

REF: CS/AU718011517/R1 Sbez

Special Instruction:

L/S: \$18000.00

*Third Parties:*

Claimant:

Surveyor: SK Arto

Workshop: RMA Putorave

ASSIGNMENT (Office)

From (Person): Jaclyn of A14 Date/Time: 12.06.2018

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SKH 5485D Insured: G8F 9503 B

at Workshop m/s AMA Autocare Tel: \_\_\_\_\_  
of 36 Tuh Guan Rd East #01-36

Policy No: \_\_\_\_\_ Claim No: 0481999-7186-003

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 14.12.2017

(Client's Record)

04.07.2018 (Wednesday) @ 11.15am

H.O.D. Enrolment/Date

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: 11/1 Confirmed with          Final Fig         ,          days (Red \$          /          %; Original 10 days)

Date/Time: 14/08/18 Submit Final Fig \$7,500.00, 7 days (Red \$10,500 - 58%; Original 10 days)

Date/Time	Action/Instruction
	SKH 5485D - X
	GBF 9503B - X
	19 Jasmine Road (Bradley - 9069 9365)
	RECEIVED 14 AUG 2018

---

Para(1) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

**Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)**

**Para(3) : Nett Value**

Market Value : \_\_\_\_\_

Salvage Value :

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

*Fee Charged:*

Basic &amp; Add

## Transport

## Photos

Others

Total

Date: \_\_\_\_\_

200

200

1) Date/Time \_\_\_\_\_ 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 \_\_\_\_\_

Surveyor

REF:

02622

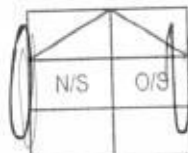
# ASSIGNMENT

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: \_\_\_\_\_ 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: **SKH 5485D** Yr Regn: **2010** /  
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or

Make: **Amc AS** C.C. **1984**  
 Colour: **GRY** A/C: Insured / Std / NI / NA  
 Sp. Reading: **84812** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
 C/No: **WAA Z228T4BA00 7270**

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: **295/80ZR20**  
 R: **20**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **FAUEN**

Front: **6** mm R/Bal. **6** mm  
 L/Bal. **6** mm L/Bal. **6** mm  
 D.O.A. **14/12/2017** D.O.I. **04/07/18**

Survey held at **19, JASMIN RD**

Des. of Damages: Frt / Rear / ☒ O/S / N/S / UIC / Rooftop or

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

Date / Time Action / Instruction

**14/8/2018**

Date/Time: File Pass to?

☐ : Preli. Report  
☐ : Final Report

1) \_\_\_\_\_  
 Date/Time: File Return to?

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

Report Format :

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

Days Of Repair:

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ Site Insp (\$) ☐ Interview (\$) ☐ Tech. Invs (\$) ☐ Weekend (\$)

Survey Fee:

Transportation:

) \$ + RS. \$ SI

) Photos

) Others

TOTAL

## Catherine Chong (LKK Auto)

---

**From:** Kesaval, Jaclyn-M <Jaclyn-M.Kesaval@aig.com>  
**Sent:** Tuesday, 12 June, 2018 4:01 PM  
**To:** Annika  
**Cc:** assignments; Admin A  
**Subject:** RE: Our Ref: AS.172827.aj Your Ref: 0481999796SG-003 Accident involving SKH5485D & GBF9503B on 14.12.2017

**WITHOUT PREJUDICE  
SAVE AS TO COSTS**

Dear Annika,

We refer to your email below.

As the proposals on COR is very vast, we suggest an RI be conducted.

Please let us have the RI date **1 week** in advance.

Thank you.

Jaclyn M K  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd

78 Shenton Way #08-16 Singapore(079120)

Tel +(65) 6419 1953 | Fax +(65) 6835 7416

[Jaclyn-M.Kesaval@aig.com](mailto:Jaclyn-M.Kesaval@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

### IMPORTANT NOTICE:

*The information in this email (and any attachments) is confidential. If you are not the intended recipient, you must not use or disseminate the information. If you have received this email in error, please immediately notify me by "Reply" command and permanently delete the original and any copies or printouts thereof. Although this email and any attachments are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by AIG for any loss or damage arising in any way from its use.*

---

**From:** Annika [mailto:annika@chiaarul.com]  
**Sent:** Monday, June 04, 2018 2:17 PM  
**To:** Kesaval, Jaclyn-M  
**Subject:** Our Ref: AS.172827.aj Your Ref: 0481999796SG-003 Accident involving SKH5485D & GBF9503B on 14.12.2017  
**Importance:** High

**WITHOUT PREJUDICE**

Dear Jaclyn,

We refer to the above matter and your offer stated 28.03.2018.

