

22/03/2002

SS REC. BY:

REF:

CS/SPF18015722/Kabe2

Special Instruction:

Survivor

Kenneth

ASSIGNMENT (Office) ✓

From (Person):

Abdul Rahman

of

SPF

Date/Time:

29082018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKV 93124

Insured:

QX 506E

at Workshop m/s

Chew Goon

Tel:

6484 1626

of

Blk 10 AMK Ind Park 2A #01-15

Policy No:

Claim No:

AFMO / 105 / 009 / 2018 / 104

Sum Insured:

Excess:

Make of Veh:

D.O.A.

24/8/18

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

29082018

1057am

Person Contacted:

Grace

Vehicle IN/OUT

Date/Time

Action/Instruction (✓)

Estimate

Do not finalize

29/11/18

Submit \$ 5010.80, 6 days. (Red \$ 717.20, 30%)
range cor \$ 5000 - \$ 5700

ASS. REC. BY:

REF: JPT /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

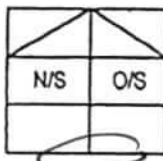
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4-6 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKV 93124 Yr Regn: 10, 15

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

Truck / Trailer or WagonMake: Honda Odyssey c.c. 2356Colour: M.P. White A/C: Insured / Std / NI / NASp. Reading 68873 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RC1 1107208Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 215/55R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front 6 mm R/Bal. 6 mmL/Bal. 6 mmD.O.A. 24/8/18 D.O.I. 29/8/18

Survey held at _____

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

30/8 File pass to Catherine

Date/Time, File Pass to?

☐

: Prell. Report

1) 29/11 March☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 6Resurvey No. of Trip: 1Survey Fee: 280

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

280Report Format: TPLump Sum / I.B.I: (\$ 5010-80)

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)



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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS/SPF18015722/Kqb

ACCIDENT CLAIM SECTION
(SINGAPORE POLICE FORCE)
1 MOUNT PLEASANT ROAD

Date : 29-08-2018



BLK 8 OLD POLICE ACADEMY SINGAPORE 298333

Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 506E	Veh. Inspected	SKV 9312U
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2018/104	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	29/08/2018

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	Inspection Date	29/08/2018
Survey held at	CHEW GOON MOTOR BLK 10 ANG MO KIO IND PARK 2A #01-15/16/17, AVE 5, AMK AUTOPOINT SINGAPORE 568047	

5a. Remarks

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



SINGAPORE POLICE FORCE

SPF Accidents Claims Section
Automotive Engg & Mgmt Div
Police Logistics Department
No. 1 Mount Pleasant Road
Block 8 Old Police Academy
#02-12 Singapore 298333

Your Ref : SKV9312U

Our Ref : AEMD/105/009/2018/104

Tel: 64784841

Fax: 64784848

Date : 29 Aug 2018

LKK Auto Consultants Pte Ltd
Paya Ubi Industrial Park
51 Ubi Avenue 1 # 01/02-25
Singapore 408933

Via Fax only: 62564315


Dear Sir,

ACCIDENT INVOLVING GOVT VEHICLE QX 506E AND OTHER VEHICLE SKV9312U.

We refer to the above matter.

- 2 Kindly arrange for a pre-repair survey for vehicle SKV 9312U at Chew Goon Motor, Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5, #01-15,16,17 & 03-05, AMK Autopoint. Singapore 568047.
- 3 For appointment kindly contact Mrs Chew @ Tel: 64841626.
- 4 Thank you.

