22/03/2000

ASS. REC. BY: | REF: CS/AGI18014090/ Aqd3 n2 | Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Julie Mangubat of AGI Date/Time: 2/8/18 @ 4:41pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 8876Z Insured: SGT 7585H

at Workshop m/s Progressive Automotive Tel: 67415336

of Blk 3022 Ubi Rd 1 #01-15/46

Policy No: Claim No: C10001821/JM

Sum Insured: Excess:

Make of Veh (Client's Record): D.O.A: 20/07/2018

CA / REV / REP. / REV 24 HRS 1wp

H.O.D. Endorsement:

Date/Time: 2/8/18 @ 2/8/18 Person Contacted: Lily Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 8876Z - X
	SGT 7585H - X.
3/8/18 -	called wkshp (vehicle not in yet) (Lily)
6/8/18 -	called wkshp Lily said still not in
13/8/18 -	called Lily vehicle still not in
15/8/18 -	vehicle still not in (Lily) & she say once in she will directly call surveyor to survey.

REF: AGL

ASSIGNMENT

From: Date: 27082018

Estimated Cost:

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

To Inspect Vehicle No: SLD 8876Z

at Workshop m/s: Progressive

of: Bk 30224 Ubi Rd 1 #01-45

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: Soo

after 10am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLD8876Z Yr Regn: 2016 Jne.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Mit Asx c.c 1998

Colour: silver A/C: Insured / Std / NI / NA

Sp.Reading: 37417. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMFXTGA2WF2C16667

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/55R17

R: 215/55R17

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

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm

D.O.A. D.O.I. 27/08/18

Survey held at: Progressive (Ubi)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	TP Budget Direct.
	Final Fig $1334.25, 2 days Hire $229.65, 63%)

RECEIVED 03 OCT 2018

Date/Time, File Pass to? 03/10 4pm

Date/Time, File Return to?

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp ($) $+RS $

☐ Interview ($) Photos

☐ Tech. Invs ($) Others

☐ Weekend ($)

TOTAL: 250

Report Format: TP

Lump Sum / I.B.I: ($ 1334.25)

LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

AUTO & GENERAL INSURANCE (S) PL

(BUDGET DIRECT INSURANCE)
190 CLEMENCEAU AVENUE #03-01
SINGAPORE SHOPPING CENTRESINGAPORE
239924

Ref : CS/AGI18014090/Aqd3

Date : 02-08-2018

Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SGT 7585U	Veh. Inspected	SLD 8876Z
	Policy No.		Coverage ($)	0.00
	Claim No.	C10001824/JM	Excess ($)	0.00
	Assign From	JULIE MANGUBAT	Assign Date	02/08/2018

2. Vehicle Particulars & Condition

	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	
	General			

3. Conditions of Tyres

		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm

4. Description of Damages

5. General Information

	Accident Date	30/07/2018	Inspection Date	27/08/2018
	Survey held at	PROGRESSIVE AUTOMOTIVE PTE LTD BLK 3022A UBI ROAD 1 #01-45/46, SINGAPORE 048716		

5a. Remarks

	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

Nivitha (LKK Auto)

From: Julie Mangubat <julie.m@budgetdirect.com.sg>
Sent: Thursday, 2 August 2018 4:41 PM
To: SUR; 'assignments'
Subject: FW: Arrange for survey - Acc on 30.07.18 invlg SLD 8876 Z & SGT 7585 U || Our ref: C10001824/JM
Attachments: 02082018114759.pdf

Hi Team

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

Thank you,
-Julie

From: Lily, Progressive <bhlim@progauto.com.sg>
Sent: Thursday, 2 August, 2018 11:53 AM
To: Motor Claims <motorclaims@budgetdirect.com.sg>
Cc: 'Soo Leong Keat' <lksoo@progauto.com.sg>; 'Peiwen PROGAUTO' <peiwen@progauto.com.sg>
Subject: Arrange for survey - Acc on 30.07.18 invlg SLD 8876 Z & SGT 7585 U

Dear Sir,

Please refer to attached and arrange for survey.
Vehicle not in workshop

Regards,

Lily Lim
Progressive Automotive Pte Ltd
(Tel) 67415336
(Fax) 67417208

MPA218098459 / Progressive Automotive Pte Ltd - HQ
ENTRY DATE & TIME: 30/07/2018 17:37
SUBMITTED BY: Lily Lim

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 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	30/07/2018 17:37
Date Of Accident	30/07/2018 14:00
Exact Location Of Accident	ORCHARD CENTRAL C/P
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8876Z

