



REF:

## 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: \_\_\_\_\_

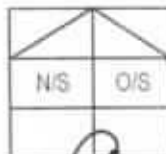
Sum Insured: \_\_\_\_\_

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: 8 days Res: Yes or NoLum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No

659708T

Yr Regn:

12 Oct 2005

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

Truck / Trailer or

Make:

ISUZU NHR69E cc 3059

Colour:

white

A/C Insured / Std / NI / NA

Sp Reading

363409

T/Radio: Insured / Std / NI / NA

Eng/No:

JAA NHR 69E 57600292

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 195 R15 (Giti)

R: 165 R13 (Cheo Yang)

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

11-09-18

Survey held at

w/s

2130pm

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Prs xml

EGI

5/2/18

649708 T  
B

(-2020)  
12 Oct 2005

②

GY9708T  
Ace tutolution  
kt Rd 1 # 03-20

ISUZU NHR69E 3059  
Silver  
341989

JAA NHR 69E 57100292

195 R15 (Goodride)  
165 R13 (Maxtrek)

05-02-18  
5pm

\* Repair Estimate : S\$ 5,000 — \$6,800

\* 6 days

18/6/2018

RECEIVED 19 JUN 2018

$\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$	$\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$
$\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$	$\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$

Days Off = 6  
Days On = 3

2322 ZHANG

PR.9

50  
50  
50

150

## Nivitha (LKK Auto)

---

**From:** Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>  
**Sent:** Thursday, 30 August 2018 10:45 AM  
**To:** Survey Report (ERGO Insurance Pte. Ltd.); admin-d@lkkauto.com  
**Cc:** sur@lkkauto.com; Elaine (LKK Auto)  
**Subject:** RE: XD1484A/ GY9708T/ LKK-DOA: 30/01/2018 / Your Ref: DSMCV1800239

**Importance:** High

Dear Ashley,

With reference to below, kindly confirm is Surveyor able to attend to the Re-inspection on 11/09/2018.

Await confirmation.

**From:** Maia [mailto:maia@chiaarul.com]  
**Sent:** Wednesday, 29 August, 2018 9:47 AM  
**To:** Steve Lim  
**Subject:** RE: IMMEDIATE ATTENTION!! - FW: ERGO REF: DSMCV1800239(SL) ; CSA REF: AS.180876.sa

Dear Steve,

We refer to the above matter.

Kindly be inform that our client's vehicle will be ready for re-inspection as follows:-

<b>Date:</b>	<b>11 September 2018, Tuesday</b>
<b>Time:</b>	<b>2.30 p.m.</b>
<b>Venue:</b>	ACE Autolution Pte Ltd 13 Kaki Bukit Road 4 #03-29 Bartley Biz Centre Singapore 417807
<b>Contact:</b>	<b>6844 1184 (Anna)</b>

Kindly let us have your confirmation soonest.

Rgds

Pei Li

---

**From:** Elaine (LKK Auto) [mailto:report@lkkauto.com]  
**Sent:** Wednesday, 27 June, 2018 4:03 PM  
**To:** Survey Report (ERGO Insurance Pte. Ltd.)  
**Cc:** sur@lkkauto.com  
**Subject:** XD1484A/ GY9708T/ LKK-DOA: 30/01/2018 / Your Ref: DSMCV1800239

Dear Sir / Madam,

Enclose PRS Survey Report of GY 9708T.

Thank you.

Best Regards,

**ELAINE | Reports**

**LKK Auto Consultants Pte.Ltd.**

Phone: 6256-3561 Ext.111 Fax: 6741-4108 email: [report@lkkauto.com](mailto:report@lkkauto.com)

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

## 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	31/01/2018 12:01
Date Of Accident	30/01/2018 19:35
Exact Location Of Accident	ALONG PIE AT BKE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1484A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HANAKO CONSTRUCTION PTE LTD
Co Reg No	200514516K
Email Address	ADMIN@HANAKOCONSTRUCTION.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62662664

### Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52L
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCV17S015786
Cover Note Number	04/08/17 - 03/08/18