Yours faithfully,


Frankie Thay
Safe Driving Manager
for ASST DIRECTOR

A FORCE FOR THE NATION

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 7758Z

Vehicle Details

Vehicle No.: SKV9312U
Vehicle to be Exported: No
Intended De-registration Date: 27 Aug 2018
Vehicle Make: HONDA
Vehicle Model: ODYSSEY ABSOLUTE 2.4 CVT ABS AIRBAG 2WD
Primary Colour: White
Manufacturing Year: 2015
Engine No.: K24W1407335
Chassis No.: RC11107208
Maximum Power Output: 140.0 kW (187 bhp)
Open Market Value: \$29,622.00
Original Registration Date: 08 Oct 2015
First Registration Date: 08 Oct 2015
Transfer Count: 0
Actual ARF Paid: \$33,471.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 07 Oct 2025
PARF Rebate Amount: \$25,103.00

Intended COE Rebate Details

COE Expiry Date: 07 Oct 2025
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$60,001.00
COE Rebate Amount: \$42,663.00
Total Rebate Amount: \$67,766.00

The information contained herein is correct as at 27 Aug 2018

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	27/08/2018 11:13
Date Of Accident	24/08/2018 12:00
Exact Location Of Accident	SIN MING AVE TOWARDS BISHAN ST 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV9312U
Insured/Policyholder	
Name Of Registered Owner	KOH CHIANG TECK
NRIC No	S7917758Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81801700
Alternative Phone No	OFFICE-81801700
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY ABSOLUTE 2.4 CVT ABS AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5074510496-02
Cover Note Number	
Driver	
Name of Driver	KOH THONG CHONG
NRIC No	S0220164Z
Date Of Birth	02/05/1943
Occupation	INDOOR
Date Of Driving Pass	04/03/1963
Driving Experience	55 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96423466
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 445 SIN MING AVE #11-459
Postcode	570445
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	4
Passenger 1	NAME: : LOW GEK ENG GENDER: : FEMALE
Passenger 2	NAME: : CHRIS (MAID) GENDER: : FEMALE
Passenger 3	NAME: : KIM (MAID) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT NO: T/20180824/2157.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PASS TO POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX506E
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

GOVERNMENT

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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 my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN

Refer to Drawing

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

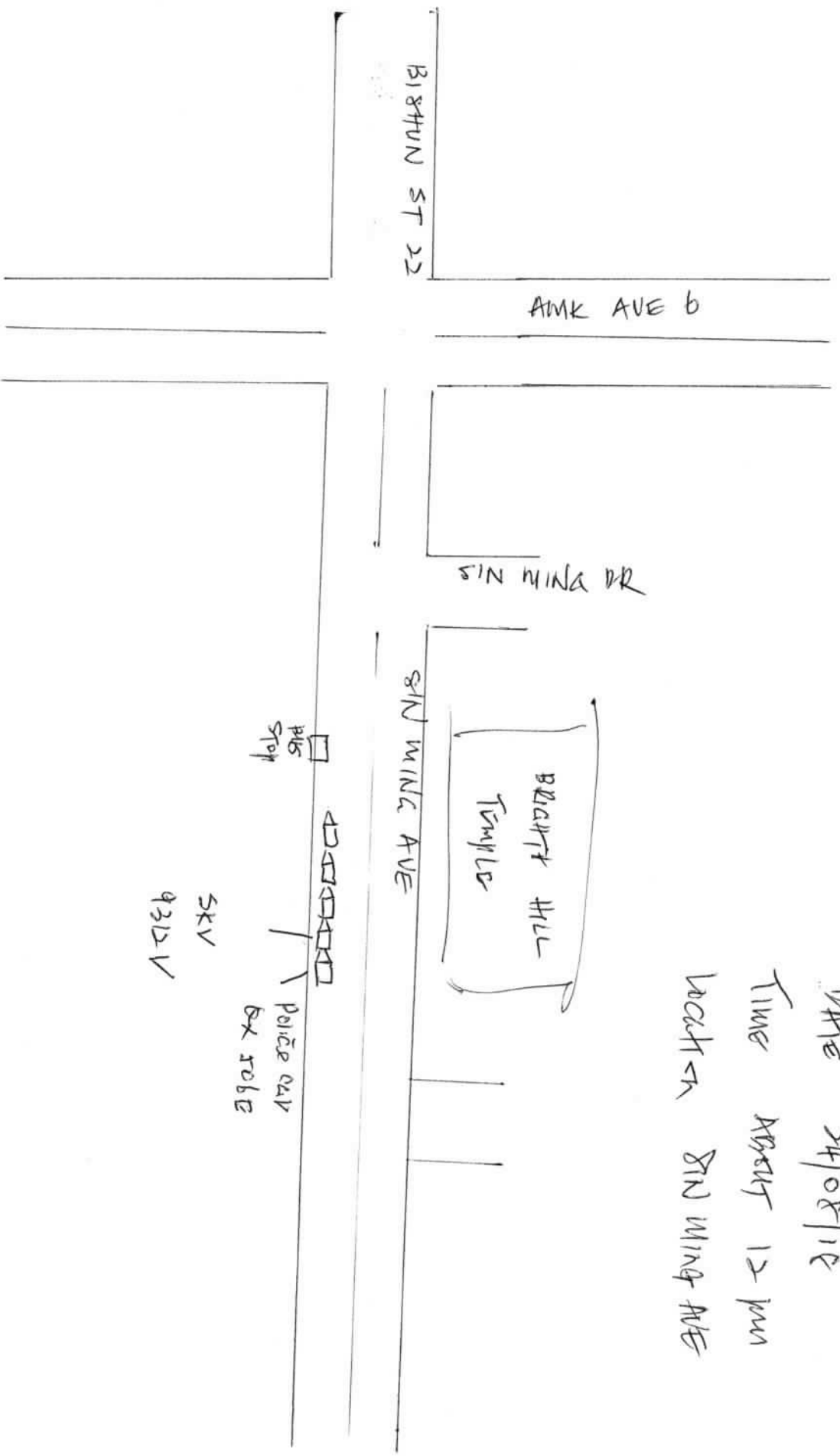
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