Insured/Policyholder

Name Of Registered Owner	TIMOTHY CHONG KENG HOI
NRIC No	S2539139Z
Email Address	TIMOTHYKHCHONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96332920
Alternative Phone No	OTHERS-96332920

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ASX-2.0 (A)
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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA112435
Cover Note Number	

Driver

Name of Driver	TIMOTHY CHONG KENG HOI
NRIC No	S2539139Z
Date Of Birth	28/04/1961
Occupation	INDOOR
Date Of Driving Pass	06/05/1988
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96332920
Fax Number	
Contact Number	OTHERS-96332920
EMail Address	TIMOTHYKHCHONG@GMAIL.COM

Address	2 JALAN TIGA RATUS #03-14
Postcode	488067
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT7585U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AHMAD NANFAL B AMIRZA
NRIC/Passport Number	S8837380D
Contact Number	96779710
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

   (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

   (ii) investigating the accident and/or any claims;

   (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

   (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

   (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").

   (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

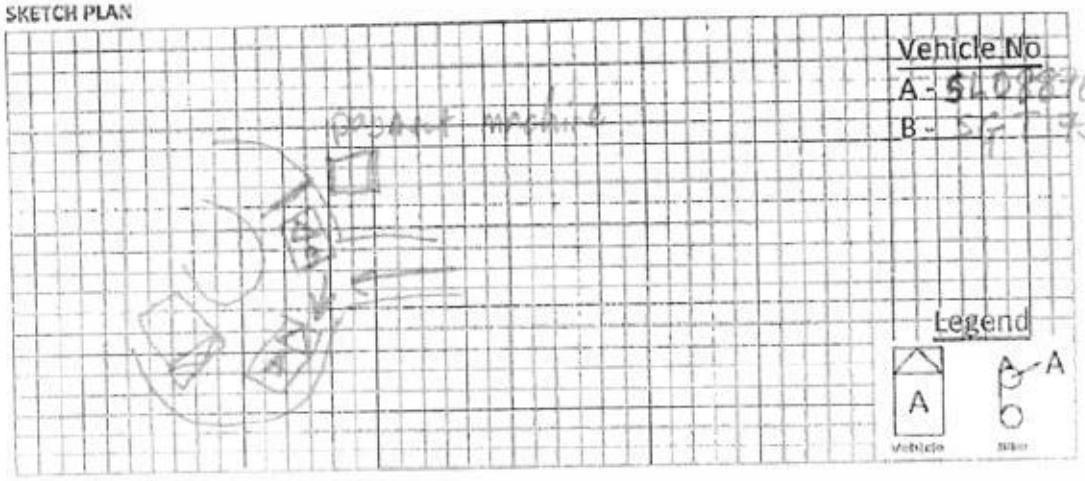
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

Policyholder's Signature Date & Time: 30/7/18	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting Orchard Central carpark As I approach the payment machine, there was a vehicle SGT 7585 U at the payment machine I stopped about 1½ car length away from vehicle B just before the car park exit.

Suddenly, ~~the~~ vehicle B started to reverse. As the vehicle B was getting close to mine, I honked at the car. Vehicle B didn't stop but continued and collided into the front of my car

The driver, Ahmad Naufal Bin Amirza (NRIC S8373380D) came out and apologized. He admitted that he reversed without looking out for my car, and the first time he was involved with a collision

Subsequently, he admitted his fault while we were exchanging our particulars.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature
Date & Time:

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

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

GIABAC SketchPlanForm_V1

3/7/18.

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of liberties and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident: 30/7/18 Time: 1400

2 Exact location of accident: Orchard Central CP.

3 Injuries given if slight: No ☒ Yes ☐

4 Material damage: To vehicles other than vehicles A and B: No ☒ Yes ☐ To objects other than vehicles: No ☒ Yes ☐

5 Witness' names, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)

Vehicle Video Camera Available: No ☐ Yes ☒

Registration No. (VEHICLE A)

SLO88762

6 Insured / policyholder (see insurance card)

Name (capital letters): Timothy Chong King Hao

Address:

NRIC / Passport no.: S7557139Z

Tel no. (Home Area / Office / Hp): 96332920

7 Vehicle

Make, type: Mit ASX 2.0 MIVEC

8 Insurance company: AXA ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A? Yes ☐ No ☒

Policy no.: GA12435

9 Driver ☒ Same as Owner

Name (capital letters):

NRIC / Passport no.:

Class of licence:

DOB:

