

ASS. REC. BY:

REF:

CS/ ECU 18016223 / Accd3 12

Special Instruction:

SURVAYOR

## ASSIGNMENT (Office)

From (Person):

Yee Pei Li

of

ECL

Date/Time: 05092018 355pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBL 7097m

Insured:

SJL 7509Y

at Workshop m/s

Hua Meng

Tel:

of

Blk 1 Kaki Bukit Ave 6 #01-61

Policy No:

Claim No:

SJL7509Y / SA/pl

Sum Insured:

Excess:

Make of Veh:

D.O.A.

31092018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

05092018 4:07pm

Person Contacted:

Jure

Vehicle IN / OUT

Date/Time

Action/Instruction ( ✓ ) Estimate

FBL 7097m - X

SJL 7509Y - X

Revert pending est from repairer.

Signature

# 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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ 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: \_\_\_\_\_

FBL7097M

Yr Regn: 2017 / Feb.

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

Truck / Trailer or

Make: \_\_\_\_\_

Yanhu YBR125

C.C 124

Colour \_\_\_\_\_

Black

A/C: Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_

53370

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

LB PRE101000058030

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: \_\_\_\_\_

2-75 R18

R: \_\_\_\_\_

3-6 R18

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. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

mm

D.O.A. \_\_\_\_\_

D.O.I. \_\_\_\_\_

17/09/18

Survey held at \_\_\_\_\_

Huamery

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
31/7	TP Ego. Confirmed the roof with repairer. (Red. 3082f, 82%)

RECEIVED 31 JUL 2019

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

3

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: \_\_\_\_\_

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)

) S + RS: \$ \_\_\_\_\_

) Photos \_\_\_\_\_

) Others \_\_\_\_\_

Report Format: \_\_\_\_\_

TP

Lump Sum / I.B.I: (\$ 700f)

TOTAL

250

**Catherine Chong (LKK Auto)**

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**From:** Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>  
**Sent:** Wednesday, 5 September, 2018 3:55 PM  
**To:** 'admin-d@lkkauto.com'  
**Cc:** 'ASSIGNMENTS@LKKAUTO.COM'  
**Subject:** OI : SJL7509Y / TP : FBL7097M/LKK / DOA : 30.08.2018  
**Attachments:** SJL7509Y - SAS.pdf; FBL7097M - SAS.pdf; FBL7097M - PRS FORM.pdf

Dear Catherine/Nivitha,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please assist to conduct this survey from **HUA MENG SPRAY PAINTING WORKSHOP**,

ADDRESS : 1 KAKI BUKIT AVE 6 BLK C  
#01-61 AUTOBAY @ KAKI BUKIT  
SINGAPORE 417883

PERSON TO CONTACT : 6746 5519 / 6747 8064

ERGO OFFICER-IN-CHARGE : SITI

***Note: To survey on without prejudice basis. Please advise the consistency of damages to third party vehicle. Obtain estimate from workshop and inform the repairer in writing, that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.***

Please fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via [Survey.Report@ergo.com.sg](mailto:Survey.Report@ergo.com.sg).

Attached are insured's and third party's SAS (note: reports not to be released to any Third Party). No estimates was provided.

Kindly acknowledge receipt of this email.

Regards,  
Yee Pei Li  
Claims Assistant (Motor)

ERGO Insurance Pte. Ltd.

5 Temasek Boulevard, #04-01 Suntec Tower Five  
Singapore 038985  
DID.: +65 6829 9194  
Tel. : +65 6829 9199  
Fax : +65 6829 9247

**ERGO**

[www.ergo.com.sg](http://www.ergo.com.sg)

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

**ERGO**

Date: 05.09.2018  
Our Reference: SJL 7509Y/SA/pl  
Your Reference: HUAMENG/FBL7097M

Sent via Fax: 6743 4896  
or  
Email:

To: HUA MENG SPRAY PAINTING WORK

**Pre-Repair Survey (PRS) Acknowledgement****REVISED**

Vehicle For Inspection: FBL 7097M  
Insured's Vehicle: SJL 7509Y  
Date Of Accident: 30.08.2018

We acknowledge receipt of your request for PRS on: 04.09.2018

In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below and indicate your selection in the box marked \*.

