

ASS. REC. BY:

REF:

C2 / SPF18008808 / As.bm2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Abdul Rahman

of

SPF

Date/Time:

15/05/2018 243pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLM 355R

Insured:

Qx 571R

at Workshop m/s

First Autoworks

Tel:

9189 2617

of

23 Kaki Bukit Ave 4 #04-01

Policy No:

Claim No:

AEMD / 185 / 009 / 2018 / 064

Sum Insured:

Excess:

Make of Veh:

D.O.A.

13052018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

15/05/2018 245pm

Person Contacted:

Subhimi

Vehicle (IN) / OUT

Date/Time

Action/Instruction (✓) Estimate

Don't Finalize

SLM 355R - A

Qx 571R - X

~~13/04/18 (\$9,120.10 - \$4,733.60) - Reduction = 48%~~~~(Red \$4,386.50 - 48%)~~

ASS. REC. BY: Adrian Ling**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.**

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ 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**Vehicle: **IN / OUT**

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLM355R Yr Regn: 2017, MayType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Opel Mokka C.C. 1598Colour: Black A/C: **Insured / Std / NI / NA**Sp. Reading: 123704 T/Radio: **Insured / Std / NI / NA**Eng/No: WOLJD7EC1H3086602

C/No: \_\_\_\_\_

Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **Inorder / Jammed / Leaked / Burnt** orBrake: **Inorder / Jammed / Leaked / Burnt** orModi: **Nil / S/Rim / STD A/Rim** orTyre Size: **F:** 215/55R18**R:** 215/55R18**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO** or Go Conforsec.**Front****Rear**R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 16/05/18Survey held at First AutoworkDes. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** orThe **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time Action / Instruction

TP SPF

RECEIVED 14 JUN 2018

Date/Time, File Pass to?

13/06/181) Typist

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format :

Lump Sum / I.B.I: (\$) P/P \$ 4,733.60☐ : Preli. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: —Add Fee: ☐ : Site Insp (\$ )☐ : Interview (\$ )☐ : Tech. Invs (\$ )☐ : Weekend (\$ )

Survey Fee:

Transportation:

\_\_\_\_ \$ + RS. \_\_\_\_ \$

Photos

Others

TOTAL

280



# SINGAPORE POLICE FORCE

SPF Accidents Claims Section  
Automotive Engg & Mgmt Div  
Police Logistics Department  
No. 1 Mount Pleasant Road  
Block 8 Old Police Academy  
#02-12 Singapore 298333

Your Ref : SLM355R

Our Ref : AEMD/105/009/2018/064

Date : 15 May 2018

Tel: 64784840

Fax: 64784848

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

Via Fax only: 62564315

Dear Sir/Madam,

## RTA ON 15 MAY 2018 INVOLVING GOVT VEH QX571R AND OTHER VEH SLM355R

We refer to the above matter.

2 Please arrange for a Pre Repair Inspection of vehicle no. SLM355R at M/s Furst Autoworks Pte Ltd  
of 23 Kaki Bukit Ave 4 #04-01 (South Wing), Singapore 415993.

3 For appointment please contact Suhaimi (68441985).

4 Estimates were not provided by the workshop.

5 Thank you.

Yours sincerely,

Abdul Rahman  
Accident Claims Officer  
for Assistant Director

CC: M/s Tommy Choo Mark Go LLC (Ref: TCMG/SKG7873J/0518/SSH) Via Fax: 65389850 Only

A FORCE FOR THE NATION

## 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 14:23
Date Of Accident	13/05/2018 16:30
Exact Location Of Accident	ROCHOR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM355R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALPINE CAR RENTAL PTE LTD
Co Reg No	199003483E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65113022

### Vehicle Particulars

Manufacturer	OPEL
Model	MOKKA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	RENTAL
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093613878
Cover Note Number	

### Driver

Name of Driver	CHIA JYH CHYANG
Work Permit No	S6922452J
Date Of Birth	02/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1993
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96988380
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 44 SIM DRIVE  
 Postcode 380044  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 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 CLEAR  
 Road Surface DRY

#### 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? YES  
 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) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name BOON TECK NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2549999 - FAX NO: 63554310  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

#### 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 QX571R  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category GOVERNMENT  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHIA JYH CHYANG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

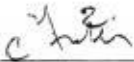
- 1- Please report correctly the details of the accident to speed up the claims process.
- 2- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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 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.



