*	Surveyor Konneth ASSI	118011735 / Kf GNMENT (Office) AGI	Date/Time: 27/6/18@3.319
	From (Person): julie mengubut of	Bill to:	Date/Time: 27/6/166 3 319
	OD / P WS TP RES / OD RES / EVA / INV /		
	To Inspect Vehicle No: SDT 140	15	Insured: SJX4246L
	at Workshop m/s Complete V	2M	Tel: 64 \$50012
	of 176, 8in Ming Drive	#03-14	sono -
	Policy No:	Claim No:	C10001702/JM
1,000	Sum Insured:	Excess:	. 70
	Make of Veh:(Client's Record)		D.O.A. 22 6 2018
	, .		H.O.D. Endorsement;
	CA / REV / REP. / REV 24 HRS		
	Date/Time: 4:50pm 38/6/18 Person Con	tacted: Li Hui	Vehicle (N) OUT
	Date/Time: 4.50pm@ 28/6/16 Person Con		79
	Date/Time: 4:50pm@28/6/18 Person Con  Date/Time Action/Instruction ( ) Est		79
	Date/Time: 4.50pm@se/6/16 Person Con  Date/Time: Action/Instruction ( ) Est  3bt 14015-x		79
	Date/Time: 4:50pm@28/6/18 Person Con  Date/Time Action/Instruction ( ) Est		79

ASS. REC. BY:    REF: AGI     R	9, 14 eri
From: Date: Veh No: SOT 14015 Yr Regn: O  OD VTP WS / TP RES / OD RES / EVA / INV / MV  ASSIGNMENT  Veh No: SOT 14015 Yr Regn: O  Type: MCar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mov	9, 14 eri
Estimated Cost:  OD VP / WS / TP RES / OD RES / EVA / INV / MV  Veh No: SO 7 / 40/S Yr Regn: O Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mov	9, 14 eri
Estimated Cost:  OD VP/WS/TP RES/OD RES/EVA/INV/MV  Veh No: DO / 140/S Yr Regn: O Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxl / Prime Mov	9, 14 eri
OD TP/WS/TP RES/OD RES/EVA/INV/MV	rerl
I DICK / Teally	rer /
To Income Visit the same of th	
To inspect venicle No:	900
Complete Colour 12	1.19
Insured: Colour White A/C: Insured / Sp.Reading 47333 T/Radio: Insured / S	
Finally:	td/NI/NA
Policy No.	
Gen Conditional Training	11220
Excess: Sleeding: Income	
(Client's Record)  Steering: Inorder / Jammed / Leaked / Burnt or	
Make of Veh:  Brake: Inorder / Jammed / Leaked / Burnt or	
Modi: NII / S/Rim / STD A/Rim or Tyre Size: F: 185 / 5-18	
(Policy Condition)	
Remark: The veh had commenced its  N/S O/S RELIBIORATION	
repair at the time of inspection.  BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUI	N1 /
Bal. or Market Value:  TOYO / YOKO or  / dank con	<i>(</i>
IDAC Accident Rport: Consistent? : Yes or No Rear	
GIA / PR Seen: Consistent?: Yes or No UBal. 7 mm R/Bal. 7	mm
Est. Repairs: 06 days Res.: Yes or No D.O.A. 22/6/18 DOL 27/4	mm _
Lum Sum:	118
CA / REV / REP. / 24 HRS  Des. of Damages : Frt / Rev. / Cig. / Wes.	
Vobleto Nicola Ols / N/S / U/C / Rooftop or	
Person Contacted:	
Date / Time   Action / Instruction   The U/C / Chassis frame / Body Structure affected due to a 28/6   Fix per = Contact	ollision.
- 28/6 File poss to Cartering	
RECEIVED 1 5 UCT 2018	
KLOLIVLD I 3 OCI 2018	
	279) 3140
Date/Time, File Pass to? Prell. Report Dave Of Ponni	
WEND THOUGH THE STATE OF THE ST	
Osta/Time, File Return to?  Resurvey No. of Trip: 2 Survey Fee:	
7) Transportation:	
Add Fee: Site Insp (\$ )_s-Rs_si	
Report Format : P :Interview (\$ ) Factors	
Lump Sum / I.B.I: (S 7-100)- Tech Invs (\$ ) Others 350	-
Weekend (\$	
TOTAL	

