

REF: CSI / AU18012992 / L9b52

Special Instruction:

4c: \$13800.00

From (Person): Salina of ATG Date/Time: 17072018
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor:

Workshop:

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No: SK(7 6276P Insured: STV 6077D

at Workshop m/s Miracle Workz Tel: _____
of 48 Toh Guan Rd East #04-12b

Policy No: _____ Claim No: 4217931639S(1) 003

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19092016
(Client's Record)

H.O.D. Embarsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: _____ Confirmed with _____ Final Fig _____, ____ days (Red \$ ____ / ____ %; Original 15 days)

Date/Time: _____ Submit Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

[illegible]

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i>)
------------------------------------	---

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 & Add	
Transport	
Photos	
Others	
Total	

Date: _____

150

1) Date/Time 27/7/18 File Pass to typist

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 _____

Catherine Chong (LKK Auto)

From: Syed-Yusoff, Saliha <Saliha.Syed-Yusoff@aig.com>
Sent: Tuesday, 17 July, 2018 3:28 PM
To: Daniel Poon & Co
Cc: Ashley Chong (LKK Auto)
Subject: RE: #4247931639SG003#027# ll y/r ref: DP.jia.sl.9709.16.MIR
Importance: High

WITHOUT PREJUDICE
SAVE AS TO COSTS

Dear Sirs,

We refer to your letter dated 06/07/18.

We will arrange for paper RI instead and would like to request for a copy of the de-reg letter of your client's vehicle.

Aside to LKK,

supporting documents will be sent via separate email shortly.

thank you,

PLEASE NOTE THAT CONTENTS OF THIS EMAIL SHOULD NOT BE CONSTRUED AS ANY
ADMISSION OF LIABILITY ON THE PART OF OUR INSURED AND/OR INSURERS. WE HEREBY
MAINTAIN FULL RESERVATION OF RIGHTS AND ALL DEFENCES AVAILABLE TO US

Saliha Syed Yusoff
AIG
Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd

78 Shenton Way #08-16 Singapore(079120)

Tel +(65) 6419 1917 | Fax +(65) 68357416

saliha.syed-yusoff@aig.com | 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.

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

From: Syed-Yusoff, Saliha
Sent: Tuesday, February 28, 2017 9:33 AM
To: 'Daniel Poon & Co'
Cc: 'Ashley Chong (LKK Auto)'
Subject: #4247931639SG003#027#

WITHOUT PREJUDICE

y/r ref: DP.jia.sl.9709.16.MIR

Dear Sirs,

We refer to the above-captioned.

We would like to call up for physical re-inspection of your client's vehicle. Kindly assist with the necessary arrangement and revert at least 5 working days in advance.

cc LKK: fyi & fyns pls.

PLEASE NOTE THAT CONTENTS OF THIS EMAIL SHOULD NOT BE CONSTRUED AS ANY ADMISSION OF LIABILITY ON THE PART OF OUR INSURED AND/OR INSURERS. WE HEREBY MAINTAIN FULL RESERVATION OF RIGHTS AND ALL DEFENCES AVAILABLE TO US

Saliha Syed Yusoff
AIG
Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd

78 Shenton Way #08-16 Singapore(079120)

Tel +(65) 6419 1917 | Fax +(65) 68357416

saliha.syed-yusoff@aig.com | 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.

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	19/09/2016 16:48
Date Of Accident	19/09/2016 15:15
Exact Location Of Accident	JUNCTION DOVER ROAD & NUS CAMPUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG6276P
Insured/Policyholder	
Name Of Registered Owner	GOH WEI QIANG, TERRY
NRIC No	S8827882H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91797092
Alternative Phone No	Others-91797092

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 BLUEEFFICIENCY
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	AXA INSURANCE SINGAPORE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA058837/1
Cover Note Number	20/08/2015-24/09/2016

Driver

Name of Driver	GOH WEI QIANG, TERRY
NRIC No	S8827882H
Date Of Birth	02/08/1988
Occupation	INDOOR
Date Of Driving Pass	13/07/2007
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE

Mobile Number	(LOCAL) +65-91797092
Fax Number	
Contact Number	OTHERS-91797092
EMail Address	NOEMAIL
Address	BLK 285D TOH GUAN ROAD #17-68
Postcode	604285
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 SIDE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	YES
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

KINDLY REFER TO THE SKETCH PLAN.