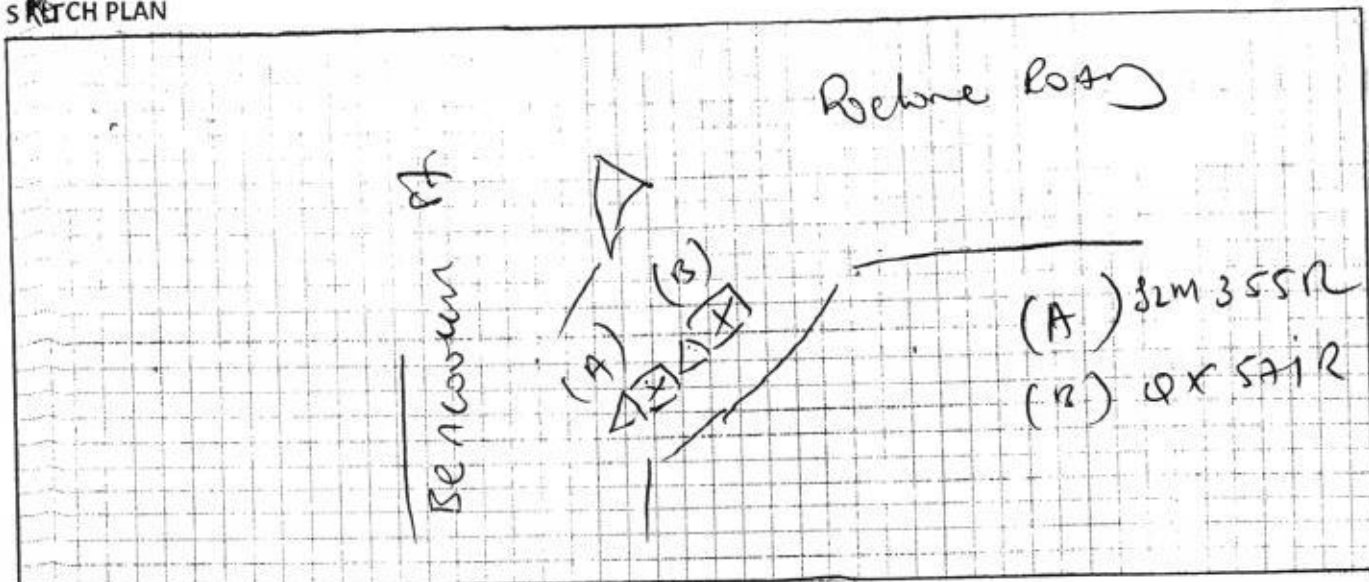
Policyholder's Signature  
Date & Time:

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



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






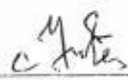
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

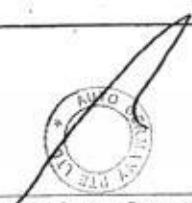
On 13/5/2018; Refr to Police Report.

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:

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





# SINGAPORE POLICE FORCE



T/20180513/2104

1 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20180513/2104

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/05/2018 20:48		Vide Report No.:		Station Diary No.: 40	
<b>Informant's Particulars</b>					
Name of Informant: CHIA JYH CHYANG			Address: APT BLK 44 SIMS DRIVE #09-175 SINGAPORE 380044		
ID Type / ID No.: NRIC NO / S6922452J			Contact No.: Home/Office: Mobile: 96988380		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 02/07/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 13/05/2018 16:30	Type of Location: FILTER LANE
Location: Along Road 1 ROCHOR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
QX571R	POLICE VEHICLE				Slightly Damaged	1
SLM355R	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180513/2104

2 of 3

Police Station Of Origin:

Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207

Tel No: 1800-2549999

Report No. T/20180513/2104

**CONTINUATION OF REPORT**

Driver			
Name	CHIA JYH CHYANG	ID No.	S6922452J
Related Vehicle	SLM355R (Car)	Contact No.	96988380
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	13/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 13/05/2018 at about 1630hrs, I was driving my friend's grab vehicle bearing SLM355R and I am the relief driver for him as he is overseas. I was driving along Rochor Road and entered a filter lane towards Bencoolen St however the traffic on Bencoolen St was heavy thus I had to stop in the filter lane before Bencoolen St. While my vehicle was in stationary position in the filter lane, I suddenly felt a bump fro the rear of my vehicle. I proceeded down to make a check and discovered that a Police vehicle bearing registration no: QX571R had collided to the rear of my vehicle. At the point of time, both the police officers of the police vehicle stepped out and took my particulars. Both the vehicle proceeded to inch infront to prevent jamming up the traffic behind. I observed that there is a minor scratch to the rear of my vehicle and minor damages to the front number plate of the police vehicle. No one was injured at the point of accident and no ambulance was at scene. No other government property was damaged and no pedestrian was injured. I was advised to lodge a traffic accident report. However after the accident, I feel pain and ache to my neck therefore i went to see a Doctor at Toa Payoh before lodging a report. I was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20180513/2104

Police Station Of Origin:

Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207

Tel No: 1800-2549999

3 of 3

Report No. T/20180513/2104

**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:

E /

Sgt 2 NICHOLAS LEE NAM AIK

Signature Of Interpreter:

Not applicable

Officer In Charge Case:

TP / ABE

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220



**POLICE FORCE**

**SN 062**

Authentication Stamp

**SIGNATURE**

NP168

Signature Of Informant:

Date/Time:

13/05/2018 20:48

Classification Of Case:

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5093613878

**Cover :** drive PREMIUM

- |   |                             |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLM355R                   |
| Chassis Number  | : W0LD7EC1HB086602          |
| 2. Name of Policyholder   | : ALPINE CAR RENTAL PTE LTD |
| 3. Effective Date of Insurance  | : 01 Sep 2017               |
| 4. Expiry Date of Insurance   | : 31 Aug 2018               |
| 5. Persons or Classes of Persons entitled to drive#   |                             |
| (a) The Policyholder.   |                             |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                             |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                             |
| 6. Limitations as to Use#   |                             |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.  |                             |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$1,400
EXCESS (SECTION 2)	: S\$1,400
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ALPINE CREDIT PTE LTD (00000615424)  
 Date of Issue : 21 Aug 2017 12:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6922452J



Name

CHIA JYH CHYANG



Race

CHINESE

Date of Birth

02-07-1969

Sex

M

Country of Birth

SINGAPORE

S6922452J

1st Autoworks Pte Ltd  
23 Kaki Bukit Ave 4, #04-01 (South Wing) Singapore 415933

Repair Estimate

Date : 15/5/2018

Reference: SLM355R  
OPEL MOKKA X  
Make: 1.6 CDTI 6AT

To Whom It May Concern

Dear Sir,

RE: VEHICLE : SLM355R  
CHASSIS NO.: W0LJD7EC1HB086602  
ENGINE NO.: A3162785GU7X0773

Name of insured : Alpine Car Rental Pte Ltd  
Date of accident.: 13/05/2018

We append hereunder the estimated cost of repairs to be carried out to the above vehicle.

Parts

No.	Qty	Part Description	Price (SGD)
1	1	Rear Bumper <i>2nd hand</i>	\$ 1,800.00 ✓
2	1	Rear Bumper Lower	\$ 1,390.00 ✓
3	1	Rear Bumper Towing Cover <i>new</i>	\$ 90.00 +
4	1	Rear Bumper Sill Plate <i>2nd hand</i>	\$ 344.00 ✓
5	1	LHF Bumper Reflector <i>green</i>	\$ 150.00 +
6	1	RHF Bumper Reflector	\$ 150.00 +
7	1	Rear Bumper Reinforcement Bar <i>2</i>	\$ 671.00 +
8	1	Rear Bumper Absorber - RH <i>new</i>	\$ 82.00 +
9	1	Rear Bumper Absorber - LH	\$ 82.00 +
10	1	LHR Bumper Bracket, Guide <i>new</i>	\$ 70.00 ✓
11	1	RHR Bumper Bracket, Guide <i>new</i>	\$ 70.00 ✓
12	1	LHR Bumper Bracket <i>new</i>	\$ 65.00 ✓
13	1	RHR Bumper Bracket <i>new</i>	\$ 65.00 ✓
14	1	LHR Lower Bumper Bracket <i>new</i>	\$ 80.00 ✓
15	1	RHR Lower Bumper Bracket <i>new</i>	\$ 80.00 ✓