## Nivitha (LKK Auto)

From:

Julie Mangubat <julie.m@budgetdirect.com.sg>

Sent:

Wednesday, 27 June 2018 3:31 PM SUR; assignments@lkkauto.com

To: Subject:

Our ref: C10001702/JM

Attachments:

FAX\_20180627\_1530065193\_22.pdf

Hi Team

Please accept TPPD survey and survey on a without prejudice basis.

Thank you,

-Julie

From: eFax <message@inbound.efax.com> Sent: Wednesday, 27 June, 2018 10:07 AM

To: Claims <claims@budgetdirect.com.sg>; Lincoln Yeo <lincoln.yeo@budgetdirect.com.sg>

Subject: eFax message from "unknown" - 1 page(s), Caller-ID: UNAVAILABLE



Hello Customer.

You have a new fax! Click the attachment to view.

You can also view your faxes in the eFax mobile app or by logging in to your account online.

### Fax Details

Caller ID: UNAVAILABLE

Date Received: 2018-06-27 10:06:33 SGT

Type: Attached in pdf Number of pages: 1

Reference #: sin1\_did12-1530065156-67250853-22

If you have any questions, please visit our contact Customer Support.

Thank you for choosing eFax!

Sincerely,

The eFax Team

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COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre 176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721 (Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

### NOTICE OF ACCIDENT

Your Ref

: SJX4246L

Our Ref

: SDT1401S

27th June 2018

BY FAX 6725 0853 ONLY

Auto & General Insurance (Singapore) Pte Limited Attention: Motor Claim Department

Dear Sir,

ACCIDENT INVOLVING SDT1401S AND SJX4246L ON 22/6/18 ALONG AMBER GARDENS SLIP ROAD TO TANJONG KATONG ROAD AT ABOUT 14:50 HRS.

We act for Ng Tong Oon Linda owner of vehicle no. SDT1401S with instruction to repair the vehicle.

Please be informed that the said vehicle can be inspected at:-

Venue

Complete VMS Pte Ltd

176, Sin Ming Drive,

#03-14.

Singapore 575721

Contact person

Ms Lily

Email

lilv@completevms.com.sg

next 2 working days excluding any

Please reply to this email address,

thank you.

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you. Please note that there will also be a storage charge of \$60 per day on the 2 day notice period commencing from the date of this letter.

Your Faithfully	Please acknowledge :-
lily	
Complete VMS Pte Ltd	Appointed Surveyor:
	Date & Time:

#### 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 witholding 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 ladgement 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

atoresaid.			
	ACCIDENT STATEMENT		
Date Of Report	23/06/2018 13:08		
Date Of Accident	22/06/2018 14:50		
Exact Location Of Accident	AMBER GARDENS SLIP ROAD TO TANJONG KATONG ROAD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SDT1401S		
Insured/Policyholder			
Name Of Registered Owner	NG TONG OON LINDA		
NRIC No	S1716957B		
Email Address LINDACHEAM@GMAIL.COM			
Mobile Phone No (LOCAL) +65-96184894			

Alternative Phone No. Vehicle Particulars

Manufacturer FORD

Model FIESTA TITANIUM-998CC (A)

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

OFFICE-96184894

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 MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

B27777675SVP Policy Number

Cover Note Number

Driver

Name of Driver NG TONG OON LINDA

NRIC No S1716957B Date Of Birth 06/03/1965 Occupation INDOOR Date Of Driving Pass 01/03/1989