Gender: Male ☐ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

A: 01 Changing Lanes; 02 Collided into Stopped Vehicle; 03 Collided into Moving Vehicle; 04 Collided into Parked Vehicle; 05 Collided into Pedestrian; 06 Collided into Property; 07 Collision - Driveway/Side Lane; 08 Collision - Head-on Collision; 09 Damage to Road Surface; 10 Collision - Alighting/Boarding Bus; 11 Collision - Opening Door of Vehicle; 12 Overtaking - Right Hook; 13 Overtaking - U-Turn; 14 Reversing / Drug Influence; 15 Tire, Suspension or Lighting; 16 Weather; 17 Vehicle / Pedestrian / Damaged or Flat Tyre; 18 Failure Tyre / Color Objects; 19 Pedestrian; 20 Side Swipe; 21 Theft

B: 01 Changing Lanes; 02 Collided into Stopped Vehicle; 03 Collided into Moving Vehicle; 04 Collided into Parked Vehicle; 05 Collided into Pedestrian; 06 Collided into Property; 07 Collision - Driveway/Side Lane; 08 Collision - Head-on Collision; 09 Damage to Road Surface; 10 Collision - Alighting/Boarding Bus; 11 Collision - Opening Door of Vehicle; 12 Overtaking - Right Hook; 13 Overtaking - U-Turn; 14 Reversing / Drug Influence; 15 Tire, Suspension or Lighting; 16 Weather; 17 Vehicle / Pedestrian / Damaged or Flat Tyre; 18 Failure Tyre / Color Objects; 19 Pedestrian; 20 Side Swipe; 21 Theft

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B)

SEFJ7585U

6 Insured / policyholder (see insurance card)

Name (capital letters):

Address:

NRIC / Passport no.:

Tel no. (Home Area / Office / Hp):

7 Vehicle

Make, type:

8 Insurance company: ☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B? Yes ☐ No ☐

Policy no. (if available):

9 Driver (see driving licence) (if different from Insured B above)

Name (capital letters): AHMAD NAUFAL BIN AMIRZA

NRIC / Passport no.: S8837580D

Class of licence: 3

DOB: 9677910

Gender: Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

12 Visible damage to vehicle B

13 Sketch of accident when impact occurred 13

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

14 Any remarks

15 Signatures of drivers

16 Any remarks

A

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequ... each driver should take one each

For insured's Individual Statement (Part II) see overleaf →

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (if any)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured

1 Occupation (if more than one, state all) Email:

2 Vehicle registration no. | CC | If commercial vehicle, state permissible carrying capacity

Of which vehicle are you the owner?

☐ A

☐ B

3 Is driver the owner? Yes ☐ No ☐ If no, State Relationship of Driver with owner | State the vehicle number and make of insurer of driver's own vehicle (where applicable)

4 Exact purpose for which vehicle was being used at time of accident ☐ Private use ☐ Commercial use ☐ Hire & reward ☐ Private hire

☐ Others - please specify

5 Is the vehicle still in use? Yes ☐ No ☐ If no, state where it is at present Tel no.

6 Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ No ☐

If no, state act to be taken ☐ Third Party ☐ Reporting Only ☐ Third Party (Own Workshop)

Driver or person in charge of vehicle at the time of accident (including insured)

7 Date of birth	Occupation		Date of License pass	Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?	
28/4/61	Indoor ☐	Outdoor ☐	615188	Yes ☐	No ☐	Yes ☐	No ☐

8 Give details of any pre-existing impairment of sight or hearing and of any other disability

9 Full details of all driving convictions including pending prosecutions in the last 36 months

Date	Offence	Penalty

Injured persons

10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?		Was injured conveyed to hospital by ambulance?	
			Yes ☐	No ☐	Yes ☐	No ☐
			Yes ☐	No ☐	Yes ☐	No ☐
			Yes ☐	No ☐	Yes ☐	No ☐
			Yes ☐	No ☐	Yes ☐	No ☐

Damage to property & vehicles (other than vehicles A and B)

11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)

Police action

12 Was the accident reported to the Police? Yes ☐ No ☐

If yes, please state which Police station

13 Was notice of intended prosecution given? Yes ☐ No ☐

If yes, against whom?