Are accident photos available for attachment?	YES
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV6017D
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	FRONT LEFT PORTION
Name of Driver	EWE FOOK PENG
NRIC/Passport Number	S2562930B
Contact Number	97587703
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

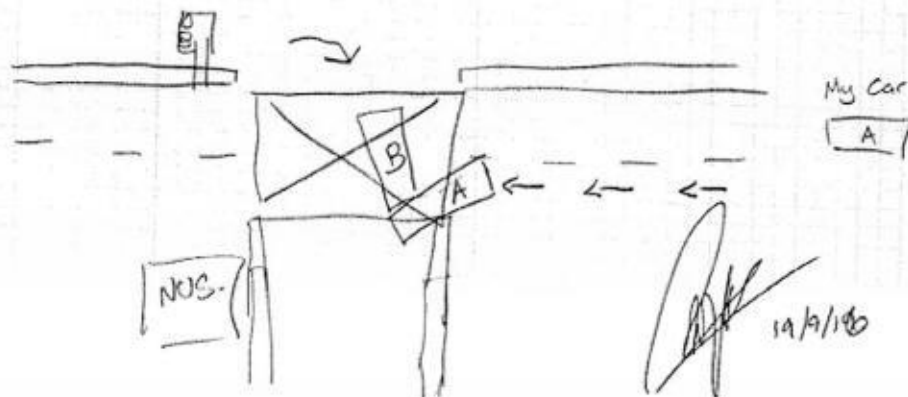
Jackson Teo

NEW TOWN SEC SCH

A - SKG 6276P


B - SJV 6017D

DOVER ROAD



Describe Circumstances of the Accident

- On 19 September around 3.15 pm, I was driving ~~around~~ along Dover Road.
- While I was driving along to the junction of Dover Road and NUS Campus, the car (SVV 60170) turned from my right.
- When I saw him coming to me, I swerved to the left to avoid ~~the~~ contact but unfortunately he hit onto me as he is turning in high acceleration speed.
- ~~When~~ I have ~~the~~ a video evidence to say that I am at the right of way as the traffic light is green.
- After we exchanged contacts and agreed to report to our individual insurers.
- After crash, 2 car indicator light appear.

 19/9/16.

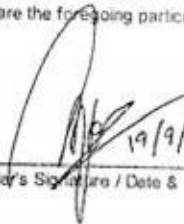
You had been advised by the workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
<input checked="" type="checkbox"/> Claim OD/TP at other workshop

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 19/9/16.

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

Witnessed by Reporting Centre Personnel


Jackson Teo

ETHOZ



Date: 19/09/2016

To: Owner of Vehicle Number: SKG 6276P

The following has been advised to you via your workshop, ETHOZ PROTECT PTE LTD through their staff, Jackson Teo.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ The Estimation waiting time for the spare parts to arrive is _____
The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your insurance company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For Vehicles below Five(5) years old, you have been advised by the workshop to check with the local distributor on your warranty status.
- ☐ Others _____

Signed and acknowledge by:

GOH WEI DIANG TERRY
Name and signature of policyholder/ authorized driver

[Signature]
Name and signature of workshop personnel including company stamp

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	19/09/2016 18:07
Date Of Accident	19/09/2016 15:15
Exact Location Of Accident	DOVER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV6017D
Insured/Policyholder	
Name Of Registered Owner	EWE FOOK PENG
NRIC No	S2562930B
Email Address	YUANPING@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97587703
Alternative Phone No	OFFICE-97587703

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100188942
Cover Note Number	

Driver

Name of Driver	EWE FOOK PENG
NRIC No	S2562930B
Date Of Birth	27/09/1962
Occupation	INDOOR
Date Of Driving Pass	20/05/2000
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97587703
Fax Number	
Contact Number	OFFICE-97587703
Email Address	YUANPING@HOTMAIL.COM

Address	BLK 320 WOODLANDS ST 32 #01-215
Postcode	730320
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 (TP HIT INSURED)
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO
Number of Passengers (Including Driver)	2

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

PLEASE REFER AS ATTACHED

Are accident photos available for attachment?	YES
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG6276P
Vehicle Make/Model/Colour	MERCEDES/SILVER
Details Of Properties	
Name of Driver	GOH WEI QIANG TERRY
NRIC/Passport Number	S8827882H
Contact Number	91797092
Address	
Postcode	
Insurance Company Name	AXA INSURANCE SINGAPORE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me,
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Centre
Personnel

A hand-drawn sketch map of the area around NUS University Town. The map is oriented with Clementine Road on the left. At the top, a box labeled 'New Town Secondary School' is connected by a line to a central intersection. At the bottom, an arrow points down to 'NUS University Town'. The central intersection features a traffic light (a box with three circles), a bus stop (a box with 'BUS STOP' and an arrow), and a school bus (a box with 'SCHOOL BUS' and an arrow). To the right of the intersection, two cars are parked, each in a box labeled 'CAR'.