DATE 24/08/18

Time Approx 12 pm

Location SIN WING AVE



T. Chela
27/08/18



SINGAPORE POLICE FORCE



T/20180824/2157

1 of 3

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20180824/2157

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2018 21:32	Vide Report No.:	Station Diary No.: 73
--	------------------	--------------------------

Informant's Particulars

Name of Informant: KOH THONG CHONG			Address: APT BLK 445 SIN MING AVENUE #11-459 SINGAPORE 570445		
ID Type / ID No.: NRIC NO / S0220164Z			Contact No.: Home/Office: Mobile: 96423466		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 75	Date of Birth: 02/05/1943	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: ACCOUNT OFFICER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 24/08/2018 12:00	Type of Location: Straight Road
Location: SIN MING AVENUE TOWARDS BISHAN ST 22				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX506E	Car					0
SKV9312U	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180824/2157

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

2 of 3

Report No. T/20180824/2157

CONTINUATION OF REPORT

Driver				
Name	KOH THONG CHONG		ID No.	S0220164Z
Related Vehicle	NIL		Contact No.	96423466
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 24/08/2018 at about 1200hrs, I was driving my car, SKV9312U along Sin Ming Avenue towards Bishan St 22 at the last lane. Suddenly there is a chain of car started to slow down and I proceeded to slow down to avoid collision to the car in front of me. As my car came to a stop, I suddenly felt a jerk from the rear of my car and discovered that there one police car, QX506E did not managed to stop in time and collided to the rear of my car. Traffic police came down to my scene and I handed over them one 32GB Sandisk Micro SD Card to Sgt T150049 Azri from Traffic Police as there is in built car camera at the front of my car. Both officers and I were not injured during the accident. However, there is a dent at the rear of my car. I wish to state that this is the first time such incident happened to me.