### Driver

Name of Driver	THANGAMUTHU PALANIKUMAR
NRIC No	G8146833N
Date Of Birth	09/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86195759
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	C/O HANAKO CONSTRUCTION PTE LTD
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
Weather Conditions	DRIZZLING
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY9108T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ADAIKKALAM KAMALHASAN
NRIC/Passport Number	G8245218X
Contact Number	85870018
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name REAR PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle? GY9108T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name REAR PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle? GY9108T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode



## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: XD 1424 A  
INSURER : ERGO  
DATE & TIME: 30/1/18 @ 19:35

### 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:

*[Signature]*

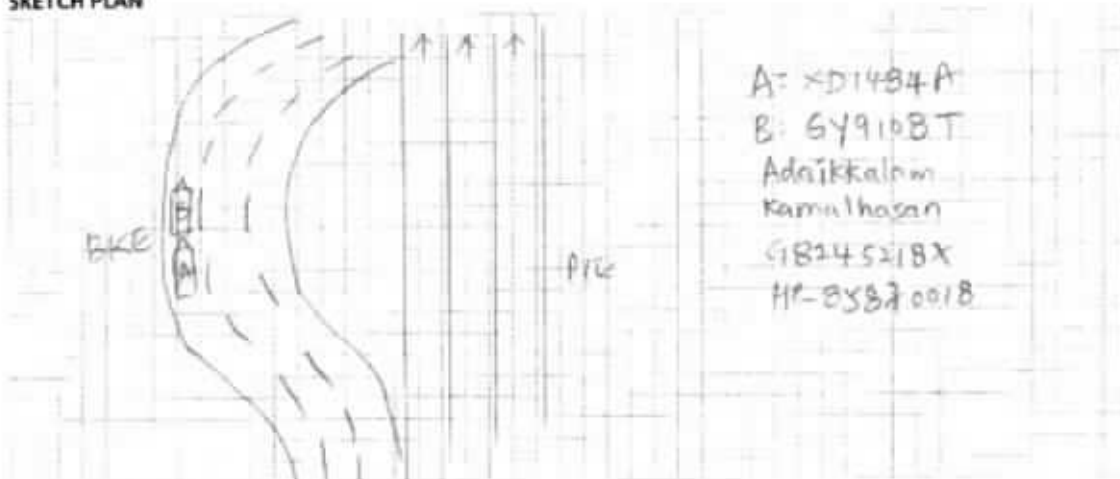
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 31/1/18

Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No. *1451*

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No - T/2018/0131/2016

## 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: (45)  
NASC/FIN No:

( ) Claim Own Policy      ( ) Claim Third Party      (✓) Reporting Only  
( ) Claim DD/TP at other workshop (\_\_\_\_\_)

DL



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

			EFFECTIVE DATE
DL	Class 1B	Motorcycle less than 250cc	06 Jun 2020
	Class 3	Motorcycle less than 250cc with less than 1500cc engine capacity of less than 1500cc and motor vehicle less than 2500kg	06 Jun 2020
	Class 4	Motor vehicle with less than 2500kg	06 Jun 2020

G8146833N

S / No: 9000270562

NP 4356





**SINGAPORE  
POLICE FORCE**



T/20180131/2016

1 of 3

Police Station Of Origin  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739148  
Tel No: 1800-363 9999

Report No. T/20180131/2016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/01/2018 08:36		Vide Report No.: F/20180130/0304		Station Diary No.: 22	
<b>Informant's Particulars</b>					
Name of Informant: THANGAMUTHU PALANIKUMAR			Address: 26A DICKSON ROAD #08-19 WIN 5 SINGAPORE 209509		
ID Type / ID No.: FIN NO / G8148833N			Contact No.: Home/Office: Mobile: 86195759		
Nationality: INDIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 09/05/1981	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class 2B,3,4 Date of Expiry: 07/01/2020		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/01/2018 19:35	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
BKE exit				
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: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY9708T	Lorry				Slightly Damaged	0
XD1484A	Lorry				Slightly Damaged	0

PR



**SINGAPORE  
POLICE FORCE**



T/20180131/2016

3 of 3

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No. 1800-363 9999

Report No. T/20180131/2016

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

Staff Sgt MOHAMED ISMAIL BIN MOHAMED  
MUBARAK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM HONG LEE