Thank you for the offer.

However your offer therein is very low and we strongly do not agreed on the liability contribution of 50%.

Whether or not our client was travelling beyond the speed limit, that is for the traffic police to deal with him. Moreover, there is no prove to show that our client's was travelling beyond limit?

From the video, it is undeniable that your insured cut into our lane without checking on on-coming vehicles travelling straight and also without and signal at all.

Mainly for an amicably settlement in-lieu of re-inspection, we would like to counter as follows:

COR:	\$ 15,300.00	
RENTAL (16 DAYS X		
\$150):	\$ 2,400.00	
SURVEYOR FEE:	\$ 600.00	agreed
LTA:	\$ 5.35	agreed
COSTS:	\$ 900.00	
<b>TOTAL:</b>	<b>\$ 19,205.35</b>	

Please let us have your favourable reply on our counter propose and revise of liability.

Thank you.

Regards,

**Ms Annika**

M/s Chia S Arul LLC  
151 Chin Swee Road  
#03-09 Manhattan House  
Singapore 169876  
Tel: (65) 6733 4647 Fax: (65) 6733 8183

This e-mail is from M/s Chia S Arul LLC, a firm of Advocates and Solicitors in Singapore, and is intended solely for the named addressee. It contains confidential and /or legally privileged information. If the e-mail has reached you in error, please delete the e-mail immediately and inform us of the error. You may contact us at [info@chiaarul.com](mailto:info@chiaarul.com). Internet communications cannot be guaranteed to be secured or error-free as information could be intercepted, corrupted, lost, arrive late or contain viruses. The sender therefore does not accept liability for any errors or omissions in the context of this message which arise as a result of Internet transmission.

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Group, Inc. or its subsidiaries or affiliates either jointly or severally, for any loss or damage arising in any way from its use.

**Catherine Chong (LKK Auto)**

---

**From:** Annika <annika@chiaarul.com>  
**Sent:** Friday, 22 June, 2018 6:02 PM  
**To:** 'Kesaval, Jaclyn-M'  
**Cc:** 'assignments'; 'Admin A'  
**Subject:** RE: Our Ref: AS.172827.aj Your Ref: 0481999796SG-003 RE-INSPECTON  
FOR VEHLCE NO. SKH 5485D // Accident involving SKH5485D & GBF9503B  
on 14.12.2017

**Importance:** High

WITHOUT PREJUDICE

Dear Jaclyn,

We refer to the above matter and your email on 12.06.18 requesting for Re-inspection.

Please refer to the schedule as follows:

**Date:** 04 July 2018 (Wednesday)  
**Time:** 11.15 am  
**Location:** 36 Toh Guan Road East  
#01-36 Enterprise Hub  
Singapore 608580

Thank you.

Regards,

**Ms Annika**

M/s Chia S Arul LLC  
151 Chin Swee Road  
#03-09 Manhattan House  
Singapore 169876  
Tel: (65) 6733 4647 Fax: (65) 6733 8183

This e-mail is from M/s Chia S Arul LLC, a firm of Advocates and Solicitors in Singapore, and is intended solely for the named addressee. It contains confidential and /or legally privileged information. If the e-mail has reached you in error, please delete the e-mail immediately and inform us of the error. You may contact us at [info@chiaarul.com](mailto:info@chiaarul.com). Internet communications cannot be guaranteed to be secured or error-free as information could be intercepted, corrupted, lost, arrive late or contain viruses. The sender therefore does not accept liability for any errors or omissions in the context of this message which arise as a result of Internet transmission.

**From:** Kesaval, Jaclyn-M [mailto:Jaclyn-M.Kesaval@aig.com]  
**Sent:** Tuesday, June 12, 2018 4:01 PM  
**To:** Annika <annika@chiaarul.com>  
**Cc:** assignments <assignments@lkkauto.com>; Admin A <admin-a@lkkauto.com>  
**Subject:** RE: Our Ref: AS.172827.aj Your Ref: 0481999796SG-003 Accident involving SKH5485D & GBF9503B on 14.12.2017

## 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	28/02/2018 19:14
Date Of Accident	14/12/2017 13:30
Exact Location Of Accident	INSIDE ROUND ABOUT AT NEWTON CIRCLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9503B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Co Reg No	199803778Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83227471

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO 109 CDI MT LONG
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995580
Cover Note Number	N.A.