\* LKK

AIS	Automobile Inspection Services Pte Ltd	LBS	L.B.S Auto Consultants Pte Ltd
FTA	FormTeam Consultancy Pte Ltd	LKK	LKK Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	PS	Priority Services
JPK	JP Knights Pte Ltd	VAC	Vicom Ltd

- ☒ Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.  
☐ Your request for inspection does not have your client's GIA report, kindly forward a copy.  
☐ We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.  
☐ Our insured's driver has not reported the accident to us to date.  
☒ Others: OFFICER-IN-CHARGE - SITI

Prepared by:	<u>[Signature]</u>	Pei U	6829 9244	<u>claims@ergo.com.sg</u>
Signature:				<u>FAX: 6829 9247</u>

**Assessor use only:**

Assignment Date: \_\_\_\_\_  
Assignment Time: \_\_\_\_\_

Remarks:

**Workshop use only:****Assessor attended workshop on:**

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Inspector: \_\_\_\_\_

☐ Vehicle not available at the appointed date and time.

Kindly acknowledge our Assessor presence for the above job.

Workshop Acknowledgement & Stamp.

Note: Our inspection is on a without admission to liability basis.

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

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	164H
<b>Vehicle Details</b>	
Vehicle No.:	FBL7097M
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jul 2019
Vehicle Make:	YAMAHA
Vehicle Model:	YBR125
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	E3F5E043030
Chassis No.:	LBPREF101000058030
Maximum Power Output:	-
Open Market Value:	\$1,858.00
Original Registration Date:	15 Feb 2017
First Registration Date:	15 Feb 2017
Transfer Count:	1
Actual ARF Paid:	\$279.00
<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:	14 Feb 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,412.00
COE Rebate Amount:	\$4,835.00
<b>Total Rebate Amount:</b>	<b>\$4,835.00</b>

The information contained herein is correct as at 31 Jul 2019

OK

MSME:8113258 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 31/08/2018 17:33  
 SUBMITTED BY: Chia Pei Ying

## 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	31/08/2018 17:33
Date Of Accident	30/08/2018 16:30
Exact Location Of Accident	KAKI BUKIT RD 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL7097M
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#### Insured/Policyholder

Name Of Registered Owner	PARTWARE AUTO PTE LTD
Co Reg No	201540164H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67415228

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125

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 MOTORCYCLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097972494
Cover Note Number	

#### Driver

Name of Driver	TAN SOON HUAT
NRIC No	S6827947Z
Date Of Birth	01/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98217756
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 270 YISHUN ST 22 #06-54  
 Postcode 2776  
 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 SIDE SWIPE  
 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? 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 TRAFFIC POLICE DIVISION HQ  
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 65470000 - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT: T/20180831/2025.

### 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 SJL7509Y  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 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	TAN SOON HUAT
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBL7097M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## Sketch Plan Pg. 1

## 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:



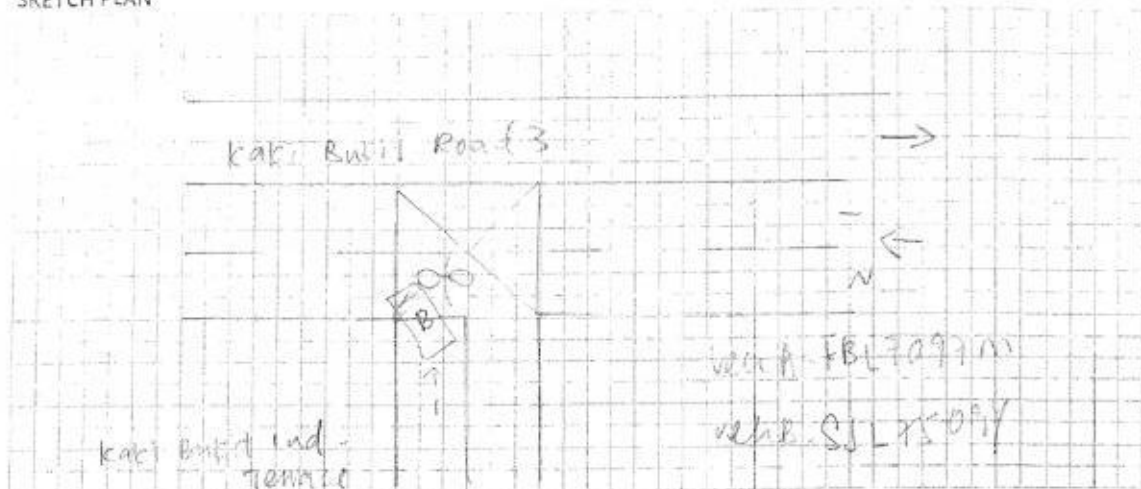
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

