

Surveyor

REF: CSI / LAW18013052 / Japsz

Special Instruction:

Pay by Ref: \$ 7208.70

From (Person): Belgis of Comlaw Date/Time: 18072018
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: SK Auto & Kays Accident

Workshop: Service @ Riverview

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No: SLC 9770C Insured: YN 7117G
at Workshop m/s Service @ Riverview Tel: 6481 9810
of Blk 10 AMK Ind Park 2A #04-11
Policy No: 508868-ST Claim No: PCS.CCC-2018-215747.TM
Sum Insured: _____ Excess: _____
Make of Veh: _____ D.O.A. 23.12.2016
(Client's Record)

SJE

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT
Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 6 days)
Date/Time: _____ Submit Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

Date/Time	Action/Instruction
	<u>SLC 9770C - X</u>
	<u>YN 7117G - X</u>
<u>12/09/18</u>	<u>2 sets of photos reviewed.</u>
	<u>- To Submit PIP 5315.32 note 4 days of rep</u>
	<u>- APN report with damaged parts on the ground</u>
	<u>- vehicle about 7 mtrs long side at time of ground.</u>
	<u>- Part prices checked with Temwork. They decided from DR Xing.</u>
	<u>check \$1893.38, 26%</u>

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

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

RECEIVED 13 SEP 2018

Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

1) Date/Time 13/9/18 File Pass to Master

3) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____

2) Date/Time _____ File Return to _____

4) Date/Time _____ File Return to _____

6) Date/Time _____ File Return to _____

Catherine Chong (LKK Auto)

From: Belle <belle@comlaw.com.sg>
Sent: Wednesday, 18 July, 2018 10:53 AM
To: Celine Fong (LKKAuto)
Cc: Catherine Chong (LKK Auto); riaz@justice.com.sg; Douglas Pang
Subject: RIAZ REF: 508868.ST; COMLAW REF: PCS.CCC.2018.215747.TM; MC/MC 211/2018
Attachments: 18072018103719.pdf; 18072018103756.pdf

Dear Sirs,

We refer to the above matter.

We enclose herewith our cover letter together with supporting documents for SJE purposes.

Kindly acknowledge receipt of the same. We shall forward the documents in 3 parts. Thank you.

Thank You and Best Regards

Ms Balqis (Bel)

Secretary

For and on behalf of **Ms Charlene Chee**
Associate Director

M/s ComLaw LLC

64 Cecil Street
#03-02 IOB Building
Singapore 049711
Tel: (65) 6538 1221
Direct Fax: (65) 6506 9156
DID : (65) 6506 9162
Email: belle@comlaw.com.sg

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COMLAW LLC

Advocates & Solicitors, Notaries Public & Commissioners for Oaths
64 Cecil Street #06-04, #03-02 IOB Building, Singapore 049711

COMLAW LLC is a law corporation with limited liability (Regn. No. 200105172H)
(incorporating Plah, Tan & Partners)

Directors
Gertrude Chan
Chua Li Sun
Yeo Piah Chuan
Tan Siah Yong
Charles Phua

Associate Directors
D. Vivekananda
Felicia Ng
Charlene Chee

Associates
Crystal Goh
Herman Lee
Sancia Ng
Douglas Pang

Our Ref PCS.CCC.17.215747.TM

Your Ref TBA

Your Fax : 6844 8805 – Via Fax & Email

Direct Line : 6506 9168 – Charlene Chee
charlenechee@comlaw.com.sg

Secretary : 6506 9162 – Balqis (Bel)
belle@comlaw.com.sg

Direct Fax No : 6506 9156

17 July 2018

M/s LKK AUTO CONSULTANTS PTE LTD
Attention: Mr Ang Bryan Tani

Dear Sirs,

MC/MC 211/2018 – LI FENG
ACCIDENT ON 23.12.16 INVOLVING YN7117G & SLC9972C ALONG BEDOK NORTH AVE 4

We refer to the above matter.

We act for the Defendant (vehicle no. YN7117G) and M/s Riaz LLC act for the Plaintiff (vehicle no. SLC9972C).

Please be informed that by consent of all parties, you are appointed as the Single Joint Expert for this action to provide an independent assessment in respect of costs of repairs for vehicle no.SLC9972C.
We enclose herewith relevant documents:-

1. All parties' GIA Reports and police reports;
2. All parties' damage photographs;
3. Final Repair Bill;
4. Survey Report by SK Auto Consultants;
5. Re-inspection Report from Koays Accident Reconstruction Pte Ltd.