Accident Sketch Plan Pg. 2

was
m/B
Insur.
CI

Describe Circumstances of the Accident


On 19 Sep 2016 (Mon) at around 15:15, I was driving along Dover Road after turning from Clementi Road. I slowed down my vehicle as I was preparing to turn right into NUS University Town which is on my right. I stopped my car after the traffic light and in front of New Town Secondary School (which is on my left), waiting for the road to clear before turning into the road leading to NUS University Town.

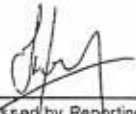
The car at the opposite lane (outer lane) stopped ~~at the~~ when the traffic light turned red. There is a yellow box at the junction.

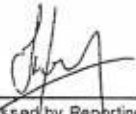
When I started to turn right into the road to enter into the University ~~New~~ Town, there was a car bearing registration plate SKG676P driving with high speed along the inner lane of opposite ~~lane~~ hitting the left front side of my car, causing ~~severe~~ severe damage to the left front side of my car.

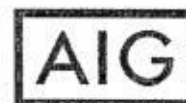
Declaration

We declare the foregoing particulars are true in every respect.

 19/9/2016
16:45
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Ewe Fook Peng
 VEHICLE NUMBER : SJV6017D
 DATE/TIME OF ACCIDENT : 19 Sep 2016 / 15:15
 PLACE OF ACCIDENT : Dover Road (In front of NUS University Ter)
 THIRD PARTY VEHICLE (IF ANY) : SKG6276P

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

From Woodlands To NUS University Town

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?


No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Front left side of my car was damage
Right front door of third party vehicle was damage

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No.


Ewe Fook Peng

Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224
Email: winsongkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

6276



ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S GOH WEI QIANG TERRY
C/O MIRACLE WORKZ PTE LTD
48 Toh Guan Road East, #04-126 Enterprise Hub
Singapore 608586

Date : 21 January 2017
Our Ref : WG/TP/2017-18

REFERENCE PARTICULARS

Date of Accident : 19 September 2016
Date of Inspection : 20 September 2016

Type of Inspection : Third Party Claim
Date of Re-Inspn : 23 September 2016

VEHICLE PARTICULARS

Registration No : SKG6276P
Make : MERCEDES BENZ
Model : C 180 BLUEEFFICIENCY
Year : 2012

Engine No : 27491030011694
Chassis No : WDD2040312A760369
Odometer : 60878km
Colour : Silver

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

	Make	Size
Front Near side	Falken	225/45R17
Front Off Side	Falken	225/45R17
Rear Near Side	Falken	225/45R17
Rear off Side	Falken	225/45R17

Thread Balance
5 mm
5 mm
5 mm
5 mm

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the front right portion.
For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was **S\$13,800.00** nett at lump sum basis. (Subject to GST if applicable)
Under normal circumstances, estimated period required for repairs : Fifteen (15) working days.
Enclosed Fourty (40) photographs depicting damage to the vehicle.

Inspection conducted at : MIRACLE WORKZ PTE LTD
48 Toh Guan Road East, #04-126 Enterprise Hub, Singapore 608586

In accordance to your instruction, we have **not authorise** repairs and inspection was conducted strictly on a "**WITHOUT PREJUDICE BASIS**".