**Driving Experience** 29 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96184894

Fax Number

Contact Number OFFICE-96184894

EMail Address LINDACHEAM@GMAIL.COM Address

136 A HILLVIEW AVE #05-06

Postcode

669606

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

Passenger 1

4

NAME:

: KPRAY PHAW

GENDER:

: FEMALE

Passenger 2

NAME:

: CATHERINE MESA

GENDER:

: FEMALE

Passenger 3

NAME:

: PAW PAW DAR

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

MARINE PARADE NEIGHBOURHOOD POLICE CENTRE

ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE

Police Station Address Police Station Contact

TEL NO: 1800-4428999 - FAX NO: 62447678

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER 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

SJX4246L

Vehicle Make/Model/Colour

BMW -BLACK COLOR

**Details Of Properties** 

FRONT PORTION

Vehicle Category

PRIVATE CAR

Name of Driver

VALMOND LEONG KENG SENG

NRIC/Passport Number

Contact Number

NA

Address

NA NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name

NG TONG OON LINDA

Approximate Age

Injuries Sustain

REFER REPORT

Injured person in which vehicle?

SDT1401S

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

136 A HILLVIEW AVE #05-06

Address Postcode

669606

#### **DETAILS OF INJURED PERSON 2**

Name

KPRAY PHAW

Approximate Age

Injuries Sustain

REFER REPORT

Injured person in which vehicle?

SDT1401S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## Sketch Plan

KETCH PLAN	Tanjong Kadong Road	<b>⊸</b>	
-	J	4-	-50
_		4	
	Impact V		
(A) 7.	My voluile = SBT 14015. P vohile = SIX 42461		
ESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT		
	1/20180622 /21	Report.	
	1/20180633/21		
	3-100 CO - 0 200 H - 1 200 M - 1 200 - 1		
	The state of the s		
		11	
DECLARATION	8 (0 s.c.) organization	1///	
/We declare the foregoin k. A	g particulars are true in every respect.		alchin
Mean	n. 6	W	23/4/2018
Policyholder's Signature	Driver's Signature	Reporting Concrete Sonnel's S	Egnoture
Date & Time 23/6/18	Iff driver is not the policy oblice?  12. 40 pw/ Durck Time.	Name ARV /LiveNoc	
-101	14 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	AMERICAN AND AND AND AND AND AND AND AND AND A	

#### Sketch Plan #2

#### 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or with plung of material facts may allow insprince companies to repudiate policy liability.
- The issue and acceptance of this Form by invarance 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.
- The report will be forwanced by the insurers of the 644 Records Management Centre established by the Seneral Insurance
  Association of Singapore (G.A) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hareby consent to the arthriving of this report at the centre and to copies of the report being made available storessid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, thy 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 iform) and any other personal information provided by the or possessed by my insurer (tollectively 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 Tawyers/faw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) at:
  - (i) processing handing and/or dealing with my carms including the settlement of the claims and any necessary investigations relating to the claims;
  - fill investigating the accident and/or my naims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
  - (iv) consistering my claims (including the mailing of correspondence, waterments, invoices, reports or notices to me, which could myo veid solosure of certain personal data about me to oring about delivery or the same as well as on the external cover of envelopes/mail packages!; and/or
  - (v) comparing with applicable, awar administering, processing, handing 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/low limits, 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 G A to their third party service providers or agents(including their lawyers/law firms), which may be sized 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 freed desection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers end/or any other third parties that assist in evaluating, investigating, controlling or managing fraudingulators, law enforcement and government agencies as reasonably required for the purpose distated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signatura

Date & Time:

Driver's Signature

fit driver is not the policyholder)

2.6 -

Date & Times

Reporting Centre Personnal's Signature

Name

NRIC/FIN No.



Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE

Tel No: 1800-4428999

449296

Report No. T/20180622/2124

1 of 4

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2018 17:24			Vide Report No.:	Station Diary No.: 70	
Informan	t's Partic	ulars			
	Informant: 3 OON LII		Address: 136A HILLVIEW AVENUE #0	05-06 SINGAPORE 669606	
ID Type / ID No.: NRIC NO / S1716957B			Contact No.: Home/Office:	Mobile: 96184894	
Nationality: SINGAPORE CITIZEN		ŒN	Email:		
Sex: Age: Date of Birth: Female 53 06/03/1965		Date of Birth: 06/03/1965	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Housewife			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/06/2018 14:50	Type of Location Slip Road	
AMBER GAR TANJONG KA	ATONG ROAD	Road 2			
Towards ECP Expressway Weather: Clear		Road Surface; Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Moving Vehic		Stationary Vehicle		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved	Automation run not be			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SDT1401S	Car	FORD	FIESTA TITANIUM 1.0 ECOBOOST A/T 2WD 5DR	White	Slightly Damaged	3
SJX4246L	Car	BMW	523I 2.5 AT D/AB 2WD 4DR GAS/D NAV HBA	Black	Slightly Damaged	0



T/20180622/2124

2 of 4

Report No. T/20180622/2124

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

#### CONTINUATION OF REPORT

Any Pedestrian I	n Involved nvolved: No				
No. of Pedestrian	Children of the School Control of the Control of th	Use of Ped	lestriar	Cross	sing: NA
Driver				Apprect of	
Name	NG TONG OON LINDA		ID No	e :	S1716957B
Related Vehicle	NIL		Conta	ct No.	96184894
Hospital/Clinic	CHAN FAMILY CLINIC		Class Driving Licens Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	22/06/2018	Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	Sligh	
Name	VALMOND LEONG KENG SEN	NG	ID No		S7301186H
Related Vehicle	NIL		Conta	ct No.	96905784
Hospital/Clinic	NIL		Class Driving Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	Date Treatment   NIL			NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	Injury	NIL	

### Brief Details.

On 22/06/2018 at about 1450hrs, I was driving along Amber Gardens towards Tanjong Katong Rd. I then stopped at the junction as there was an oncoming truck along Tanjong Katong Rd. A BMW vehicle (SJX4246L) then crashed into the rear bumper of my car. I wish to state that I felt pain on my neck. I also checked if my passengers were okay and one of them had hurt her neck. Her name is Kpray Phaw. Myanmar, Passport no.: MB034828). After some time, the driver of SJX4246L told me to drive to Amber Road as we were blocking the traffic. As such, we stopped at Amber Rd and exchanged particulars. I wish to state that my vehicle had sustained dents and scratches on the rear bumper. The vehicle SJX4246L also sustained some scratches on its front bumper and the front logo had dropped off.

Subsequently, the driver left and I had decided to consult a doctor at Chan Family Clinic which is located at 865 Mountbatten Rd #02-81H, Katong Shopping Centre. The doctor then informed me that I have sustained a whiplash injury. My friend had also sustained a whiplash injury and as well as a bump on her forehead. Both my friend and I did not receive any medical certificate however, we received medications for our whiplash injury and my friend was prescribed with a cream for her forehead.

I am lodging this report for insurance purposes.



Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

3 of 4

Report No. T/20180622/2124

CONTINUATION OF REPORT



T/20180622/2124

4 of 4

Report No. T/20180622/2124

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

CONTINUATION OF REPORT

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	KOTC	n r	ı ən
-	11 11 11 11		1011

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 1 JOEN LOW	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2018 17:24
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No. 65476179	Classification Of Case:
Authentication Stamp	



Not Nothanne Renny 87700L

Email: darren@completevms.com.sg ( lily@completevms.com.sg ( lihui@completevms.com.sg (

NG TONG OON LINDA 136A HILLVIEW AVE. #05-06 SINGAPORE 669606

Attention: THE OWNER Contact: 96184894

Estimate: ES006378

Date : 23/06/2018 Vehicle Num. : SDT1401S

Make/Model: FORD FIESTA TITANIUM 1.0-2014 Chassis/Eng#: WF0DXXGAKDEU11220/EU11220