HUA MERRY

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer the police report: T/ 20180831/2025

## 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:

## Sketch Plan #3 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180831/2025

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

IRMHV

Report No. T/20180831/2025

65476365

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/08/2018 09:54		Vide Report No.: G/20180830/0154		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN SOON HUAT			Address: APT BLK 270 YISHUN STREET 22 #06-54 SINGAPORE 760270		
ID Type / ID No.: NRIC NO / S6827947Z			Contact No.: Home/Office: Mobile: 98217756		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 01/08/1968	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/08/2018 16:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 KAKI BUKIT ROAD 3 KAKI BUKIT INDUSTRIAL TERRACE KAKI BUKIT ROAD 3 JUNCTION KAKI BUKIT INDUSTRIAL TERRACE Lamp Post Number: 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL7097M	Motorcycle					0
SJL7509Y	Car					0

**Details of Person Involved**

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

## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180831/2025

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180831/2025

## CONTINUATION OF REPORT

Rider		ID No.	
Name	TAN SOON HUAT	S6827947Z	
Related Vehicle	FBL7097M (Motorcycle)	Contact No.	98217756
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/08/2018	Date Discharge	30/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

ON THE 30/08/2018 AT AROUND 1630HRS

I WAS TRAVELLING ALONG KAKI BUKIT ROAD 3, THE TRAFFIC FLOW WAS NORMAL AND THE ROAD SURFACE WAS DRY. I WAS RIDING ON THE ROAD AND IT WAS 2 WAY ROAD, I WAS APPROACHING THE LOCATION OF THE ACCIDENT. I WAS GOING STRIAIGHT AND AHEAD OF ME THERE WAS A MINOR LANE TURNING OUT INTO MY LANE. AS I WAS APPROACHING, I SAW THERE WAS 2 CARS GOING TO ENTER INTO MY LANE. THE FIRST VEHICLE TURN OUT INTO MY LANE, I NOTICED THE CAR FOR TURN OUT. WHEN I WAS BESIDE THE MINOR LANE ENTERING INTO MY LANE, THE SECOND VEHICLE SUDDENLY EXIT THE MINOR LANE AND ENTER INTO MY LANE. WHEN I NOTICED THE VEHICLE TURN OUT, I DID NOT HAVE ANYTIME TO REACT TO THE SITUATION AND WE COLLIDED. I FELL TO THE GROUND AND WAS INJURED FROM THE ACCIDENT, I CALLED MY SUPERVISOR AND INFORM HIM THAT I WAS INVOLVED IN AN ACCIDENT. MY SUPERVISOR ARRIVED JUST BEFORE THE AMBULANCE, I WAS CONVEYED TO THE HOSPITAL A WHILE LATER.

THAT'S ALL

## Sketch Plan #5 Pg. 1

SINGAPORE  
POLICE FORCE

T/20180831/2025

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180831/2025

## 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:  
TP /  
KEE CHUAN JIA MARCUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Insp TAN CHIN YONG  
Contact No.: 65476178

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
31/08/2018 09:54

Classification Of Case:

SINGAPORE  
POLICE FORCE

Signature:

TP Ergo-  
Keline

FBL7097M. 2017 Feb.