Kindly note that as a Single Joint Expert appointed by the Court, your primary duty is to the Court and you are required to give a fair and reasonable assessment of costs for SLC9972C.

Please let us have your Single Joint Report in due course.

Yours faithfully,



DOUGLAS PANG

Enc.

cc:
M/s RIAZ LLC [Yr Ref: RA.508868.ST]
Via Fax Only: 6534 0220

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	23/12/2016 17:05
Date Of Accident	23/12/2016 10:00
Exact Location Of Accident	BEDOK NORTH AVE 4 FILTER LANE TWDS UPP CHANGI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9972C
Insured/Policyholder	
Name Of Registered Owner	LI FENG
NRIC No	S7768629J
Email Address	FENGLIHYY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96686896
Alternative Phone No	Others-96686896

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	EQ Insurance Company Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ16-002703
Cover Note Number	31/05/2016 - 30/05/2017

Driver

Name of Driver	LI FENG
NRIC No	S7768629J
Date Of Birth	15/10/1977
Occupation	Indoor
Date Of Driving Pass	14/12/1999
Driving Experience	17 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-96686896
Fax Number	
Contact Number	Others-96686896
Email Address	FENGLIHYY@HOTMAIL.COM

Address	BLK 305 TAMPINES ST 32 #07-80
Postcode	520305
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
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

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Remarks/ Reasons:	PASS TO OWN WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN7117G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 reputate 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.
 - (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



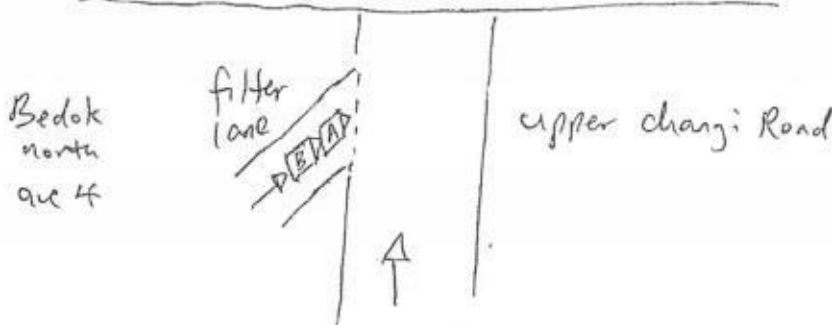
Witnessed by Reporting Centre Personnel

23.12.16 10am

Bedok north Ave 4 filter lane towards upper changi Road

[A] : SLC9972E

[B] : YN7117G



Describe Circumstances of the Accident

on the 23.12.16 at about 10am,
 I was driving along Bedok north ave 4
 towards upper Changi Road.
 I was waiting stationary at the filter
 lane for oncoming traffic.
 Suddenly vehicle YN 7117 G came from
 behind and hit my vehicle SK 9972 E
 in the rear, causing damages to my
 car. There were no passengers in
 my car at the time of the accident.

() Claim OD/TP at Ah Lim Motor (X) Claim OD/TP at other workshop
 () Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : Service @ Riverview Pte Ltd

email address :

& myself :

email address : Riverview @ singnet.com.sg

Note : Please take note that your insurer have 14 days timeframe for you to submit own
 damage claim under your own policy. Kindly check with your own insurer for more
 information.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
 Time

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

Witnessed by Reporting Centre
 Personnel



MCHM16162145 / Cheng Hoe Motor Pte Ltd - Yishun
ENTRY DATE & TIME: 24/12/2016 10:11

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 24/12/2016 10:11
Date Of Accident 23/12/2016 09:50
Exact Location Of Accident BEDOK NORTH AVE 4-SLIP RD TO UPP CHANGI RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN7117G
Insured/Policyholder
Name Of Registered Owner STYLZE CATERING PTE LTD
Co Reg No 201223631M
Email Address MAGDALENE@SELECT.COM.SG
Mobile Phone No
Alternative Phone No Office-68878321

Vehicle Particulars

Manufacturer HINO
Model HINO XZU710R-HKFMS3
Exact Purpose for which vehicle was being used at time of accident COMMERCIAL USE

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 TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 16-MG001027-R01
Cover Note Number 15/12/16 - 14/12/17

Driver

Name of Driver GADDY VINUYA DE GUZMAN
NRIC No G5326190L
Date Of Birth 07/05/1987
Occupation OUTDOOR
Date Of Driving Pass 23/10/2012
Driving Experience 4 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91823774

Fax Number

Contact Number

EMail Address NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION- HEAD TO REAR (INSURED HIT TP)

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

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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH ATTACHED.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC9972C

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number 96686898

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

VEHICLE NO: YN 71176
 INSURER : Askin
 DOA : 23/12/16
9.50am

IMPORTANT NOTICE

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Personnel

Sketch Plan

P.T.O.