**SINGAPORE
POLICE FORCE**



T/20180824/2157

3 of 3

Report No. T/20180824/2157

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

F /

Sgt 2 NICHOLAS LIM JIE KE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / DDGVT /

Sr Staff Sgt LIM JUN HUI, ADRIAN

Contact No.: 65476350

Signature Of Informant:

Date/Time:

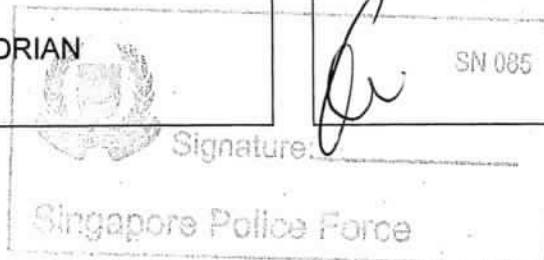
24/08/2018 21:32

Classification Of Case:

SN 085

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7917758Z



Name

KOH CHIANG TECK
(XU JIANDE)

许 坚 德

Race

CHINESE

Date of birth

Sex

21-06-1979

M

Country of birth

SINGAPORE

S7917758Z



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of KOH THONG CHONG

Licence No: **S0220164Z**

Name: **KOH THONG CHONG**

Birth Date: **02 May 1943**

Issue Date: **10 Sep 2003**

Barcode: 000816559A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0220164Z



KOH THONG CHONG

CHINESE

02-05-1943 M

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	04 Apr 1962
Class 2A	Motorcycles between 201 cc and 400 cc	04 Apr 1962
Class 2	Motorcycles exceeding 400 cc	04 Apr 1962
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Mar 1963

Licence No. S0220164Z



0325471



S0220164Z

APT BLK 445 SIN MING AVENUE #11-459
SINGAPORE 570445

NRIC No: S0220164Z

Date: 26-07-2006

No: 5469200

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5074510496-02
The Policyholder	: KOH CHIANG TECK 11 SENGKANG EAST AVENUE #13-01 AUSTVILLE RESIDENCES SINGAPORE 544804

Period of Insurance	: 08 Oct 2017 To 07 Oct 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,302.34

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 2400cc
Primary Driver	: KOH CHIANG TECK	Registration Year	: 2015
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: HONDA/ODYSSEY	NCD Entitlement	: 20%
Registration Number	: SKV9312U	NCD Protection	: No
Chassis Number	: RC11107208		
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: MAYBANK		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: WEE JINGJING, MELISSA (00000537328)
Date of Issue	: 05 Oct 2017 16:06 hrs
Reprint	: 05 Oct 2017 16:07 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

*Not Not hatched
1-B-1
Penny Bepain
Edays*

To: **SPF Accident Claims Section**

Policy No: _____ Third Party

Date: **28.08.2018**

Accident Date : 24.08.2018

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
Estimate Cost Of Repair To "Honda Odyssey" Reg. No. SKV9312U Claiming Against Your Insured Reg. No. QX506E			
1pc	Tailgate		<i>BM</i> 1,210.00 ✓
1pc	Tailgate Glass Moulding Top		<i>mc</i> 47.00 —
2pcs	Tailgate Glass Mouldings Side	47.00	<i>mc</i> 94.00 —
1pc	Tailgate Glass Moulding Bottom		<i>mc</i> 47.00 —
1pc	Tailgate Emblem		<i>mc</i> 28.50 —
1pc	Tailgate Outer Moulding		<i>sen</i> 306.00 ✓
1pc	Tailgate Lock		<i>n</i> 207.00 X
1pc	Tailgate Weatherstrip		<i>mc</i> 126.00 —
1pc	Tailgate Trim Board		<i>mc</i> 223.00 —
10pcs	Tailgate Trim Board Clips	4.00	<i>mc</i> 40.00 —
1pc	Tailgate Lamp LH	(CMT) <i>nc</i>	902.00 X
1pc	Rear Bumper		<i>mc</i> 611.00 —
10pcs	Rear Bumper Clips	3.80	<i>mc</i> 38.00 —
1pc	Rear Bumper Bracket LH		<i>scA</i> 64.00 —
1pc	Rear Bumper Chrome Moulding LH		<i>scA</i> 123.00 —
1pc	Rear Bumper Reflector LH		<i>cm</i> 48.00 —
1pc	Rear Bumper Lower Filler Cover LH		<i>cm</i> 122.00 —
1pc	Rear Bumper Inner Boot Sensor		<i>cm</i> 245.00 —
1pc	End Panel		<i>BM</i> 496.00 —
			4,977.50
	Less 20%		995.50
			3,982.00
1pc	Rear Bumper Reverse Sensor		<i>cm</i> 280.00 SN
	To Dismantle / Refit Tailgate Fittings / Ancillary Accessories		150.00 <i>bol</i>
	To Conduct Electrical Check, Replace Reverse Sensors, Module, Rewiring Etc		120.00 <i>sq</i>
	To Dismantle / Refit Rear Windscreen Glass		160.00 <i>12a</i>
	To Dismantle / Transfer Rear Spare Tyre Panel Inner Trims Boards / Garnish and Rear Fenders Inner Trims Boards / Garnish to Facilitate Repair		80.00 <i>bol</i>
	To Supply End Panel Joint Sealant		80.00 <i>3ol</i>
	To Apply Rust Proofing / Reseal Tuff Coating Treatment to Respray / Replaced / Repair Panel		100.00 <i>bol</i>
		C/F	4,952.00