### Driver

Name of Driver	MUHAMMAD SYAFIQ BIN JASNI
NRIC No	S9411255I
Date Of Birth	04/04/1994
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83227471
Fax Number	
Contact Number	
Email Address	SYAFIQ_JASNI7@HOTMAIL.COM



Address	NIL
Postcode	
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	SIDE SWIPE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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

ON THE DAY AND DATE IN QUESTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD AND WHILE I NEGOTIATING A BEND IN THE ROUND ABOUT, I SAW A VEHICLE, NO UNKNOWN, ENTERING THE SAME ROUND ABOUT, WITHOUT STOPPING AND WENT STRAIGHT INTO MY DRIVING PATH. ON SEEING THIS I SWERVED MY VEHICLE TO THE RIGHT TO AVOID HITTING THE VEHICLE C AND IN DOING SO, MY VEHICLE VEERED TO THE RIGHT AND GRAZED AGAINST THE LEFT PORTION OF VEHICLE B. THE DRIVER OF VEHICLE B, SAW THIS INCIDENT AND ACKNOWLEDGED IT AND UPON SEEING THE DAMAGE TO HIS VEHICLE, HE WAS ANNOYED AT ME. UNFORTUNATELY I DID NOT MANAGE TO NOTE DOWN THE REGISTRATION NO OF VEHICLE C AND ALSO IN THE MIDST OF THIS, I DID NOT ALSO TAKE DOWN THE PARTICULARS OF VEHICLE B, AS I WAS ALREADY LATE FOR MY DELIVERY. NO BODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT. (DRIVER DO NOT HAVE HIS DRIVING LICENCE AT THE TIME THIS REPORT WAS MADE.)

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	



•	Insurance Company Name
	Nature Of Damage
•	No. Of Passenger (Including Driver)

# 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 Authorized 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 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 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)
  - (a) I understand, acknowledge, agree and consent that:
    - (i) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 my 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/postal 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 be 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 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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Hashim Kamari

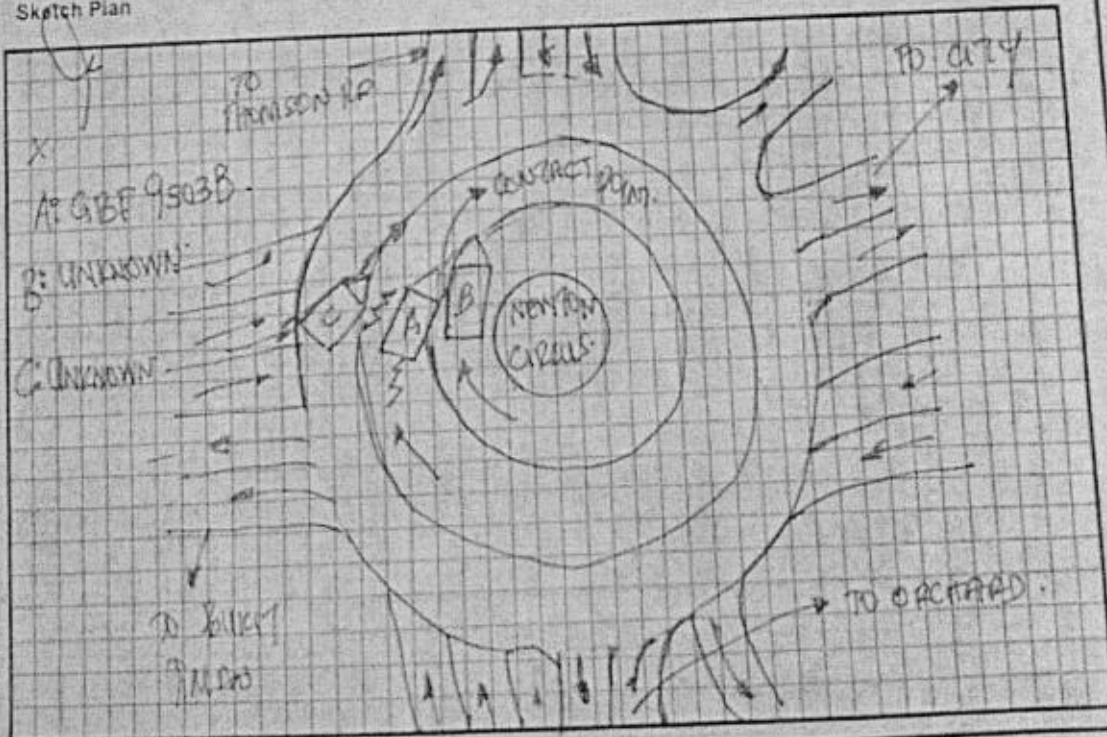
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