6000
20% let me know

VEHICLE NO : SKG6276P
MODEL : C 180 BLUEEFFICIENCY

Our Ref : WG/TP/2017-18

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

SPARE PARTS	QTY	ASSESSED	ORIGINAL	REVISED
	PC/SET	CONDITION	QUOTATION	QUOTATION
1 FRONT BUMPER	1	DEFOMED	\$ 1,562.00	\$ 1,562.00
2 FRONT BUMPER SIDE BRACKET	2	NECESSARY	\$ 116.00	\$ 116.00
3 FRONT BUMPER RINFORCEMENT	1	NOT NECESSARY	\$ 295.00	\$ -
4 FRONT BUMPER CHROME MOULDING	2	NECESSARY	\$ 176.00	\$ 176.00
5 FRONT RH HEADLAMP	1	GRAZED	\$ 1,295.00	\$ 1,295.00 <i>SVC X</i>
6 FRONT RH FENDER	1	DENTED	\$ 930.00	\$ 930.00
7 FRONT RH FENDER INNER SHIELD	1	CRACKED	\$ 191.20	\$ 191.20
8 FRONT LH DOOR ASSY	1	DENTED	\$ 1,847.00	\$ 1,847.00
9 FRONT RH DOOR CHROME MOULDING	1	NECESSARY	\$ 181.00	\$ 181.00
10 FRONT RH DOOR INNER TRIM	1	NOT NECESSARY	\$ 917.00	\$ -
11 FRONT RH DOOR LOCK	1	NOT NECESSARY	\$ 530.00	\$ -
12 FRONT RH DOOR REGULATOR ASSY	1	NOT NECESSARY	\$ 602.00	\$ -
13 FRONT RH DOOR PILLAR	1	DENTED	\$ 2,237.00	\$ 2,237.00 <i>R X</i>
14 FRONT RH DOOR TAPE	1	NECESSARY	\$ 190.30	\$ 190.30 <i>NN X</i>
15 FRONT RH DOOR HINGE	2	BENT	\$ 240.50	\$ 240.50
16 FRONT RH DOOR CHECKER	1	BENT	\$ 120.10	\$ 120.10
17 FRONT RIM	1	GRAZED	\$ 1,210.00	\$ 1,210.00 <i>R X</i>
18 FRONT RH SHOCK ABSORBER	1	BENT	\$ 921.32	\$ 921.32 <i>SVC X</i>
19 FRONT RH KNUCKLE	1	BENT	\$ 770.00	\$ 770.00 <i>SVC X</i>
20 FRONT RH WHEEL BEARING	1	JAMMED	\$ 236.00	\$ 236.00 <i>SVC X</i>
21 FRONT RH LOWER ARM	1	BENT	\$ 595.00	\$ 595.00 <i>SVC X</i>
22 FRONT RH UPPER ARM	1	BENT	\$ 409.12	\$ 409.12 <i>SVC X</i>
23 FRONT RH WING MIRROR	1	CRACKED	\$ 890.20	\$ 890.20
24 FRONT WINDSCREEN MOULDING	1	NECESSARY	\$ 190.22	\$ 190.22 <i>NN X</i>
			\$ 16,651.96	\$ 14,307.96
		LESS 10%	\$ 1,665.19	\$ 1,430.79
			\$ 14,986.77	\$ 12,877.17
B) S/NET ITEM				
25 FRONT BUMPER CLIP	1 SET	NECESSARY	\$ 60.00	\$ 50.00
26 WINDSCREEN SEALANT	1	NECESSARY	\$ 150.00	\$ 130.00 <i>NN X</i>
27 JOINT SEALANT	1	NECESSARY	\$ 150.00	\$ 130.00 <i>NN X</i>
28 BRAKE FULD	1	NECESSARY	\$ 60.00	\$ 50.00 <i>NN X</i>
			\$ 420.00	\$ 360.00
		Parts Total :	\$ 15,406.77	\$ 13,237.17
C) LABOUR CHARGES & MIN				
29 CHECK FRONT WIRING AND LIGHTNING SYSTEM			\$ 60.00	\$ 50.00 <i>160</i>
30 REMOVE AND REFIT TRIM, LINING AND GARNISH			\$ 200.00	\$ 180.00
31 REMOVE AND REFIT FRONT DASHBOARD			\$ 150.00	\$ 130.00 <i>NN X</i>
32 REMOVE AND REFIT FRONT WINDSCREEN			\$ 150.00	\$ 130.00 <i>120</i>
33 REMOVE AND REFIT DASHBOARD ASSY			\$ 500.00	\$ 400.00 <i>NN X</i>
34 CHECK FRONT WHEEL ALIGNMENT			\$ 150.00	\$ 130.00 <i>120</i>
35 REMOVE AND REPLACE FRONT UNDERCARRIAGE PARTS			\$ 200.00	\$ 180.00 <i>140</i>
36 DIAGNOIS CHECK AND CLEAR FAULT CODE			\$ 400.00	\$ 300.00 <i>200</i>
37 TRANSFER PARTS, ATTACHMENT FROM FRONT OLD DOOR TO NEW			\$ 200.00	\$ 180.00 <i>140</i>
38 PANEL BEATING ON AFFECTED AREAS			\$ 1,200.00	\$ 1,000.00 <i>800</i>
39 SPRAY PAINTING ON AFFECTED AREAS			\$ 1,400.00	\$ 1,200.00 <i>800</i>
40 APPLY ANTI RUST ON AFFECTED AREAS			\$ 150.00	\$ 130.00 <i>80</i>
		Labour Total :	\$ 4,760.00	\$ 4,010.00
		Total Parts and Labour :	\$ 20,166.77	\$ 17,247.17