Contact No.: 65476438

Signature Of Informant:

Date/Time:

31/01/2018 08:36

Classification Of Case:

Authentication Stamp

NP168

PR



**SINGAPORE  
POLICE FORCE**



T/20180131/2016

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

2 of 3

Report No. T/20180131/2016

CONTINUATION OF REPORT

**Brief Details.**

On 30.01.2018 @ 1935 hrs , I was driving my vehicle ( XD 1484 A ) along PIE exit into BKE. There was another lorry in front of me. Out of a sudden the lorry in front of me jammed his brakes. I was not able to stop in time and hit onto the rear of the lorry. Two passengers from the lorry in front of me was conveyed to the hospital. Traffic police attended to the scene. That's all.

WP

**WORK PERMIT**  
Immigration of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
HARARD CONSTRUCTION PTE. LTD.

Photo of holder

Name:  
THANILAKUTHI PALANIKUMAR

Pass Number:  
S 24053970

Category:  
CONSTRUCTION

Barcode

40077541

**VISIT PASS**  
Immigration Regulations

THANILAKUTHI PALANIKUMAR

Photo of holder

ICN:  
0514682206

Date of Birth: 09-05-1981 Sex: M

Nationality:  
INDIAN

Download SGMPass App to check status

QR Code

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Barcode

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## 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	01/02/2018 16:53
Date Of Accident	30/01/2018 19:30
Exact Location Of Accident	PIE TOWARDS JURONG INTO BKE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY9708T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	APS CONTRACTOR (SINGAPORE)
Co Reg No	5316579B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85870018
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR69E-3.1 D (M)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ17-001759
Cover Note Number	

### Driver

Name of Driver	ADAIKKALAM KAMALHASAN
Passport No/FIN	G8245218X
Date Of Birth	22/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2014
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85119548
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	21 BUKIT BATOK CRESCENT (WCEGA TOWER) #09-79
Postcode	658065
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
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : NO NAME GENDER: : MALE
Passenger 2	NAME: : NO NAME GENDER: : MALE
Passenger 3	NAME: : NO NAME GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD1484A
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GY9708T  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode



**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.
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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:

*A. Kamal Hasan*

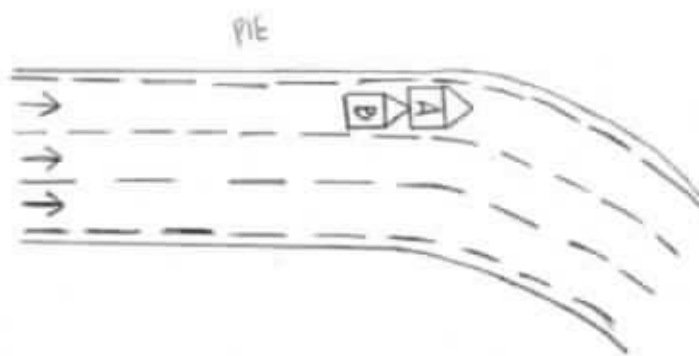
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# Sketch Plan #2

## SKETCH PLAN



Vehicle A: GY 9908 T  
Vehicle B: KD 1484 A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30 Jan 2012 at around 7:30 PM, I was travelling along PIE towards Jaring into BRE Exit. Then, front of my vehicle were slow down and my vehicle also was slow down. Suddenly, the vehicle B (KD 1484 A) collided onto my vehicle from the rear.

## 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)

Reporting Centre Personnel's Signature

# Sketch Plan #3





**SINGAPORE  
POLICE FORCE**



T/20180130/2185

1 of 3

Report No. T/20180130/2185

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/01/2018 22:34		Vide Report No.: F/20180130/0304		Station Diary No.: 132	
<b>Informant's Particulars</b>					
Name of Informant: ADAIKKALAM KAMALHASAN			Address: C/O 21 BUKIT BATOK CRESCENT WCEGA TOWER SINGAPORE 658065		
ID Type / ID No.: FIN NO / G8245218X			Contact No.: Home/Office: Mobile: 85870018		
Nationality: INDIAN			Email:		
Sex: Male	Age: 30	Date of Birth: 22/05/1987	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER-CUM- DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2018 19:30	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GY9708T	Lorry				Seriously Damaged	3
XD1484A	Tipper Truck				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20180130/2185