280218

### Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

ON THE DAY AND DATE IN QUESTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD AND WHILE I NEGOTIATING A BEND N THE ROUND ABOUT, I SAW A VEHICLE, NO UNKNOWN, ENTERING THE SAME ROUND ABOUT, WITHOUT STOPPING AND WENT STRAIGHT INTO MY DRIVING PATH. ON SEEING THIS I SWERVED MY VEHICLE TO THE RIGHT TO AVOID HITTING THE VEHICLE C AND IN DOING SO, MY VEHICLE VEERED TO THE RIGHT AND GRAZED AGAINST THE LEFT PORTION OF VEHICLE B. THE DRIVER OF VEHICLE B, SAW THIS INCIDENT AND ACKNOWLEDGED IT AND UPON SEEING THE DAMAGE TO HIS VEHICLE, HE WAS ANNOYED AT ME. UNFORTUNATELY I DID NOT MANAGE TO NOTE DOWN THE REGISTRATION NO OF VEHICLE C AND ALSO IN THE MIDST OF THIS , I DID NOT ALSO TAKE DOWN THE PARTICULARS OF VEHICLE B, AS I WAS ALREADY LATE FOR MY DELIVERY.

NO BODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

(DRIVER DO NOT HAVE HIS DRIVING LICENCE AT THE TIME THIS REPORT WAS MADE.)

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

28 February 2018 at 10:57 AM

Date/Time:

28 February 2018 at 10:57 AM

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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	15/12/2017 15:08
Date Of Accident	14/12/2017 13:30
Exact Location Of Accident	NEWTON CIRCUS TWDS NEWTON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH5485D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEE MAY LIN SABRINA MRS.SABRINA TAN MAY LIN
NRIC No	S1360262Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90699365
Alternative Phone No	OFFICE-90699365

### Vehicle Particulars

Manufacturer	AUDI
Model	A5
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088650958 (CLASSIC)
Cover Note Number	

### Driver

Name of Driver	TAN WEN YUAN BRADLEY
NRIC No	S8815292A
Date Of Birth	03/05/1988
Occupation	INDOOR
Date Of Driving Pass	08/02/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90699365
Fax Number	
Contact Number	OFFICE-90699365
Email Address	NOEMAIL

Address	BLK 455 SIN MING AVENUE #08-491
Postcode	S570455
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20171214/2166 (ATTENDED BY IFAH)

#### 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	GBF9503B
Vehicle Make/Model/Colour	MERCEDES BENZ/RED/REDMART
Details Of Properties	
Name of Driver	MUHAMMAD SYAFIQ BIN JASNI
NRIC/Passport Number	S9411255I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	

Email Address

#### DETAILS OF INJURED PERSON 1

Name TAN WEN YUAN BRADLEY  
Approximate Age  
Injuries Sustain 7 DAYS MEDICAL LEAVE  
Injured person in which vehicle? SKH5485D  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name CHESTER LEE CHEN SIN  
Approximate Age  
Injuries Sustain 7 DAYS MEDICAL LEAVE  
Injured person in which vehicle? SKH5485D  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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/PIE No.:

IDAC SIN MING (VAC)  
385 Sin Ming Drive  
Singapore 570716  
Tel: 6455 5358 (AMP)  
Fax: 6452 8621



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 DEC 2017, I was travelling along Newton Circus towards Newton Rd. I was proceeding straight and suddenly veh B made an abrupt lane change inside the yellow box and hit onto the left hand side of my vehicle. The impact made my vehicle closed my vehicle to hit the kerb on my right hand side and also causing damages on my right. The driver of veh B admitted his negligence when we stopped to exchange particulars. I have video footage of the actual accident and video of driver B admitting his wrong.