3804  
3423.60  
Parts Total: \$ 5,189.00

Less 10%: \$ 518.90

Total : \$ 4,670.10

Labour

Labour Description

No.	Price (SGD)
1	To dismantle / renew the accident damaged portion, to panel beating, reshape, straighten, orientate and align repair / replacement parts. (\$650 PER DAY) \$ 1,950.00 650
2	Carry out spray painting on accident affected area (\$550 PER PANEL) \$ 1,650.00 550



A0078977



NRIC No. S6922452J



Group (Group) Date of issue

A+ 19-11-2001

APT BLK 44 SIMS DRIVE #09-175  
SINGAPORE 380044

S6922452J

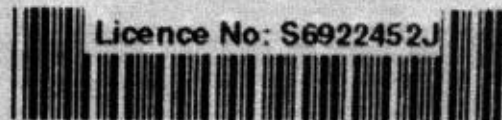
25/03/2015



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles $\leq 200$ cc	08 Mar 1993
Class 2A Motorcycles between 201 cc and 400 cc	14 Jul 1994
Class 2 Motorcycles $> 400$ cc	14 Sep 1999
Class 3 Motor Cars $\leq 3000$ kg with $\leq 7$ passengers, exclusive of the driver; and other motor vehicles $\leq 2500$ kg	14 Dec 1993
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500$ kg *Motor vehicles which are not constructed to carry load and the unladen weight $< 7250$ kg	30 Mar 1995

NP 428A



REPUBLIC OF SINGAPORE DRIVING LICENCE



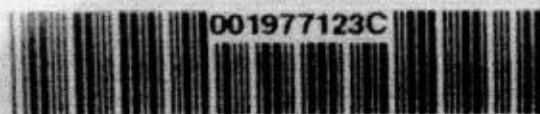
Licence Number: **S6922452J**

Name:

**CHIA JYH CHYANG**

Birth Date: **02 Jul 1969**

Issue Date: **28 Jun 2011**



Hta Motor - Finishing

**1st Autoworks Pte Ltd**

23 Kaki Bukit Ave 4, #04-01 (South Wing) Singapore 415933

**TAX INVOICE**

GST Ref. No: 20-0000274-Z

Vehicle No: SLM355R

Invoice No:

Chassis No: W0LJD7EC1HB086602

Engine No: A3162785GU7X0773

Invoice Date:

DESCRIPTION	AMOUNT	SGD
-------------	--------	-----

**Parts**

No.	Qty.	Description	Price (SGD)
<u>1</u>	1	Rear Bumper	\$ 1,800.00
<u>2</u>	1	Rear Bumper Lower	\$ 1,390.00
<u>3</u>	1	Rear Bumper Sill Plate	\$ 344.00
<u>4</u>	1	LHR Bumper Bracket, Guide	\$ 70.00
<u>5</u>	1	RHR Bumper Bracket, Guide	\$ 70.00
<u>6</u>	1	LHR Bumper Bracket	\$ 65.00
<u>7</u>	1	RHR Bumper Bracket	\$ 65.00

Total: \$ 3,804.00

Less 10%: \$ 380.40

Parts Total : \$ 3,423.60

**Labour**

No.	Description	Price (SGD)
<u>1</u>	To dismantle / renew the accident damaged portion, to panel beating, reshape, straighten, orientate and align repair / replacement parts. (\$650 PER DAY)	\$ 650.00
<u>2</u>	Carry out spray painting on accident affected area (\$550 PER PANEL)	\$ 550.00
<u>3</u>	To remove and refix reverse sensor and conduct test	\$ 50.00

Labour Total : \$ 1,250.00

**Other**

No.	Other Description	Price (SGD)
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1	10	Rear bumper upper clip		\$	30.00
2	10	Rear bumper lower clip		\$	30.00

Other Total : \$ 60.00

Total : \$ 4,733.60

GST (7%) \$ 331.35

**Grand Total: \$ 5,064.95**

Yours Faithfully,



Suhaimi Ong

Service Advisor

Tel: 68441985 Fax:68445185

**E & O E**

- ALL CHEQUE PAYMENTS SHOULD BE CROSSED AND MADE PAYABLE TO "IST Autoworks Pte Ltd".
- PLEASE INDICATE THE INVOICE NO. ON THE REVERSE SIDE.