2 of 3

Report No. T/20180130/2185

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ADAIKKALAM KAMALHASAN		ID No. G8245218X
Related Vehicle	GY9708T (Lorry)		Contact No. 85870018
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	THANGAMUTHU PALANIKUMAR		ID No. G8146833N
Related Vehicle	XD1484A (Tipper Truck)		Contact No. 86195759
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 30/1/2018 at about 1930hrs, I was driving along PIE towards BKE direction in my lorry (GY9708T) with 3 passengers in my lorry when I approached the bend, the car in front of me slowed down and as such, I did the same when all of a sudden, the tipper truck (XD1484A) that was behind collided onto the rear of my lorry. Due to that, my 2 of my passengers were injured and I then called for the ambulance. The ambulance and traffic police arrived at the scene and my 2 injured passengers were then conveyed to NTFGH. The driver of the tipper truck is unhurt from the incident. My one of the 2 passengers sustained back injury and could not stand up whereas the other sustained cuts on his forearm. I sustained aches on my chest area whereas the passenger beside me sustained pains on his head and back area. My lorry had sustained severe damage in the interior of the lorry driver area and had severe dents on the rear portion of the lorry. My lorry cannot be started as well. The tipper truck sustained minor damages to the front portion of the truck. I am now lodging this accident report for insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20180130/2185

3 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No: T/20180130/2185

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:

J /

Sgt 2 YAO MING YANG, CASIMIR

Signature Of Informant:

A. Kamulhasan

Signature Of Interpreter:

Not applicable

Date/Time:

30/01/2018 22:34

Officer In Charge Of Case:

TP / GIT

Sgt 2 LIM HONG LEE

Contact No: 65476436

Classification Of Case:

Signature:

Authentication Stamp

NP188

Singapore Police Force

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## ACE AUTOLUTION PTE LTD

13,KAKI BUKIT ROAD 4 ,BARTLEY BIZ CENTRE #03-29,SINGAPORE 417807.

COMPANY REG. NO : 201403869W

EMAIL: admin@aceauto.com.sg

TEL: 6844 1184

FAX: 6702 4202

NAME : APS CONTRACTOR(SINGAPORE)

DATE : 16/5/2018

PROFORMA INVOICE : ACE-207-2018

JOB NO .

-

ADDRESS : 21 BUKIT BATOK CRESCENT #09-79  
WCEGA TOWER SINGAPORE 658065

VEHICLE NO. GY 9708 T

MAKE & MODEL : ISUZU NHR69E

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
1	COST OF REPAIR			\$ 22,000.00
		TOTAL		\$22,000.00

### **IMPORTANT**

*Please remit payment within 7 days from the due date*

*An interest of 1.5% per month will be levied on all overdue amounts*

*All cheques must be made payable to **ACE AUTOLUTION PTE LTD***

***(WE ARE NOT GST REGISTERED)***

*This a computer generated document.No signature is required.*

# S K AUTO CONSULTANTS

## AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/018/0053SK

Your Reference: TBA

Date: 9/5/2018

TO: APS CONTRACTOR (SINGAPORE)  
c/o ACE Autolution Pte Ltd  
13 Kaki Bukit Road 4 #03-29  
Bartley Biz Centre  
Singapore 417807

Assessment of Vehicle No : GY 9708 T  
Date of Accident : 30/01/2018  
Date of Inspection : 31/01/2018

We have carried out a physical assessment of GY 9708 T at Ace Autolution Pte Ltd according to your instructions on 31/01/2018 and are pleased to submit our report as follows;

### 1.VEHICLE PARTICULARS

Registration No.	:	GY 9708 T
Make & Model	:	ISUZU NHR69E
Year of Registration	:	10/12/2005
Engine Capacity (cc)	:	3059
Chassis No.	:	JAANHR69E57100292
Engine No.	:	4JG2275294
Colour	:	WHITE
Mileage (km)	:	341989