DECLARATION

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

*X Wee Lay*

Policyholder's Signature

Date & Time:

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

IDAC SIN MING (VAC)  
385 Sin Ming Drive  
Singapore 575712  
Tel: 6455 5358 (ARC)  
Fax: 6452 8621

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171214/2166

1 of 4

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20171214/2166

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/12/2017 19:00		Vide Report No.:		Station Diary No.: 306	
<b>Informant's Particulars</b>					
Name of Informant: TAN WEN YUAN, BRADLEY			Address: APT BLK 455 SIN MING AVENUE #08-491 SINGAPORE 570455		
ID Type / ID No.: NRIC NO / S8815292A			Contact No.: Home/Office: Mobile: 90699365		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 03/05/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ARTIST			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2017 13:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 NEWTON CIRCUS NEWTON ROAD ALONG NEWTON CIRCUS, INTO NEWTON ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF9503B	Van	MERCEDES BENZ			Slightly Damaged	0
SKH5485D	Car	AUDI	A5	Grey	Seriously Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
GBF9503B	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20171214/2166

2 of 4

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20171214/2166

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKH5485D	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MUHAMMAD SYAFIQ BIN JASNI		ID No.	S94112551
Related Vehicle	GBF9503B (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TAN WEN YUAN, BRADLEY		ID No.	S8815292A
Related Vehicle	SKH5485D (Car)		Contact No.	90699365
Hospital/Clinic	Farrer Park Medical Centre		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/12/2017		Date Discharge	14/12/2017
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Passenger				
Name	CHESTER LEE CHEN SIN		ID No.	S8703261B
Related Vehicle	SKH5485D (Car)		Contact No.	97770044
Hospital/Clinic	Farrer Park Medical Centre		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/12/2017		Date Discharge	14/12/2017
No. of Days granted Medical Leave	07		Degree of Injury	Slight

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20171214/2166

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Report No. T/20171214/2166

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

**CONTINUATION OF REPORT**

**Brief Details.**

On 14/12/17, I was driving in my car, a grey Audi A5 (SKH5485D), along Scotts Road, and headed towards Newton Circus. While along the most right lane, I had just made it to Newton Road, when a red mart van (GBF9503B, Mercedes) made an abrupt cut from the lane on my left into my lane, thus colliding onto the left side of my car.

The driver acknowledged that the fault was his.

I had a passenger seated on the front passenger seat during the incident. I then stopped the car, and spoke with the driver of the redmart van. The driver of that van was on his own. At that point of time, none of us were injured, and he provided me his driving license.

The left side of my car got smashed, with a lot of cracks, and the redmart van received some dents on a few parts on the right side of his van.

I then proceeded to my insurance company, and subsequently proceeded to Farrer Park Medical Centre, where both my passenger and I was given a 7-day medical leave.

I have the CCTV from my in-vehicle camera of the incident, should it be required by Traffic Police. I am now lodging this report, for Traffic Police, and also for insurance claims.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20171214/2166

4 of 4

Report No. T/20171214/2166

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

**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 3 S SUVINRAJ PILLAI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Signature Of Informant

Date/Time:  
14/12/2017 19:00

Classification Of Case:

Authentication Stamp  
NP168

**STATEMENT**


LOOD GROUP:

ALLERGIES:

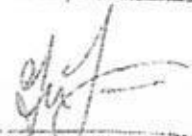
IMPORTANT TELEPHONE NUMBERS

POLICE: I, MUHAMMAD SYAFIQ BIN JASNI,  
FIRE:  
AMBULANCE: S9411255 I, ADMIT TO HITTING VEHICLE  
DOCTOR: SKH5485D, WITH VEHICLE GBE-9503B  
DENTIST: ON 14TH DEC 2017 AT 1330HRS ALONG  
VET: ROAD IN FRONT OF AGUTON 21 CONDO.  
BANK: ALL REPAIRS AND RESPONSIBILITY WILL  
BE CLAIMED AGAINST GBE 9503B.