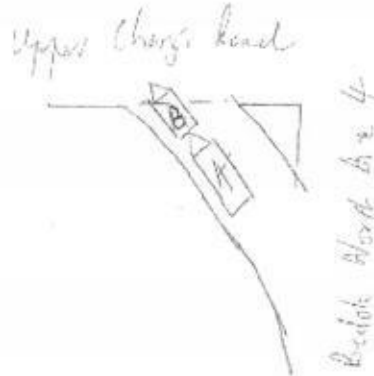
Sketch Plan #2

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own policy. Please check your policy for more information.

() Claim Own Policy () Claim TP () Claim OD/TP at other workshop (x) Reporting Only

Describe Circumstances of the Accident

Sketch Plan



A: YN71176

B: SLG9972C

MP: 96686898

Accident occurred on 23/11/16 at 10:09 AM at the above slip road. After SLG9972C entered of my road and when main road traffic was cleared. I started to move on and as usual turned to the right to inform officer without knowing the front car's broken. Thus, coming to front of my vehicle collided and it rear.

No one was injured.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

[Signature] 23/11/16

AUTHORIZATION LETTER

Date: 24/12/2016

To: Accident Reporting Centre (ARC)

// We hereby approved Gaddy Vinuya De Guzman ARC/ FIN G5326190 L

our employee/ employee of Universal Dining Pte Ltd to drive our

m/vehicle no YN7117G and to file the accident report (Third party claims/Own

~~Damage Claims/~~ Reporting only) which occurred on 23/12/2016 @ 09:50 AM (time)

along Bedok North Ave 4 Slip Rd to Upp Changi Rd.

* Relationship between Insured and driver's company: Sister Company

Thank you.

Regards,



Name of Owner:

IC 201223631 M

Contact No 68878321

(Pls stamp if under company name)

SERVICE @ RIVERVIEW PTE LTD

10 AMK INDUSTRIAL PARK 2A, AMK AUTO POINT

#04-11 S (568047)

Tel: 64819810/ 64814849 Fax No: 6481 6256

Email: riverview@singnet.com.sg

Website: www.riverviewauto.com.sg

Company Registration number: 200910700K

Address

1003 TAMPIPINES STREET 32

SINGAPORE 520305

Attention: LI FENG

Tel: 96686896

Final Repair Bill: CI1710009

Date: 16/02/2017

Vehicle Num: SLC 9972C

Make/Model: HONDA SHUTTLE

Chassis/Eng#:

Accident Date: 23.12.16

Claim No.:

Policy No.:

Reference: T.MARINE

Terms: CASH

Currency: SGD

Amount

REPAIR COST FOR INSURANCE CLAIM (3RD PARTY PAY)

7,208.70

E. & O.E.

Total \$

7,208.70

Net Amount \$

7,208.70

Amounts: Seven Thousand Two Hundred Eight And Cent Seventy Only



Riverview Pte Ltd

Koays Accident Reconstruction Pte Ltd (Co.Reg.No.201600526H)

1 Sophia Road, #03-10 Peace Centre

Singapore 228149

Tel: 6552 3952 /6369 9462 Fax: 6552 3952 /66488254

VEHICLE DAMAGE INSPECTION REPORT

Our File No: S756-2812Q-TJ

Date: 28/03/2017

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No:

MG001027

Claimant Vehicle No: SLC9972C

Insured Vehicle No:

YN7117G

Date of Loss: 23/12/2016

Nature of Claim:

TP

Claim No: M1605978

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLC9972C

Make & Model: HONDA SHUTTLE, 1.5 (A)

Engine No: L15B3533066

Reg. Date: 31/05/2016 (Man. Year: 2016)

Chassis No: GK81002540

Colour: White

Odometer: 18784 km

Engine Capacity: 1496 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable): Yes

Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 205/60R16

Rear Tyre Size:

205/60R16

Front Left Side: Bridgestone 6 mm

Rear Left Side:

Bridgestone 6 mm

Front Right Side: Bridgestone 6 mm

Rear Right Side:

Bridgestone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	3,300.00	-3,300.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	1,420.00	-1,420.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	0.00	4,720.00	-4,720.00	
Approved Total (Overridden) (S\$)		3,700.00		
Nett Amount (S\$)	0.00	3,700.00	-3,700.00	