Accident Date : 22/06/2018

Claim No.: Reference: Policy No.:

S/N Quantity Particular

Unit Price

Amount S\$

1		NETT ITEMS : TAIL GATE ->	R <sub>2,450,00</sub> _
1.	2	TAIL GATE TAIL GATE W/SCREEN GLASS MOULDING	165.00, 14 330.00
3.	4		100,000
	1	TAIL GATE INNER TRIM	
4.	1	TAIL GATE INNER LOCK	325.00
5.	1	TITANIUM EMBLEM	40.00
6.	1	FIESTA EMBLEM	. 00.00
7.	1	ECO BOOST EMBLEM	0 : 1 : 00.00
8.	1	TAIL GATE SURROUND RUBBER SEAL	200.00
9.	1	TAIL LAMP L/H	7, 432.00
10.	1	SPARE TIRE PANEL TOP GARNISH REAR BUMPER ->	393.00 X 1,250.00
11. 12.	6	REAR BUMPER CLIP	
13.	6	REAR BUMPER REINFORCEMENT ->	9.50 25 57.00 752.00
14.	2	REAR BUMPER BRACKET	
	2		45.00 90.00 X
15.		REAR BUMPER REFLECTOR	NISM 195.00 By 390.00 -
16.	1_2	REAR BUMPER GUARD	
17.	42	REAR BUMPER PARKTRONIC SENSOR	530 Mar 265.00 1,060.00 1
18.	2	REAR BUMPER SIDE RETAINER	39.00 € 78.00 ⊀
19.	1	REAR FENDER INNER SHEILD L/H	/L 215.00 X
20.	1	REAR END PANEL>	853.00
21.	1	REAR END PANEL TOP GARNISH	nd 249.00
22.	4	REAR END PANEL TOP GARNISH CLIP	8.00 14 32.00
		Nett_Total S\$:	10,182.00
		5-80% Discount S\$:	509.10
		108	9,672.90
		SPECIAL NETT ITEMS :	40sm
1	1	TAIL GATE W/SCREEN GLASS SEALANT	Nz 65.00
1.	88	THE STILE WOONLELT GENOU GENERAL	00.00

LKK Auto Consultants hence notify

the Repairer of the following: To resurvey 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:

CONTINUE / ...





Email: darren@completevms.com.sg ( lily@completevms.com.sg ( lihui@completevms.com.sg (

NG TONG OON LINDA 136A HILLVIEW AVE. #05-06 SINGAPORE 669606

Attention: THE OWNER Contact: 96184894

Estimate: ES006378

Date : 23/06/2018 Vehicle Num. : SDT1401S

Make/Model: FORD FIESTA TITANIUM 1.0-2014 Chassis/Eng#: WF0DXXGAKDEU11220/EU11220 Accident Date: 22/06/2018

Claim No.: Reference: Policy No.:

S/N	Quantity	Particular	Unit Price Amount S\$
2.	1	TAIL GATE NUMBER PLATE TAIL GATE NUMBER PLATE HOLDER	∫ 25.00 }. X
~	<i>(2)</i>	Special Nett Total S\$ :	123.00
		LABOUR: REMOVE & REINSTALL TAIL GATE W/SCREEN GLASS TRANSFER TAILGATE COMPONENT TO NEW GATE CHANGE TAIL LAMP AND CHECK LIGHTING RUST PROOFING TREATMENT SPRAY PAINT DAMAGED AREA AFFECTED TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN SPARE TIRE PANEL, REAR CHASSIS FRAMES, AND CHANGE ALL	800 180.00 201 45.00 800 1,300.00
		NECESSARY PARTS	tog 1,100.00
		Labour Total S\$:	2,875.00

SingDollars : Twelve Thousand Six Hundred Seventy & Cents Ninety Only

Total S\$:

12,670.90

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre 176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721 (Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email: darren@completevms.com.sg (	)
lily@completevms.com.sg (	)
lihui@completevms.com.sg (	)