Yamaha YBR125 124cc

LBPRE101000058030

Front Number Plate	ut	15(SN) ✓
Front Fender	ut	75 ✓
Front Fork	<del>Assy</del> x 02	625 x 2 = 1250 +
Front Fork Top Bracket	} Nul NCL	120 +
Front Fork Under Bracket		180 +
Front Fork Oil		30 +
Front Fork Oil Seal		40 +
Headlamp	ut	210 ✓
Headlamp Cowling	Rpr	240 +
Front LH Signal Lamp	ut	20 —
Handle Bar	new	70 +
Front Wing Mirror LH	ut	18 x 2 = 36. —
Clutch Lever	ut	18 ✓
Fuel Tank	Rpr	480 +
Stickers	new	30(SN) ✓
Front Footrest LH	ut	25. ✓

FBL7097M.

Side Cover LH.	wt	38 ✓	
Rear LH Footrest.	mm	25 +	
Rear Box	wt	<del>250</del>	200 (SN)
Rear Box Bracket.	mm	180 X	422 379.80 S.N: 245
Labour		<del>300</del>	150
Spray Painting		<del>300</del>	100
Wiring		<del>50</del>	30

280.

3982.00

Total: 904.80

L/S: 700

03 Days.

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:



## LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBL 7097M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT FENDER	CUT	75.00	75.00
2	FRONT FORK @\$625.00	NOT NECESSARY	1,250.00	-
1	FRONT FORK TOP BRACKET	NOT NECESSARY	120.00	-
1	FRONT FORK UNDER BRACKET	NOT NECESSARY	180.00	-
1	FRONT FORK OIL	NOT NECESSARY	30.00	-
1	FRONT FORK OIL SEAL	NOT NECESSARY	40.00	-
1	HEAD LAMP	CUT	210.00	210.00
1	HEAD LAMP COWLING	TO REPAIR SEE LABOUR	240.00	-
1	FRONT LH SIGNAL LAMP	CUT	20.00	20.00
1	HANDLE BAR	NOT NECESSARY	70.00	-
2	FRONT WING MIRROR LH @\$18.00	CUT	36.00	36.00
1	CLUTCH LEVER	CUT	18.00	18.00
1	FUEL TANK	TO REPAIR SEE LABOUR	480.00	-
1	FRONT FOOTREST LH	CUT	25.00	25.00
1	SIDE COVER LH	CUT	38.00	38.00
1	REAR LH FOOTREST	NOT NECESSARY	25.00	-
1	REAR BOX BRACKET	NOT NECESSARY	180.00	-
	LESS 10% DISCOUNT		-	-42.20
			3,037.00	379.80
<b>SPECIAL NETT ITEMS</b>				
1	FRONT NUMBER PLATE (SN)	CUT	15.00	15.00
1	STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BOX (SN)	CUT	250.00	200.00
			295.00	245.00
<b>LABOUR</b>				
	LABOUR INCLUSIVE OF THE REPAIR OF HEAD LAMP COWLING AND FUEL TANK.		300.00	150.00
	SPRAY PAINTING.		300.00	100.00





## 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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WIRING.		50.00	30.00
			650.00	280.00
	GRAND TOTAL		3,982.00	904.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				700.00

Report Ref No. CS/EG18016223/Acd3n2

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.



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### TAX INVOICE

ERGO INSURANCE PTE LTD  
5 TEMASEK BOULEVARD  
#04-01 SUNTEC TOWER FIVE

SINGAPORE 038985

INV No. AC1907575  
INV Date 31/07/2019  
Reference CS/EG118016223/Acd3n2  
Code EGI



#### PROFESSIONAL SERVICE FEE

Vehicle No. FBL 7097M  
Insured Veh. SJL 7509Y  
Claim No. SJL7509Y/SA/pl  
Policy No.  
Accident Date 30/08/2018  
Inspection Date 17/09/2018

Description	Total
Survey Inspection	250.00
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>250.00</b>
<b>GST (7%)</b>	<b>17.50</b>
<b>Grand Total</b>	<b>267.50</b>

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to 'LKK Auto Consultants Pte Ltd'

LKK Auto Consultants Pte Ltd

*HYN*



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