### 2.VEHICLE CONDITION

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

### 3.TYRE PARTICULARS & CONDITION

#### Front

RH Make/Size	:	CITI 195 R15C - 80%
LH Make/Size	:	CITI 195 R15C - 80%

#### Rear

RH Make/Size	:	MAXTREK 165 R13C X 2- 70%
LH Make/Size	:	MAXTREK 165 R13C X 2- 70%

Note: % denotes the remaining percentage of the tyre

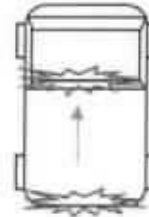
# S K AUTO CONSULTANTS

Page No. 2

Our Reference      TP/018/0053SK  
Vehicle No.        GY 9708 T

## 4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the Rear / impact to Front cabin (Badly damaged)  
Please see attached schedule for details.



Estimated Amount                : S\$31,755.60  
Adjusted Amount                : S\$22,000/-  
Estimated Repair Days        : 20 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.



# S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/018/0053SK  
Vehicle No. GY 9708 T

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)	OUR ASSESSMENT(\$\$)
<b>PARTS (LIST ITEMS)</b>				
1	Rear tailgate	Distorted	2188.00	1350 2188.00
4	Rear tailgate hinge @ \$80	Bent	320.00	320.00
2	Rear lock bar w/handle @\$245	Bent	490.00	x 490.00
2	Rear lock bar catch @\$120	Bent	240.00	x 240.00
1	Rear end panel lower member	Distorted	1050.00	680 1050.00
2	Rear taillamp @\$345	Damaged	690.00	530 690.00
1	Water tank	Deformed	210.00	210.00
1	Rear tow hook	Bent	280.00	280.00
1	Rear chassis frame	Distorted	4500.00	4500.00
4	Rear chassis frame U bolt @142.00	Bent	568.00	(8dSN) 568.00
1	Rear exhaust silencer assembly complete	Damaged	780.00	480 780.00
4	Rear exhaust mountings @198.50	Damaged	794.00	706 794.00
1	Front cabin rear panel	Distorted	1089.00	1089.00
1	Front cabin rear panel rear window rubber	Necessary	285.00	285.00
1	Front dashboard centre console	Damaged	1010.00	1010.00
1	Front dashboard console	Damaged	2150.00	2150.00
1	Rear canopy hood	Distorted	4500.00	4500.00
1	RHS door	Distorted	2750.00	2750.00
1	RHS door glass moulding	Necessary	240.00	240.00
1	Rear LHS chassis frame complete assy	Distorted	4500.00	4500.00
			28634.00	28634.00
		less 10%	2863.40	10% 2863.40
			25770.60	25770.60
<b>SPECIAL NETT ITEMS</b>				
1	Cabin rear panel window sealant	Necessary	120.00	80.00
1	IU unit	Damaged	165.00	165.00
1	RHS Door company sticker	Necessary	75.00	60.00
1	Number Plate	Bent	75.00	40.00
1	Rear tailgate '70km/h' sticker	Necessary	30.00	15.00
1	Rear tailgate '7 pax' sticker	Necessary	30.00	15.00
1	Rear tailgate company sticker	Necessary	350.00	300.00
	TOTAL PARTS		26615.60	26445.60

# S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/018/0053SK  
Vehicle No. GY 9708 T

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
	<b>LABOUR</b>		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components.	1800.00	1600.00 1000
2	To supply paint materials, expandable items & putty, respray paint on parts replaced	1400.00	1200.00 700
3	To remove, refix wiring system at accident damaged areas	120.00	100.00 30
4	To remove and replace air-con condensor; vacuum and refill gas	150.00	120.00 X
5	To remove and replace radiator, pressure test and refill coolant	120.00	100.00 X
6	To remove and replace cabin rear window glass	140.00	120.00 X
7	To remove and refix engine	380.00	250.00 X
8	To remove and replace chassis frame	750.00	500.00 X
9	To perform anti-rust treatment on affected areas	280.00	200.00 60
Labour Total :		5140.00	4190.00 1790
TOTAL (PARTS & LABOUR):		31755.60	30635.60
<b>Note: (For Lump Sum Repair)</b> The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements. Considering the age and economical limits of the vehicle, the repairer has agreed to undertake the repairs at Lump Sum contract amount of S\$22,000/-			