FINAL LUMP SUM ADJUSTMENT

\$ 13,800.00

POINT OF IMPACT

The impact was confined to the front right portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair the vehicle at a lump sum basis of **\$15,800.00 nett** corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully
WG APPRAISAL SERVICE

Winson Goh
Automotive Appraiser





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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKG 6276P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	DEFORMED	1,562.00	1,562.00
2	FRONT BUMPER SIDE BRACKET	NECESSARY	116.00	116.00
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	295.00	-
2	FRONT BUMPER CHROME MOULDING	NECESSARY	176.00	176.00
1	FRONT RH HEADLAMP	SERVICEABLE	1,295.00	-
1	FRONT RH FENDER	DENTED	930.00	930.00
1	FRONT RH FENDER INNER SHIELD	CRACKED	191.20	191.20
1	FRONT LH DOOR ASSY	DENTED	1,847.00	1,847.00
1	FRONT RH CHROME MOULDING	NECESSARY	181.00	181.00
1	FRONT RH INNER TRIM	NOT NECESSARY	917.00	-
1	FRONT RH DOOR LOCK	NOT NECESSARY	530.00	-
1	FRONT RH REGULATOR ASSY	NOT NECESSARY	602.00	-
1	FRONT RH DOOR PILLAR	TO REPAIR SEE LABOUR	2,237.00	-
1	FRONT RH DOOR TAPE	NOT NECESSARY	190.30	-
2	FRONT RH DOOR HINGE	BENT	240.50	240.50
1	FRONT RH DOOR CHECKER	BENT	120.10	120.10
1	FRONT RIM	TO REPAIR SEE LABOUR	1,210.00	-
1	FRONT RH SHOCK ABSORBER	SERVICEABLE	921.32	-
1	FRONT RH KNUCKLE	SERVICEABLE	770.00	-
1	FRONT RH WHEEL BEARING	SERVICEABLE	236.00	-
1	FRONT RH LOWER ARM	SERVICEABLE	595.00	-
1	FRONT RH UPPER ARM	SERVICEABLE	409.12	-
1	FRONT RH WING MIRROR	CRACKED	890.20	890.20
1	FRONT WINDSCREEN MOULDING	NOT NECESSARY	190.22	-
	LESS 10% DISCOUNT		-1,665.19	-625.40
			14,986.77	5,628.60
SPECIAL NETT ITEMS				
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	60.00	50.00
1	WINDSCREEN SEALANT (SN)	NOT NECESSARY	150.00	-

Report Ref No. CS1/AIG18012992/Lqbs2



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 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	JOINT SEALANT (SN)	NOT NECESSARY	150.00	-
1	BRAKE FUILD (SN)	NOT NECESSARY	60.00	-
			420.00	50.00
	LABOUR			
	CHECK FRONT WIRING AND LIGHTING SYSTEM.		60.00	50.00
	REMOVE AND REFIT TRIM, LINING AND GARNISH.		200.00	160.00
	REMOVE AND REFIT FRONT DASHBOARD.	NOT NECESSARY	150.00	-
	REMOVE AND REFIT FRONT WINDSCREEN.		150.00	120.00
	REMOVE AND REFIT DASHBOARD ASSY.	NOT NECESSARY	500.00	-
	CHECK FRONT WHEEL ALIGNMENT.		150.00	120.00
	REMOVE AND REPLACE FRONT UNDERCARRIAGE PARTS.		200.00	140.00
	DIAGNOIS CHECK AND CLEAR FAULT CODE.		400.00	200.00
	TRANSFER PARTS, ATTACHMENT FROM FRONT OLD DOOR TO NEW.		200.00	140.00
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF FRONT RH DOOR PILLAR AND FRONT RIM.		1,200.00	800.00
	SPRAY PAINTING ON AFFECTED AREAS.		1,400.00	800.00
	APPLY ANTI RUST ON AFFECTED AREAS.		150.00	80.00
			4,760.00	2,610.00
	GRAND TOTAL		20,166.77	8,288.60
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			6,000.00

Report Ref No. CS1/AIG18012992/Lqbs2

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.