NG TONG OON LINDA 136A HILLVIEW AVE. #05-06 SINGAPORE 669606

Attention: THE OWNER Contact: 96184894

Resonance Estimate: ES0063

Resonance Bapainy Date: 23/06/2018

Vehicle Num.: SDT1401S

Make/Model: FORD FIES

Chassis/Eng#: WF0DXXGA

Estimate: ES006378

Make/Model: FORD FIESTA TITANIUM 1.0-2014 Chassis/Eng#: WF0DXXGAKDEU11220/EU11220

Accident Date : 22/06/2018

Claim No.: Reference: Policy No.:

S/N Quantity Particular Unit Price Amount S\$ LIST ITEMS : -TAIL GATE 2. 1 TAIL GATE W/SCREEN GLASS MOULDING TAIL GATE W/SCREEN GLASS SEALANT 3. 1 TAIL GATE INNER TRIM XX 4. 1 5. 1 TAIL GATE INNER LOCK 6. TITANIUM EMBLEM 1 7. 1 FIESTA EMBLEM ECO BOOST EMBLEM 8. 1 TAIL GATE NUMBER PLATE 9. 1 TAIL GATE NUMBER PLATE HOLDER X 10. TAIL GATE SURROUND RUBBER SEAL 11. 1 12. 1 TAIL LAMP L/H SPARE TIRE PANEL TOP GARNISH X 13. 1 REAR BUMPER 14. 1 REAR BUMPER CLIP 15. 6 REAR BUMPER REINFORCEMENT 16. 1 2 REAR BUMPER BRACKET 17. REAR BUMPER REFLECTOR 2 18. REAR BUMPER GUARD 19. 20. 4 REAR BUMPER PARKTRONIC SENSOR 21. REAR BUMPER SIDE RETAINER 22. REAR FENDER INNER SHEILD LIH 23. REAR END PANEL REAR END PANEL TOP GARNISH 24. REAR END PANEL TOP GARNISH CLIP 2 25. List TotalS\$: 10.00% Discount S\$:

CONTINUE / ...





Email: darren@completevms.com.sg ( lily@completevms.com.sg ( lihui@completevms.com.sg (

NG TONG OON LINDA 136A HILLVIEW AVE. #05-06 SINGAPORE 669606

Attention: THE OWNER Contact: 96184894

Nos Monaites
Resonay Bapains
Golas

Estimate: ES006378

Date: 23/06/2018 Vehicle Num.: SDT1401S

Make/Model: FORD FIESTA TITANIUM 1.0-2014 Chassis/Eng#: WF0DXXGAKDEU11220/EU11220 Accident Date: 22/06/2018

Claim No.: Reference: Policy No.:

Particular S/N Quantity

Unit Price Amount S\$

		LIST ITEMS :
1.	1	TAIL GATE
2.	1	TAIL GATE W/SCREEN GLASS MOULDING
3.	1	TAIL GATE W/SCREEN GLASS SEALANT
4.	1	TAIL GATE INNER TRIM * 7
5.	1	TAIL GATE INNER LOCK ?
6.	1	TITANIUM EMBLEM
7.	1	FIESTA EMBLEM
8.	1	ECO BOOST EMBLEM
9.	1	TAIL GATE NUMBER PLATE
10.	1	TAIL GATE NUMBER PLATE HOLDER X
11.	1	TAIL GATE SURROUND RUBBER SEAL ?
12.	1	TAIL LAMP L/H
13.	1	SPARE TIRE PANEL TOP GARNISH X
14.	1	REAR BUMPER
15.	6	REAR BUMPER CLIP
16.	1	REAR BUMPER REINFORCEMENT
17.	2	REAR BUMPER BRACKET 7
18.	2	REAR BUMPER REFLECTOR
19.	1	REAR BUMPER GUARD 7
20.	4	REAR BUMPER PARKTRONIC SENSOR
21.	2	REAR BUMPER SIDE RETAINER X
22.	1	REAR FENDER INNER SHEILD L/H
23.	1	REAR END PANEL
24.	1	REAR END PANEL TOP GARNISH
25.	4	REAR END PANEL TOP GARNISH CLIP ?
		43003416 33423

List TotalS\$:

10.00% Discount S\$:

CONTINUE / ...