S.Kumanan  
Motor Surveyor



5071.01  
20% : 3550

3/22/2018

Pitstop @ Bartley Administrative Panel

**Client:**

ACE AUTOLUTION PTE LTD  
13 KAKIT BUKIT ROAD 4 #03-22 BARTLEY BIZ  
CENTRE  
Singapore 417807  
Office Number : 68441184  
Fax Number : 67024202  
Email: ace\_autolution@hotmail.com  
Attn : LOW DANIEL

**Tax Invoice :**

Job Id: 013784  
Service Advisor: Aamir Khan Bin A Rashid  
Invoice No: #8201803-0231  
Vehicle No: GY9708T  
Vehicle Model: ISUZU NHR  
Date Time In: 22-Mar-2018 13:14:04  
Invoice Date Time: 22-Mar-2018 14:01:35  
Mileage: 347,996 KM

#	Item	Description	Quantity	Total
1	Package	No Package (Check Car Only)	1	\$0.00
2	Material / Labour	WHEEL ALIGNMENT - COMPUTER WHEEL ALIGNMENT	1,000	\$60.00

**Remarks**

Sub Total: \$60.00  
GST :\$4.20  
Grand Total: \$64.20

6Y9708T

**Terms:**

I acknowledge that the above works have been carried out to my satisfaction. For other works recommended but have not received my consent, I hereby indemnify WTS Automotive Services Pte Ltd against any/all claims by me or any third parties.

ACE AUTOLUTION PTE LTD / 22-Mar-2018 14:01:35

Please proceed payment to 'WTS Automotive Services Pte Ltd'.

For feedback on our service, please email us at admin@pitstop.com.sg. We will respond as soon as possible.

17 Kaki Bukit Road 4, #01-58/59/60/61/62, Bartley BizCentre, Singapore 417809 | P: +65 68-449-449

PAID  
22 MAR 2018  
BY: .....

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	6579B
<b>Vehicle Details</b>	
Vehicle No.:	GY9708T
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Sep 2018
Vehicle Make:	ISUZU
Vehicle Model:	NHR69E
Primary Colour:	White
Manufacturing Year:	2005
Engine No.:	4JG2275294
Chassis No.:	JAANHR69E57100292
Maximum Power Output:	-
Open Market Value:	\$18,879.00
Original Registration Date:	12 Oct 2005
First Registration Date:	12 Oct 2005
Transfer Count:	3
Actual ARF Paid:	\$944.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	11 Oct 2020
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$23,992.00
COE Rebate Amount:	\$9,965.00
<b>Total Rebate Amount:</b>	<b>\$9,965.00</b>
<b>Message</b>	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 13 Sep 2018

OK

**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

ERGO INSURANCE PTE LTD

Ref : CS3/EGI18002118/Gvbe2-1

5 TEMASEK BOULEVARD  
#04-01 SUNTEC TOWER FIVE  
SINGAPORE 038985

Date : 13-09-2018



Code : EGI

**1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)**

Insured Veh.	XD 1484A	Veh. Inspected	GY 9708T
Policy No.		Coverage (\$)	0.00
Claim No.	DSMCV1800239	Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	30/08/2018

**2. Vehicle Particulars & Condition**

Make & Model	ISUZU NHR69E	c.c	3059
Engine No.	HIDDEN	Year of Reg.	2005
Chassis No.	JAANHR69E57100292	Colour	WHITE
Odometer	363409	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	195 R15	GITI	5 mm
L/H Front Tyre	195 R15	GITI	5 mm
R/H Rear Tyre	165 R13	CHAO YANG	5 mm
L/H Rear Tyre	165 R13	CHAO YANG	5 mm

**4. Description of Damages**

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.
REPAIR CONDITION SEE DETAILS.