INSPECTION

Date of Assignment: 27/12/2016

Date Inspected: 28/12/2016, 29/12/2016, 31/12/2016 Inspected At:

Service @ Riverview Pte Ltd (HQ)
10 Ang Mo Kio Autopoint #04-11, Ang Mo
Kio Industrial Park 2A
Singapore 568047

Estimated Period of Repair: 4.0 days

Adjuster: Melvin Lum

Manager: Melvin Lum

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 28 Mar 2017)

Parts: N/A HONDA SHUTTLE 1.5 (A) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: Koays Accident Reconstruction Pte Ltd/SLC9972C/28/03/2017 15:21

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*Accident parts (see Attached)		0.00 F	*3,300.00 F
F=Franchise part.						
Total Parts (S\$)					0.00	3,300.00

Koays Accident Reconstruction Pte Ltd/SLC9972C/28/03/2017 15:21. Not valid without Reference section.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	Labour & Material (see attached)	New	0.00	1,420.00
Gross Labour Cost (S\$)			0.00	1,420.00

Koays Accident Reconstruction Pte Ltd/SLC9972C/28/03/2017 15:21. Not valid without Reference section.

< END OF ESTIMATES >

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/016/0418SK

Your Reference: TBA

Date: 31/1/2017

TO: Li Feng
C/o Service@Riverview Pte Ltd
Blk 10 Ang Mo Kio Industrial Park 2A
#04-11 Ang Mo Kio Autopoint
Singapore 568047

Assessment of Vehicle No. : SLC 9972C

Date of Accident : 23/12/2016

Date of Inspection : 28/12/2016

We have carried out a physical assessment of SLC 9972C at Service@Riverview Pte Ltd according to your instructions on 28/12/2016 and are pleased to submit our report as follows;

1.VEHICLE PARTICULARS

Registration No.	:	SLC 9972C
Make & Model	:	Honda Shuttle
Year of Registration	:	2016
Engine Capacity (cc)	:	1496 cc
Chassis No.	:	GK81002540
Engine No.	:	L15B3533066
Colour	:	Pearl White
Mileage (km)	:	18784

2.VEHICLE CONDITION

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

3.TYRE PARTICULARS & CONDITION

Front

RH Make/Size	:	Crucero 195/55 R15 - 80%
LH Make/Size	:	Crucero 195/55 R15 - 80%

Rear

RH Make/Size	:	Crucero 195/55 R15 - 80%
LH Make/Size	:	Crucero 195/55 R15 - 80%

Note: % denotes the remaining percentage of the tyre

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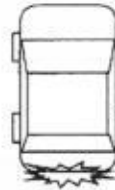
Page No. 2

Our Reference TP/016/0418SK
Vehicle No. SLC 9972C

4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the REAR portion

Please see attached schedule for details.



Estimated Amount : S\$8,336.96
Adjusted Amount : S\$7,208.70
Estimated Repair Days : 6 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.

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Our Reference TP/016/0418SK
Vehicle No. SLC 9972C

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)		OUR ASSESSMENT(S\$)	
	PARTS (LIST ITEMS)					
1	Tailgate	Distorted		1600.70	1600.70	✓ 971.75
1	Tailgate Shuttle emblem	Necessary		75.00	75.00	✓
1	Tailgate Number Plate Chrome Garnish	Deformed		685.20	685.20	✓ 412.85
1	Tailgate Inner Lock	Damaged		289.20	289.20	✓
1	Tailgate Opener Switch Handle	Damaged		158.10	158.10	✓
1	Tailgate Reflector RH (HZD)	Cracked		495.00	495.00	✓
1	Tail lamp RH (HZD)	Cracked		620.50	620.50	✓
1	Rear Bumper	Deformed		1650.20	1650.20	✓ 1390.35
1	Rear Bumper Reflector RH	Cracked		186.40	186.40	✓
1	Rear Bumper Side Retainer RH	Cracked		72.50	72.50	✓
1	Rear Windscreen Moulding	Necessary		153.10	153.10	✓
1	Rear End Panel	Repair/labour		685.30	0.00	✓ R
				6671.20	5985.90	
		less 20%		1334.24	1197.18	
				5336.96	4788.72	
	SPECIAL NETT ITEMS					
1 set	Rear Bumper Clips	Necessary		60.00	40.00	30/-
1 set	Reverse Parking Sensors	Damaged		280.00	250.00	220/-
		Total Parts		5676.96	5078.72	