Email: darren@completevms.com.sq ( lily@completevms.com.sg ( ) lihui@completevms.com.sq (

NG TONG OON LINDA 136A HILLVIEW AVE. #05-06 SINGAPORE 669606

Attention: THE OWNER Contact: 96184894

Estimate: ES006378

Date: 23/06/2018 Vehicle Num.: SDT1401S

Make/Model: FORD FIESTA TITANIUM 1.0-2014 Chassis/Eng#: WF0DXXGAKDEU11220/EU11220

Accident Date: 22/06/2018

Claim No.: Reference: Policy No.:

S/N Quantity

Particular

Unit Price

Amount S\$

LABOUR: REMOVE & REINSTALL TAIL GATE W/SCREEN GLASS TRANSFER TAILGATE COMPONENT TO NEW GATE CHANGE TAIL LAMP AND CHECK LIGHTING RUST PROOFING TREATMENT SPRAY PAINT DAMAGED AREA AFFECTED TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN SPARE TIRE PANEL, REAR CHASSIS FRAMES, AND CHANGE ALL **NECESSARY PARTS** 

Labour Total S\$:

180.00 150.00 601 45.00 201 Gol 100.00 1,300.00 dogs

1201

1,100.00 Food

2,875.00

LKK Auto Consultants hence notify the Repairer of the following:

To resurvey before after spray painting

To display damaged part(s) during resurvey.

· Parts prices are subject to confirmation

 Third party survey is on a "Without Projudice" basis No illegal modification s) is allowed.

 Supplementary demission must be returneyed and is subject to final approval from Insurance Company

Acknowledged by Repairer Signature:

Date:

SingDollars: Two Thousand Eight Hundred Seventy-Five Only

Total S\$:

2,875.00 ========

#### COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun



# 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	o Federation Internationale Des Experts En Automobile	
7500 0000000000000000000000000000000000		L

Ref : CS/AGI18011735/Ktd3n2 AUTO & GENERAL INSURANCE (S) PL

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE

Date: 16-10-2018

1.		Policy Particula	rs :- THIRD PARTY CLA	JM	
	Insured Veh.	SJX 4246L	Veh. Inspected	SDT 1401S	
	Policy No.		Coverage (\$)	0.00	
	Claim No.	C10001702/JM	Excess (\$)	0.00	
	Assign From	JULIE MANGUBAT	Assign Date	27/06/2018	
2.		Vehicle Pa	rticulars & Condition		
	Make & Model	FORD FIESTA TITANIUM (A)	c.c	998	
	Engine No.	HIDDEN	Year of Reg.	2014	
	Chassis No.	WF0DXXGAKDEU11220	Colour	WHITE	
	Odometer	47333	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
	General	GOOD			
3.		Cond	ditions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	195/50 R15	HANKOOK	7 mm	
	L/H Front Tyre	195/50 R15	HANKOOK	7 mm	
	R/H Rear Tyre	195/50 R15	HANKOOK	7 mm	
	L/H Rear Tyre	195/50 R15	HANKOOK	7 mm	
4.		Descri	ption of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT THE	REAR PORTION.		
	DAMAGES SEE DETAILS.				
5.		Gene	eral Information		
	Accident Date	22/06/2018	Inspection Date	27/06/2018	
	Survey held at	COMPLETE VMS PTE LTD			
		BLK 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COM	PLEX SINGAPORE 575721		
5a.	Remarks				
	A)THE INSPECTION B)IN ACCORDANGE	ON WAS CONDUCTED ON A"\ CE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BA , WE HAVE NOT AUTHORI	SIS. ISED REPAIRS.	
5b.	With Paris No.	Estima	ate Days of Repair		



