rider of Motorcycle	Glover 37512							
Muhammed Amin on Mahabir	Motorcycle plate no: - FBK 3107A H/S No: - 91371504							
Details of Incident (Who, What, Where, When, Why, How and Other Essential Details)								
<p>On duty morning I was detailed assignment 'Retail 11' with vehicle 118304. While I was waiting at the traffic junction Woodlands Avenue 1 to turned green, I noticed a motorcycle had weided from my right view mirror and last hit against our vehicle.</p> <p>I quickly checked on the rider and my team mate controlled the traffic flows. Luckily, the rider was not injured. Only my rear signal lights broken on the right side. We both parked at the shoulder and exchange particulars. That's all.</p>								
Reported by: (Rank/Svc No/Name) CPL 17799 Mond Salich	Signature 	Date 13-05-18	Time 16:10 Hrs.					

振明摩哆 CHIN MENG MOTORS

1 Kaki Bukit Ave 6, #01-40/63 Autobay@Kaki Bukit, Singapore 417883
Tel: 6747-4810 Fax: 6745-5018
cmmotors@singnet.com.sg

ESTIMATE

Our Ref: EST160/18/CIS
Your Ref: TP claim against FBK3107A

13-May-18

Sompo Insurance Pte Ltd
50 Raffles Place
#05-01/06 Singapore Land Tower
Singapore 048623

Attn: Motor Claims Department

Dear Sir/Ms,

Re: Estimate cost of repair to Isuzu NHR85 no: YN880G

Date of accident: 13-05-2018

Parts supply:

- 1 pc Taillamp R/h
- 1 pc Taillamp bracket R/h

SS 320 252.80
NS 186.50 X
439.30
Less 15%: (65.90)

S/Nett Items

- 1 pc Taillamp wiremesh R/h (S/Nett)
- 1 pc Rear R/h stopper (S/Nett)
- 1 pc Rear R/h aluminium strip
- 1 pc Rear R/h compartment door emblem - TYRON (S/Nett)
- 1 pc Rear R/h compartment door sticker - AUXILIARY POLICE (S/Nett)
- 1 pc Rear bumper (S/Nett)
- 1 pc Rear bumper R/h bracket (S/Nett)

MS 150.00 ✓
17 30.00 X
1 80.00 X
17 50.00 X
17 100.00 X
1 350.00 X
1 150.00

Labour charges:

- To panel beating, welding, removing damaged parts and replacement of the parts as mentioned above etc.
- To respray affected part.
- To remove & refit of wirings.

380 400.00
400 500.00
20 30.00
SS 2,213.41

Not Adm

take photo after rep-

17/5/18

3 day.

p/p & 1164.88

LKK Auto Consultants hence notify the Repairer of the following:

- To survey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



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

SOMPO INSURANCE SINGAPORE PL

Ref : CS/SMO18008784/Utd3n2

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERSINGAPORE 048623

Date : 18-06-2018



Code : SMO

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBK 3107A	Veh. Inspected	YN 880G
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1802048/NSW	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	15/05/2018

2. Vehicle Particulars & Condition

Make & Model	ISUZU NHR85 (M)	c.c	2999
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	JAANHR85E97100118	Colour	DARK BLUE
Odometer	172358	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/75 R16	NEXEN	6 mm
L/H Front Tyre	195/75 R16	NEXEN	6 mm
R/H Rear Tyre	195/75 R16 (D)	NEXEN	6/6 mm
L/H Rear Tyre	195/75 R16 (D)	NEXEN	6/6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	13/05/2018	Inspection Date	17/05/2018
Survey held at	CHIN MENG MOTORS 1 KAKI BUKIT AVE 6 #01-40/63 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:	3 Working Days
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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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YN 880G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILLAMP R/H	BROKEN	252.80	252.80
1	TAILLAMP BRACKET R/H	NO SUCH PARTS	186.50	-
	LESS 15% DISCOUNT		-65.89	-37.92
			373.41	214.88
<u>SPECIAL NETT ITEMS</u>				
1	TAILLAMP WIREMESH R/H (SN)	MISSING	150.00	150.00
1	REAR R/H STOPPER (SN)	NOT NECESSARY	30.00	-
1	REAR R/H ALUMINIUM STRIP (SN)	TO REPAIR SEE LABOUR	80.00	-
1	REAR R/H COMPARTMENT DOOR EMBLEM-TYRON (SN)	NOT NECESSARY	50.00	-
1	REAR R/H COMPARTMENT DOOR STICKER-AUXILIARY POLICE (SN)	NOT NECESSARY	100.00	-
1	REAR BUMPER (SN)	TO REPAIR SEE LABOUR	350.00	-
1	REAR BUMPER R/H BRACKET (SN)	TO REPAIR SEE LABOUR	150.00	-
			910.00	150.00
<u>LABOUR</u>				
	TO PANEL BEATING, WELDING, REMOVING DAMAGED PARTS AND REPLACEMENT OF THE PARTS AS MENTIONED ABOVE ETC. INCLUSIVE OF THE REPAIR OF REAR R/H ALUMINIUM STRIP, REAR BUMPER AND REAR BUMPER R/H BRACKET.		400.00	380.00
	TO RESPRAY AFFECTED PART.		500.00	400.00
	TO REMOVE & REFIT OF WIRINGS.		30.00	20.00
			930.00	800.00
GRAND TOTAL			2,213.41	1,164.88
RECOMMENDED COST OF REPAIRS				1,164.88

Report Ref No. CS/SMO18008784/Utd3n2

CHUA KANG SENG

Licensed Appraiser

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