Accident details

14 Weather conditions: Clear ☐ Raining ☐ Others

15 Road surface: Wet ☐ Dry ☐ Others

16 Speed of vehicles: A kmph B kmph

17 What warnings were given by driver or other party?

18 Were street lights illuminated? Yes ☐ No ☐

19 What lights were displayed on your vehicle/the other vehicle(s)?

20 If your vehicle is commercial, state weight of load carried at time of accident

21 State how accident happened, width of roads, speed limits, etc (Refer to attached)

22 State number of Passengers (including Driver)

Declaration

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

Policyholder's signature Date

Driver's signature (if driver is not the policyholder) Date

PROGRESSIVE AUTOMOTIVE PTE LTD

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716
TEL: 6741 5336 FAX: 6741 7208 Email: progauto@progauto.com.sg
GST:201006949C RCB NO:201006949C

M/S : BUDGET DIRECT INSURANCE
190 CLEMENCEAU AVENUE #03-01
SINGAPORE 239924

TEL: 62212111
ATTN: Motor Claim Department \ BD

Your Ref No:	TP 0718-5170
Claim Type:	Third Party
Accident Date:	30/07/2018
TP Veh Reg No:	SGT 7585 U

Claim No:	**EST1503913**
Estimate No:	**EST1503913**
Date:	30 Jul 2018
Policy No:	GA112435
Veh Reg No:	**SLD8876Z**
Make/Model:	MITSUBISHI ASX 2.0 CVT ABS D/AIRBAG 2WD
Chassis No:	JMFXTGA2WFZC16667
Engine No:	4B11RQ0376
Reg. Date:	30/06/2016

Estimate Repair Cost to Vehicle No : SLD8876Z

	Description	U/Price	Quantity	Cost S$	Amount S$
	Spare Parts				
1	FRONT BUMPER Reland	770.00	1 PC	770.00 ✓	
2	FRONT BUMPER SIDE HOLDER - RH & LH Not av	12.00	2 PC	24.00 ✓	
3	FRONT BUMPER CLIPS Not	2.50	10 PC	25.00 ✓	
4	FRONT BUMPER GRILLE CHROME GARNISH Not av	530.00	1 PCS	530.00 ✗	
5	FRONT BUMPER REINFORCEMENT Not av	290.00	1 PC	290.00 ✗	
6	FRONT BUMPER FOAM Not av 795 914.25	12.00	2 PC	24.00 ✗	
7	FRONT HEADLAMP SIDE BEAM - LH Not av	55.00	1 PCS	55.00 ✗	
8	FRONT HEADLAMP - LH Not av	630.00	1 PC	630.00 ✓	
9	FRONT BUMPER TOP BEAM Not av	38.00	1 PC	38.00 ✗	
				2,386.00	
		Add 15%		357.90	2,743.90
	Labour				
10	TO RESPRAY PAINT ON ACCIDENT PORTIONS	400.00	1 JOB	~~400.00~~ 200	
11	TO REMOVE, REALIGN, REPAIR, CUT/WELD, KNOCK OUT DENTS & REPLACE ACCIDENT PARTS	400.00	1 JOB	~~400.00~~ 200	
12	TO CHECK WIRING	20.00	1 JOB	20.00 ✓	
			A20		820.00

Total	S$ 3,563.90
Add GST @ 7%	249.47
Total Amount payable	S$ 3,813.37

TOTAL: SINGAPORE DOLLAR THREE THOUSAND EIGHT HUNDRED THIRTEEN AND CENTS THIRTY SEVEN ONLY

total: 1334.25

- This survey is done without Prejudice" basis
- No illegal modifications is allowed
- Supplementary is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Adrian Hiang - T/P 27/08/18

(P/P)

02 Days.

For PROGRESSIVE AUTOMOTIVE PTE LTD

AUTHORISED SIGNATURE

日美汽車私人有限公司
JAE AUTO PTE LTD

Blk 3018 UBI ROAD 1 #01-121 SINGAPORE 408710
TEL: 67453833 FAX: 67454442, 67450616 (Account)

WAREHOUSE:
48A SUNGEI KADUT AVE SINGAPORE 729672
TEL: 6365 1255 FAX: 6365 2580

Email: jaeauto@pacific.net.sg
GST REG NO.: M2-0119201-3 CO. REG. NO.: 199307741M

WINDSCREEN GLASS
Dept Direct: 6417 9791 / 6743 9639

Arrange By | Driver

Dept Direct: 6305 9610 | Dept Direct: 6305 9611 | Dept Direct: 6417 9792

Dept Direct: 6417 9794 | Dept Direct: 6417 9795 | Dept Direct: 6417 9796 | Dept Direct: 6417 9793

Wiper blade: NWB (Nippon Wiper blade), Sliper (Made in Korea), Forch (Made in Germany)
Spark plug: Nippon Denso, NGK (Made in Japan)