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Page No.:1 of 2

# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDT 1401S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	TAIL GATE (N)	BENT	2,450.00	2,450.00
2	TAIL GATE W/SCREEN GLASS MOULDING @\$165.00 (N)	NECESSARY	330.00	330.00
1	TAIL GATE INNER TRIM (N)	DEFORMED	485.00	485.00
1	TAIL GATE INNER LOCK (N)	DENTED	325.00	325.00
1	TITANIUM EMBLEM (N)	NECESSARY	45.00	45.00
1	FIESTA EMBLEM (N)	NECESSARY	83.00	83.00
1	ECO BOOST EMBLEM (N)	NECESSARY	65.00	65.00
1	TAIL GATE SURROUND RUBBER SEAL (N)	DISTORTED / CUT	253.00	253.00
1	TAIL LAMP L/H (N)	CRACKED	432.00	432.00
1	SPARE TIRE PANEL TOP GARNISH (N)	SERVICEABLE	393.00	
1	REAR BUMPER (N)	BENT	1,250.00	1,250.00
6	REAR BUMPER CLIP @\$9.50 (N)	NECESSARY	57.00	57.00
1	REAR BUMPER REINFORCEMENT (N)	BENT	752.00	752.00
2	REAR BUMPER BRACKET @\$45.00 (N)	TO REPAIR SEE LABOUR	90.00	
2	REAR BUMPER REFLECTOR @\$195.00 (N)	N/S CRACKED	390.00	195.00
1	REAR BUMPER GUARD (N)	BENT	295.00	295.00
4	REAR BUMPER PARKTRONIC SENSOR @\$265.00 (N)	SHORTED (2 PCS ONLY)	1,060.00	530.00
2	REAR BUMPER SIDE RETAINER @\$39.00 (N)	SERVICEABLE	78.00	
1	REAR FENDER INNER SHIELD L/H (N)	SERVICEABLE	215.00	
1	REAR END PANEL (N)	BENT	853.00	853.00
1	REAR END PANEL TOP GARNISH (N)	DENTED	249.00	249.00
4	REAR END PANEL TOP GARNISH CLIP @\$8.00 (N)	NECESSARY	32.00	32.00
	LESS 5% DISCOUNT		-509.10	
	LESS 10% DISCOUNT			-868.10
	entropies and a consequence of the consequence of t		9,672.90	7,812.90
	SPECIAL NETT ITEMS			
1	TAIL GATE W/SCREEN GLASS SEALANT (SN)	NECESSARY	65.00	40.00
1	TAIL GATE NUMBER PLATE (SN)	SERVICEABLE	25.00	
1	TAIL GATE NUMBER PLATE HOLDER (SN)	SERVICEABLE	33.00	
			123.00	40.00

Report Ref No. CS/AGI18011735/Ktd3n2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR	2		
	REMOVE & REINSTALL TAIL GATE W/SCREEN GLASS.		180.00	120.00
	TRANSFER TAILGATE COMPONENT TO NEW GATE.		150.00	60.00
	CHANGE TAIL LAMP AND CHECK LIGHTING.		45.00	20.00
	RUST PROOFING TREATMENT.		100.00	60.00
	SPRAY PAINT DAMAGED AREA AFFECTED.		1,300.00	800.00
	TO CUT OFF REAR END PANEL,KNOCK AND STRAIGHTEN SPARE TIRE PANEL,REAR CHASSIS FRAMES,AND CHANGE ALL NECESSARY PARTS.INCLUSIVE OF THE REPAIR OF REAR BUMPER BRACKET.		1,100.00	700.00
			2,875.00	1,760.00
	GRAND TOTAL		12,670.90	9,612.90

RECOMMENDED COST OF LUMP SUM REPAIRS	7,700.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/AGI18011735/Ktd3n2

KONG SENG CHEONG

Licensed Appraiser