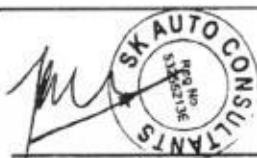
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Our Reference TP/016/0418SK

Vehicle No. SLC 9972C

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components.	1000.00 <i>repair rear end panel</i>	800.00 500/-
2	To supply paint materials, expandable items & putty, respray paint on parts replaced and repaired areas	1000.00 <i>3 panel</i>	800.00 600/-
3	To remove, refix wiring system at accident damaged areas and check for proper function	150.00	120.00 30/-
4	To remove / refix inner trims, fittings, garnish etc at rear compartment so as to facilitate repairs at rear.	150.00	120.00 60/-
5	To remove and refix rear tailgate windscreen	140.00	120.00 ✓
6	To remove and replace reverse sensors and check for proper function	100.00	80.00 40/-
7	To perform anti-rust treatment on affected areas	120.00	90.00 40/-
	Labour Total :	2660.00	2130.00
	TOTAL (PARTS & LABOUR):	8336.96	7208.70
The final adjusted cost of repairs amount is S\$7,208.70 (part by part) with repair period of 6 working days			



S. Kumanan
Motor Surveyor

4 days 5315.32



Your Ref: PCS.CCC.2018.215747.TM

Date: 08th October 2018

Our Ref: CS1/LAW18013052/Dqbs2

M/s ComLaw LLC
64 Cecil Street #03-02
IOB Building
Singapore 049711

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO:
SLC 9972C INSURED VEHICLE: YN 7117G ACCIDENT DATE: 23/12/2016**

We thank you for your instruction on 18/07/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SLC 9972C from M/s Koays Accident Reconstruction Pte Ltd.
- b) Survey report by S K Auto Consultants with colour photographs.
- c) Final Repair Bill of SLC 9972C from M/s Service @ Riverview Pte Ltd.
- d) Singapore Accident Statement of Vehicles SLC 9972C and YN 7117G.
- e) Colour damaged vehicle photographs of SLC 9972C.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SLC 9972C
Make & Model	: Honda Shuttle, 1.5 (A)
Year of Registration	: 2016
Chassis Number	: GK91002540
Engine Capacity	: 1496 cc

2. We recommend that the repairs of the entire damage require about 4 (Four) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLC 9972C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILGATE	DISTORTED	1,600.70	971.75
1	TAILGATE SHUTTLE EMBLEM	NECESSARY	75.00	75.00
1	TAILGATE NUMBER PLATE CHROME GARNISH	DEFORMED	685.20	412.85
1	TAILGATE INNER LOCK	DAMAGED	289.20	289.20
1	TAILGATE OPENER SWITCH HANDLE	NOT NECESSARY	158.10	-
1	TAILGATE REFLECTOR RH (HZD)	CRACKED	495.00	495.00
1	TAIL LAMP RH (HZD)	CRACKED	620.50	620.50
1	REAR BUMPER	DEFORMED	1,650.20	1,390.35
1	REAR BUMPER REFLECTOR RH	CRACKED	186.40	186.40
1	REAR BUMPER SIDE RETAINER RH	NOT NECESSARY	72.50	-
1	REAR WINDSCREEN MOULDING	NECESSARY	153.10	153.10
1	REAR END PANEL	TO REPAIR SEE LABOUR	685.30	-
	LESS 20% DISCOUNT		-1,334.24	-918.83
			5,336.96	3,675.32
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	60.00	30.00
1	SET REVERSE PARKING SENSORS (SN)	DAMAGED	280.00	220.00
			340.00	250.00
<u>LABOUR</u>				
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACE THE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,000.00	500.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED AND REPAIRED AREAS.		1,000.00	600.00
	TO REMOVE, REFIX WIRING SYSTEM AT ACCIDENT DAMAGED AREAS AND CHECK FOR PROPER FUNCTION.		150.00	30.00
	TO REMOVE / REFIX INNER TRIMS, FITTINGS, GARNISH ETC AT REAR COMPARTMENT SO AS TO FACILITATE REPAIRS AT REAR.		150.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REFIX REAR TAILGATE WINDSCREEN.		140.00	120.00
	TO REMOVE AND REPLACE REVERSE SENSORS AND CHECK FOR PROPER FUNCTION.		100.00	40.00
	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS.		120.00	40.00
			2,660.00	1,390.00
GRAND TOTAL			8,336.96	5,315.32
RECOMMENDED COST OF REPAIRS				5,315.32

Report Ref No. CS1/LAW18013052/Dqbs2

ANG BRYAN TANI

Automotive Assessor / Investigator

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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