**Please check and finalize with me this invoice**



## 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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS/SPF18008808/Asbn2

ACCIDENT CLAIM SECTION(SINGAPORE POLICE  
FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD  
POLICE ACADEMYSINGAPORE 298333

Date : 19-06-2018



ATTN: ABDUL RAHMAN

Code : SPF

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 571R	Veh. Inspected	SLM 355R
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2018/064	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	15/05/2018

### 2. Vehicle Particulars & Condition

Make & Model	OPEL MOKKA	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	W0LJD7EC1HB086602	Colour	BLACK
Odometer	123704	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/55 R18	COMFORSER	6 mm
L/H Front Tyre	215/55 R18	COMFORSER	6 mm
R/H Rear Tyre	215/55 R18	COMFORSER	6 mm
L/H Rear Tyre	215/55 R18	COMFORSER	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	13/05/2018	Inspection Date	16/05/2018
Survey held at	1ST AUTOWORKS PTE LTD 23 KAKI BUKIT AVE 4 #04-01 (SOUTH WING) SINGAPORE 415933		

### 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:	2 Working Days
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Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLM 355R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	1,800.00	1,800.00
1	REAR BUMPER LOWER	DEFORMED	1,390.00	1,390.00
1	REAR BUMPER TOWING COVER	NOT NECESSARY	90.00	-
1	REAR BUMPER SILL PLATE	DEFORMED	344.00	344.00
1	LHF BUMPER REFLECTOR	NOT NECESSARY	150.00	-
1	RHF BUMPER REFLECTOR	NOT NECESSARY	150.00	-
1	REAR BUMPER REINFORCEMENT BAR	NOT NECESSARY	671.00	-
1	REAR BUMPER ABSORBER-RH	NOT NECESSARY	82.00	-
1	REAR BUMPER ABSORBER-LH	NOT NECESSARY	82.00	-
1	LHR BUMPER BRACKET, GUIDE	NECESSARY	70.00	70.00
1	RHR BUMPER BRACKET, GUIDE	NECESSARY	70.00	70.00
1	LHR BUMPER BRACKET	NECESSARY	65.00	65.00
1	RHR BUMPER BRACKET	NECESSARY	65.00	65.00
1	LHR LOWER BUMPER BRACKET	NOT NECESSARY	80.00	-
1	RHR LOWER BUMPER BRACKET	NOT NECESSARY	80.00	-
	LESS 10% DISCOUNT		-518.90	-380.40
			4,670.10	3,423.60
<b><u>SPECIAL NETT ITEMS</u></b>				
10	REAR BUMPER UPPER CLIP (SN)	NECESSARY	65.00	30.00
10	REAR BUMPER LOWER CLIP (SN)	NECESSARY	65.00	30.00
1	SET REVERSE SENSOR (SN)	NOT NECESSARY	640.00	-
			770.00	60.00
<b><u>LABOUR</u></b>				
	TO DISMANTLE/RENEW THE ACCIDENT DAMAGED PORTION, TO PANEL BEATING, RESHAPE, STRAIGHTEN, ORIENTATE AND ALIGN REPAIR/REPLACEMENT PARTS.		1,950.00	650.00
	CARRY OUT SPRAY PAINTING ON ACCIDENT AFFECTED AREA.		1,650.00	550.00
	TO REMOVE AND REFIX REVERSE SENSOR AND CONDUCT TEST.		80.00	50.00
			3,680.00	1,250.00
<b>GRAND TOTAL</b>			<b>9,120.10</b>	<b>4,733.60</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>4,733.60</b>

Report Ref No. CS/SPF18008808/Asbn2



Report Ref No. CS/SPF18008808/Asbn2

ADRIAN LING WAI PING

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

Licensed Appraiser

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