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

To: **SPF Accident Claims Section**

Policy No: **Third Party**

Date: **28.08.2018**

Accident Date : 24.08.2018

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost Of Repair To "Honda Odyssey" Reg. No. SKV9312U Claiming Against Your Insured Reg. No. QX506E		
		B/F	4,952.00
	Labour Charge - Panel Beating, Replacement Of Boot Lid, Rear Fender Inner Panel, End Panel etc. Cnt, Weld Rear Fender and Parts Replacement		1,200.00 <i>800</i>
	To Spray Paint Affected Areas (2K-Pearl White) (2L Above)		<i>800</i> 900.00
		Total :	<u>7,052.00</u>
			<i>1128</i>

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

趙 源 摩 哆
Chew Goon Motor

新加坡宏茂桥第 2A 工业园第五道大牌十号门牌十五,十六,十七(一楼)及门牌五(三楼)
Blk 10, Ang Mo Kio Industrial Park 2A, Ave. 5, #01-15, 16, 17 & #03-05, AMK Autopoint
Singapore 568047

Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

TEL: 6484 1626 (24Hrs) FAX: 6484 0465

◀ 修理各种汽车 敲焊打吗 咭喷漆等 ▶

SPF Accident Claims Section

Third Party

30.08.2018

Accident Date : 24.08.2018

Estimate Cost Of Repair To "Honda Odyssey" Reg. No. SKV9312U
Claiming Against Your Insured Reg. No. QX506E

1pc

Rear Door Lock Buzzer

Less 20%

Grand Total :

<i>CMA</i>	95.00	✓
	95.00	
	19.00	
	76.00	
	76.00	



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			
AUTOMOTIVE ENGINEERING & MGT DIVISION		Ref : CS/SPF18015722/Kqbe2	
ACCIDENT CLAIM SECTION(SINGAPORE POLICE FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMYSINGAPORE 298333		Date : 03-12-2018	
ATTN : ABDUL RAHMAN		Code : SPF	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	QX 506E	Veh. Inspected	SKV 9312U
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2018/104	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	29/08/2018
2. Vehicle Particulars & Condition			
Make & Model	HONDA ODYSSEY (A)	c.c	2356
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	RC11107208	Colour	METALLIC PEARL WHITE
Odometer	68673	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/55 R17	MICHELIN	6 mm
L/H Front Tyre	215/55 R17	MICHELIN	6 mm
R/H Rear Tyre	215/55 R17	MICHELIN	6 mm
L/H Rear Tyre	215/55 R17	MICHELIN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	24/08/2018	Inspection Date	29/08/2018
Survey held at	CHEW GOON MOTOR BLK 10 ANG MO KIO IND PARK 2A #01-15/16/17, AVE 5, AMK AUTOPOINT SINGAPORE 568047		
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:		6 Working Days	