OTHER IMPORTANT INFO:

  
SYAFIQ BIN JASNI

(DRIVER OF GBE 9503B)

  
BRADLEY TAN

(DRIVER OF SKH5485D)

# S K AUTO CONSULTANTS

## AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/017/0511SK  
Your Reference: TBA

Date: 11/1/2018

TO: Wee May Lin Sabrina  
C/o AMA Automotive Pte Ltd  
Enterprise Hub #01-36  
36 Toh Guan Road East  
Singapore 608580

Assessment of Vehicle No : SKH 5485D  
Date of Accident : 14/12/2017  
Date of Inspection : 15/12/2017

We have carried out a physical assessment of SKH 5485D at AMA Automotive Pte Ltd according to your instructions on 15/12/2017 and are pleased to submit our report as follows;

### 1. VEHICLE PARTICULARS

Registration No.	:	SKH 5485D
Make & Model	:	AUDI A5 SPORTBACK
Year of Registration	:	2010
Engine Capacity (cc)	:	1984
Chassis No.	:	WAUZZZ8T4BA007270
Engine No.	:	CDN136006
Colour	:	Silver
Mileage (km)	:	80668

### 2. VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

### 3. TYRE PARTICULARS & CONDITION

#### Front

RH Make/Size	:	Falken 245/35R19 - 80%
LH Make/Size	:	Falken 245/35R19 - 80%

#### Rear

RH Make/Size	:	Falken 245/35R19 - 80%
LH Make/Size	:	Falken 245/35R19 - 80%

Note: % denotes the remaining percentage of the tyre



# S K AUTO CONSULTANTS

Page No. 2

Our Reference      TP/017/0511SK  
Vehicle No.        SKH 5485D

## **4. DESCRIPTION OF DAMAGE**

At the time of inspection observed that this vehicle had sustained damages to the RIGHT SIDE FRONT TO MIDDLE PORTION AND LEFT SIDE FRONT TO REAR PORTION (RHS DAMAGES COLLISION WITH ROAD KERB AND LHS DAMAGES COLLISION WITH THIRD PARTY VEHICLE)



**Please see attached schedule for details.**

Remarks: The repairer's mechanic has pre-measured and diagnosed with electronic & mechanical measurement on the damage sustained to suspension components. As there was a collision event in which there was applied forces on the outer side wall area of left front & rear tyre it can likely cause suspension components to be damaged.

Estimated Amount                : S\$29,245.00  
Adjusted Amount                : S\$18,000/-  
Estimated Repair Days         : 10 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.  
The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct

### **Disclaimer**

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **S K AUTO CONSULTANTS** for any reliance on this report by any third party.

# S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/017/0511SK  
Vehicle No. SKH 5485D

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)	OUR ASSESSMENT(\$\$)
	<b>PARTS (LIST ITEMS)</b>			
1	LHS Front fender	Dented	1425.00	1425.00
1	LHS Front fender inner shield	Refix	378.00	0.00
1	LHS Front door	Distorted	1590.00	1590.00
1	LHS Front door lower moulding	Necessary	278.00	278.00
1	LHS Front door side black tape cover	Necessary	98.00	98.00
1	LHS Front door inner trim board	Refix	652.00	0.00
1	LHS Front door glass regulator motor	Refix	620.00	0.00
1	LHS Rear door	Distorted	1572.00	1572.00
1	LHS Rear door lower moulding	Necessary	278.00	278.00
1	LHS Rear door side black tape cover	Necessary	98.00	98.00
1	LHS Rear door inner trim board	Refix	652.00	0.00
1	LHS Rear door glass regulator motor	Refix	620.00	0.00
1	LHS Rear fender	Distorted	1278.00	1278.00
1	LHS Rear fender 1/4 glass moulding	Necessary	172.00	172.00
1	LHS Rear fender inner shield	Deformed	325.00	325.00
1	RHS Front Door	Grazed against kerb	Repair/Labour	1590.00
1	RHS Rear Door		Repair/Labour	1572.00
2	RHS & LHS Front shock absorber @980.00	Damaged/Pair	1960.00	1960.00
1	LHS Front lower arm	Damaged	492.00	492.00
1	LHS Front knuckle arm	see	672.00	672.00
1	LHS Front lower control arm	Remarks	478.00	478.00
1	LHS Front upper control arm	Page 2	498.00	498.00
2	RHS & LHS Rear shock absorber @980.00	Damaged/Pair	1960.00	1960.00
1	LHS Rear lower arm	Damaged	492.00	492.00
1	LHS Rear knuckle arm	Damaged	672.00	672.00
1	LHS Rear lower control arm	Damaged	478.00	478.00
		less	5%	5%
			20900.00	14816.00
			1045.00	740.80
			19855.00	14075.20
	Special Nett Item			
1set	LHS Front fender inner shield clips	Necessary	80.00	60.00
1set	LHS Front door inner trimboard clips	Necessary	80.00	60.00
1set	LHS Rear door inner trimboard clips	Necessary	80.00	60.00
1set	LHS Rear fender inner shield clips	Necessary	80.00	60.00
2	RHS & LHS Front sports rim @1280.00	Damaged/Grz.	2560.00	2560.00
1	LHS Rear sports rim	Damaged/Grz.	1280.00	1280.00
	Total Parts		24015.00	18155.20