**5. General Information**

Accident Date	30/01/2018	Inspection Date	11/09/2018
Survey held at	ACE AUTOLUTION PTE LTD 13 KAKI BUKIT ROAD 4 #03-29 BARTLEY BIZ CENTRE SINGAPORE 417807		

**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:	8 Working Days
-------------------------------------	----------------



# 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: 199607196R GST Reg. No. 19-9607196-R

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GY 9708T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR TAILGATE	REPLACED	2,188.00	1,350.00
4	REAR TAILGATE HINGE @\$80.00	REPLACED	320.00	320.00
2	REAR LOCK BAR W/HANDLE @\$245.00	NOT NECESSARY	490.00	-
2	REAR LOCK BAR CATCH @\$120.00	NOT NECESSARY	240.00	-
1	REAR END PANEL LOWER MEMBER	REPLACED	1,050.00	680.00
2	REAR TAILLAMP @\$345.00	REPLACED	690.00	530.00
1	WATER TANK	NOT NECESSARY	210.00	-
1	REAR TOW HOOK	NOT NECESSARY	280.00	-
1	REAR CHASSIS FRAME	NOT NECESSARY	4,500.00	-
1	REAR EXHAUST SILENCER ASSEMBLY COMPLETE	REPLACED	780.00	480.00
4	REAR EXHAUST MOUNTINGS @\$198.50	REPLACED-2PCS ONLY	794.00	70.60
1	FRONT CABIN REAR PANEL	NOT NECESSARY	1,089.00	-
1	FRONT CABIN REAR PANEL REAR WINDOW RUBBER	NOT NECESSARY	285.00	-
1	FRONT DASHBOARD CENTRE CONSOLE	NOT NECESSARY	1,010.00	-
1	FRONT DASHBOARD CONSOLE	NOT NECESSARY	2,150.00	-
1	REAR CANOPY HOOD	NOT NECESSARY	4,500.00	-
1	RHS DOOR	NOT NECESSARY	2,750.00	-
1	RHS DOOR GLASS MOULDING	NOT NECESSARY	240.00	-
1	REAR LHS CHASSIS FRAME COMPLETE ASSY	NOT NECESSARY	4,500.00	-
	LESS 10% DISCOUNT		-2,806.60	-
	LESS 15% DISCOUNT		-	-514.59
			25,259.40	2,916.01
4	REAR CHASSIS FRAME U BOLT @\$142.00 (SN)	REPLACED	568.00	180.00
	LESS 10% DISCOUNT		-56.80	-
			511.20	180.00
<b>SPECIAL NETT ITEMS</b>				
1	CABIN REAR PANEL WINDOW SEALANT (SN)	NOT NECESSARY	120.00	-
1	IU UNIT (SN)	NOT NECESSARY	165.00	-

Report Ref No. CS3/EG18002118/Gvbe2-1

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	RHS DOOR COMPANY STICKER (SN)	NOT NECESSARY	75.00	-
1	NUMBER PLATE (SN)	REPLACED	75.00	15.00
1	REAR TAILGATE '70KM/H' STICKER (SN)	REPLACED	30.00	10.00
1	REAR TAILGATE '7 PAX' STICKER (SN)	REPLACED	30.00	10.00
1	REAR TAILGATE COMPANY STICKER (SN)	REPLACED	350.00	150.00
			845.00	185.00
	<b>LABOUR</b>			
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACE THE DAMAGED PARTS AND COMPONENTS.		1,800.00	1,000.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY RESPRAY PAINT ON PARTS REPLACED.		1,400.00	700.00
	TO REMOVE, REFIX WIRING SYSTEM AT ACCIDENT DAMAGED AREAS.		120.00	30.00
	TO REMOVE AND REPLACE AIR-CON CONDENSOR; VACUUM AND REFILL GAS.	NOT NECESSARY	150.00	-
	TO REMOVE AND REPLACE RADIATOR, PRESSURE TEST AND REFILL COOLANT.	NOT NECESSARY	120.00	-
	TO REMOVE AND REPLACE CABIN REAR WINDOW GLASS.	NOT NECESSARY	140.00	-
	TO REMOVE AND REFIX ENGINE.	NOT NECESSARY	380.00	-
	TO REMOVE AND REPLACE CHASSIS FRAME.	NOT NECESSARY	750.00	-
	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS.		280.00	60.00
			5,140.00	1,790.00
<b>GRAND TOTAL</b>			<b>31,755.60</b>	<b>5,071.01</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>4,050.00</b>

Report Ref No. CS3/EG18002118/Gvbe2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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

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