PROGRESSIVE AUTOMOTIVE PTE LTD
BLOCK 3022A #01-45/46
UBI ROAD 1
BUTTON 92712711
SINGAPORE 408716
TEL : 67415336 FAX : 67417208 LILY / 68444802 WENDY
ATTN : WENDY

45

TAX INVOICE : AR201808-13073
DATE : 27/08/2018
CUSTOMER ID : PRO005
VEH REG. NO. : SLJ8876Z
TERMS : **30 days**
PO NO. :
PAGE NO. : Page 1 of 1
CURR. : SGD

SO	STOCKID	DESCRIPTION	StkLoc	QTY	U/PRICE	AMOUNT
1.	JJMN173431 CY2 CY4	CLIP,FR BUMPER	MO 2A34A	10	2.50	25.00
2.	JJ6400G901 GA2W 16"	FACE,FR BUMPER	MO SUPPLIER	1	770.00	770.00

TP5170

SUB-TOTAL : 795.00
ADD GST 7.00 % 55.65

E. & O.E TOTAL AMOUNT SGD : **850.65**

[P] 27/08/2018 1:11:30PM [E] 27/08/2018 1:07:40PM

Goods Sold are not refundable for Cash.
Interest Rate of 1.5% per month will be imposed on OverDue Account(s).

Goods Received in Good Order

JAE Auto Pte. Ltd.
Sales Executive : SOON

AR2018 08-13073

This is computer generated document.
No signature is required.

Signature / Co Stamp / Date

ORIGINAL

LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

AUTO & GENERAL INSURANCE (S) PL

(BUDGET DIRECT INSURANCE)
190 CLEMENCEAU AVENUE #03-01
SINGAPORE SHOPPING CENTRESINGAPORE
239924

Ref : CS/AGI18014090/Aqd3n2

Date : 09-10-2018

Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SGT 7585U	**Veh. Inspected**	SLD 8876Z
	Policy No.		**Coverage ($)**	0.00
	Claim No.	C10001824/JM	**Excess ($)**	0.00
	Assign From	JULIE MANGUBAT	**Assign Date**	02/08/2018

2. Vehicle Particulars & Condition

	Make & Model	MITSUBISHI ASX	**c.c**	1998
	Engine No.	HIDDEN	**Year of Reg.**	2016
	Chassis No.	JMFXTGA2WFZC16667	**Colour**	SILVER
	Odometer	37417	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	215/55 R17	YOKOHAMA	6 mm
	L/H Front Tyre	215/55 R17	YOKOHAMA	6 mm
	R/H Rear Tyre	215/55 R17	YOKOHAMA	6 mm
	L/H Rear Tyre	215/55 R17	YOKOHAMA	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	30/07/2018	**Inspection Date**	27/08/2018
	Survey held at	PROGRESSIVE AUTOMOTIVE PTE LTD BLK 3022A UBI ROAD 1 #01-45/46, SINGAPORE 048716		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **2 Working Days**

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLD 8876Z

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER (WCP)	DEFORMED	770.00	770.00
2	FRONT BUMPER SIDE HOLDER-RH & LH @$12.00 (WCP)	NOT NECESSARY	24.00	-
10	FRONT BUMPER CLIPS @$2.50 (WCP)	NECESSARY	25.00	25.00
1	FRONT BUMPER GRILLE CHROME GARNISH (WCP)	NOT NECESSARY	530.00	-
1	FRONT BUMPER REINFORCEMENT (WCP)	NOT NECESSARY	290.00	-
2	FRONT BUMPER FOAM @$12.00 (WCP)	NOT NECESSARY	24.00	-
1	FRONT HEADLAMP SIDE BEAM-LH (WCP)	NOT NECESSARY	55.00	-
1	FRONT HEADLAMP-LH (WCP)	NOT NECESSARY	630.00	-
1	FRONT BUMPER TOP BEAM (WCP)	NOT NECESSARY	38.00	-
	COST PLUS 15%		357.90	119.25
			2,743.90	914.25
	LABOUR			
	TO RESPRAY PAINT ON ACCIDENT PORTIONS.		400.00	200.00
	TO REMOVE,REALIGN,REPAIR, CUT/WELD,KNOCK OUT DENTS & REPLACE ACCIDENT PARTS.		400.00	200.00
	TO CHECK WIRING.		20.00	20.00
			820.00	420.00
	GRAND TOTAL		**3,563.90**	**1,334.25**
	RECOMMENDED COST OF REPAIRS			**1,334.25**

Report Ref No. CS/AGI18014090/Aqd3n2

ADRIAN LING WAI PING

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

Licensed Appraiser