repair

X 17

X 17

repair

X 17

X 500

X 500

X 500

X 500

X 500

X 500

X 500

5980

59

5681

X 111

80

80

80

80

600

600

1280

# S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/017/0511SK  
Vehicle No. SKH 5485D

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
	<b>LABOUR</b>		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	1600.00	1400.00 <sup>800</sup>
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired i.e RHS Front and rear door (special coating paints)	2200.00	1800.00 <sup>1200</sup>
3	To remove and replace/Refix LHS Front door and Rear door fittings, garnish etc	250.00	200.00 <sup>120</sup>
4	To remove and refix rear compartments fittings, trimmings and garnish etc so as to facilitate repairs & replace rear fender	200.00	150.00 <sup>X 11</sup>
5	To remove and refix rear fender 1/4 glass	80.00	60.00 <sup>X 11</sup>
6	To remove and replace RHS & LHS Front undercarriage parts (suspension components)	350.00	300.00 <sup>X 11</sup>
7	To remove and replace LHS Rear undercarriage parts (suspension components)	250.00	200.00 <sup>150</sup>
8	To conduct full computerised wheel alignment test	120.00	100.00 <sup>60</sup>
9	To provide anti-rust treatment on affected areas	180.00	150.00 <sup>80</sup>
	Labour Total :	5230.00	4360.00
	TOTAL (PARTS & LABOUR):	29245.00	22515.20

**Note: (For Lump Sum Repair)**

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacement). **The final adjusted Lump Sum contract amount is S\$18,000/-**



S. Kumanan  
Motor Surveyor

5681  
1280  
2410  
9371  
2026  
7496.20  
7500  
7 day



# 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/AIG18011517/R1sbe2

78 SHENTON WAY #08-16  
CHARTIS BUILDING  
SINGAPORE 079120  
ATTN : JACLYN

Date : 14-08-2018



Code : AIG

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

Insured Veh.	GBF 9503B	Veh. Inspected	SKH 5485D
Policy No.	999995580	Coverage (\$)	0.00
Claim No.	0481999796SG-003	Excess (\$)	0.00
Assign From	JACLYN	Assign Date	12/06/2018

## 2. Vehicle Particulars & Condition

Make & Model	AUDI A5	c.c	1984
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	WAUZZZ8T4BA007270	Colour	GREY
Odometer	84812	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	295/80Z R20	FALKEN	6 mm
L/H Front Tyre	295/80Z R20	FALKEN	6 mm
R/H Rear Tyre	295/80Z R20	FALKEN	6 mm
L/H Rear Tyre	295/80Z R20	FALKEN	6 mm

## 4. Description of Damages

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

## 5. General Information

Accident Date	14/12/2017	Inspection Date	04/07/2018
Survey held at	AMA AUTOMOTIVE PTE. LTD. 36 TOH GUAN ROAD EAST #03-36 SINGAPORE 608580		