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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. SKV 9312U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILGATE	BENT	1,210.00	1,210.00
1	TAILGATE GLASS MOULDING TOP	NECESSARY	47.00	47.00
2	TAILGATE GLASS MOULDINGS SIDE @\$47.00	NECESSARY	94.00	94.00
1	TAILGATE GLASS MOULDING BOTTOM	NECESSARY	47.00	47.00
1	TAILGATE EMBLEM	NECESSARY	28.50	28.50
1	TAILGATE OUTER MOULDING	SCRATCHED	306.00	306.00
1	TAILGATE LOCK	TO REPAIR SEE LABOUR	207.00	-
1	TAILGATE WEATHERSTRIP	CUT	126.00	126.00
1	TAILGATE TRIM BOARD	MTG CRACKED	223.00	223.00
10	TAILGATE TRIM BOARD CLIPS @\$4.00	NECESSARY	40.00	40.00
1	TAILGATE LAMP LH (CRACKED)	NOT CONSISTENT WITH THE IMPACT	902.00	-
1	REAR BUMPER	BUCKLED	611.00	611.00
10	REAR BUMPER CLIPS @\$3.80	NECESSARY	38.00	38.00
1	REAR BUMPER BRACKET LH	SCRATCHED	64.00	64.00
1	REAR BUMPER CHROME MOULDING LH	SCRATCHED	123.00	123.00
1	REAR BUMPER REFLECTOR LH	CRACKED	48.00	48.00
1	REAR BUMPER LOWER FILLER COVER LH	CRACKED	122.00	122.00
1	REAR BUMPER INNER BOOT SENSOR	CRACKED	245.00	245.00
1	END PANEL	BENT	496.00	496.00
1	REAR DOOR LOCK BUZZER (ADDITIONAL)	CRACKED	95.00	95.00
	LESS 20% DISCOUNT		-1,014.50	-792.70
			4,058.00	3,170.80
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	CRACKED	280.00	200.00
			280.00	200.00
<u>LABOUR</u>				
	TO DISMANTLE / REFIT TAILGATE FTTINGS / ANCILLARY ACCESSORIES.		150.00	60.00
	TO CONDUCT ELECTRICAL CHECK, REPLACE REVERSE SENSORS, MODULE, REWIRING ETC.		120.00	50.00
	TO DISMANTLE / REFIT REAR WINDSCREEN GLASS.		160.00	120.00

Report Ref No. CS/SPF18015722/Kqbe2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO DISMANTLE / TRANSFER REAR SPARE TYRE PANEL INNER TRIMS BOARDS / GARNISH AND REAR FENDERS INNER TRIMS BOARDS / GARNISH TO FACILITATE REPAIR.		80.00	60.00
	TO SUPPLY END PANEL JOINT SEALANT.		80.00	30.00
	TO APPLY RUST PROOFING / RESEAL TUFF COATING TREATMENT TO RESPRAY / REPLACED / REPAIR PANEL.		100.00	60.00
	LABOUR CHARGE - PANEL BEATING, REPLACEMENT OF BOOT LID, REAR FENDER INNER PANEL, END PANEL ETC. CUT, WELD REAR FENDER AND PARTS REPLACEMENT. INCLUSIVE OF THE REPAIR OF TAILGATE LOCK.		1,200.00	600.00
	TO SPRAY PAINT AFFECTED AREAS (2K-PEARL WHITE) (2L ABOVE)		900.00	660.00
			2,790.00	1,640.00
	GRAND TOTAL		7,128.00	5,010.80

RECOMMENDED COST OF REPAIRS			5,010.80
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Report Ref No. CS/SPF18015722/Kqbe2

NOTES : THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$5,000-\$5,700

KONG SENG CHEONG

Licensed Appraiser

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