## 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:	7 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

Page No.:1 of 3

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKH 5485D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	LHS FRONT FENDER	REPAIRED SEE LABOUR	1,425.00	-
1	LHS FRONT FENDER INNER SHIELD	REFIX	378.00	-
1	LHS FRONT DOOR	REPLACED	1,590.00	1,590.00
1	LHS FRONT DOOR LOWER MOULDING	NOT NECESSARY	278.00	-
1	LHS FRONT DOOR SIDE BLACK TAPE COVER	REPLACED	98.00	98.00
1	LHS FRONT DOOR INNER TRIM BOARD	REFIX	652.00	-
1	LHS FRONT DOOR GLASS REGULATOR MOTOR	REFIX	620.00	-
1	LHS REAR DOOR	REPLACED	1,572.00	1,572.00
1	LHS REAR DOOR LOWER MOULDING	NOT NECESSARY	278.00	-
1	LHS REAR DOOR SIDE BLACK TAPE COVER	REPLACED	98.00	98.00
1	LHS REAR DOOR INNER TRIM BOARD	REFIX	652.00	-
1	LHS REAR DOOR GLASS REGULATOR MOTOR	REFIX	620.00	-
1	LHS REAR FENDER	REPAIRED SEE LABOUR	1,278.00	-
1	LHS REAR FENDER 1/4 GLASS MOULDING	NOT NECESSARY	172.00	-
1	LHS REAR FENDER INNER SHIELD	SERVICEABLE	325.00	-
1	RHS FRONT DOOR	REPAIRED SEE LABOUR	1,590.00	-
1	RHS REAR DOOR	REPAIRED SEE LABOUR	1,572.00	-
2	RHS & LHS FRONT SHOCK ABSORBER @\$980.00	SERVICEABLE	1,960.00	-
1	LHS FRONT LOWER ARM	SERVICEABLE	492.00	-
1	LHS FRONT KNUCKLE ARM	SERVICEABLE	672.00	-
1	LHS FRONT LOWER CONTROL ARM	SERVICEABLE	478.00	-
1	LHS FRONT UPPER CONTROL ARM	SERVICEABLE	498.00	-
2	RHS & LHS REAR SHOCK ABSORBER @\$980.00	N/S REPLACED / O/S NOT NECESSARY	1,960.00	980.00
1	LHS REAR LOWER ARM	REPLACED	492.00	492.00
1	LHS REAR KNUCKLE ARM	REPLACED	672.00	672.00
1	LHS REAR LOWER CONTROL ARM	REPLACED	478.00	478.00

Report Ref No. CS/AIG18011517/R1sbe2



# 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.: 2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 5% DISCOUNT		-1,045.00	-299.00
			19,855.00	5,681.00
	<b>SPECIAL NETT ITEMS</b>			
1	SET LHS FRONT FENDER INNER SHIELD CLIPS (SN)	NOT NECESSARY	80.00	-
1	SET LHS FRONT DOOR INNER TRIMBOARD CLIPS (SN)	REPLACED	80.00	40.00
1	SET LHS REAR DOOR INNER TRIMBOARD CLIPS (SN)	REPLACED	80.00	40.00
1	SET LHS REAR FENDER INNER SHIELD CLIPS (SN)	NOT NECESSARY	80.00	-
2	RHS & LHS FRONT SPORTS RIM @\$1280.00 (SN)	N/S REPLACED / O/S NOT NECESSARY	2,560.00	600.00
1	LHS REAR SPORT RIM (SN)	REPLACED	1,280.00	600.00
			4,160.00	1,280.00
	<b>LABOUR</b>			
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; REPLACE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF LHS FRONT FENDER, LHS REAR FENDER, RHS FRONT DOOR AND RHS REAR DOOR.		1,600.00	800.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED & REPAIRED I.E RHS FRONT AND REAR DOOR (SPECIAL COATING PAINTS).		2,200.00	1,200.00
	TO REMOVE AND REPLACE / REFIX LHS FRONT DOOR AND REAR DOOR FITTINGS, GARNISH ETC.		250.00	120.00
	TO REMOVE AND REFIX REAR COMPARTMENTS FITTINGS, TRIMMINGS AND GARNISH ETC SO AS TO FACILITATE REPAIRS & REPLACE REAR FENDER.	NOT NECESSARY	200.00	-
	TO REMOVE AND REFIX REAR FENDER 1/4 GLASS.	NOT NECESSARY	80.00	-
	TO REMOVE AND REPLACE RHS & LHS FRONT UNDERCARRIAGE PARTS (SUSPENSION COMPONENTS)	NOT NECESSARY	350.00	-
	TO REMOVE AND REPLACE LHS REAR UNDERCARRIAGE PARTS (SUSPENSION COMPONENTS)		250.00	150.00
	TO CONDUCT FULL COMPUTERISED WHEEL ALIGNMENT TEST.		120.00	60.00
	TO PROVIDE ANTI-RUST TREATMENT ON AFFECTED AREAS.		180.00	80.00
			5,230.00	2,410.00

Report Ref No. CS/AIG18011517/R1sbe2



GRAND TOTAL		29,245.00	9,371.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			7,500.00

Report Ref No. CS/AIG18011517/R1sbe2

MOHAMMED RASUL BIN MOHD YUNUS

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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