

ASS. REC. BY:

REF:

CS/AM18018876 / Uqbez

Special Instruction:

SWI Ver 107

ASSIGNMENT (Office)

From (Person):

Sharon Ng

of

AFL

Date/Time:

17102018 6:06pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLX 616E

Insured:

FY 5424A

at Workshop m/s

Fastech Auto

Tel:

6746 5405

of

Blk 1 Kaki Bukit Ave 6 #01-46

Policy No:

Claim No:

CLMOM VN1000000384

Sum Insured:

Excess:

Make of Veh:

D.O.A.

16-10-2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'Wp'

H.O.D. Endorsement:

Date/Time:

17102018

Person Contacted:

Nancy

Vehicle

IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLX 616E - X

FY 5424A - X

18/10/18 @ 2:43pm Informed Sharon, we are sending estimate from repairer

Signature no/cus

REF:

GAI/

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD ☒ TA / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SLX616E  
 at Workshop no: LP  
 of: FY 5424A  
 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 Spec: 2 Consistent? : Yes or No  
 Est. Repairs: 4 days Res: Yes or No  
 Lump Sum: 20 % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS LTA 47716  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT



Veh No: SLX616E Vr Regn: 3 18  
 Type: ☒ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or CA  
 Make: Hyundai Elantra Co: 1591  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 20154 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 Cr/No: KMH0841CMJ4648044  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 205/55R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or LUMHO  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal: 2 mm R/Bal: 2 mm  
 L/Bal: 2 mm L/Bal: 2 mm  
 D.O.A: 16/10/18 D.O.I: 17/10/18  
 Survey held at: \_\_\_\_\_  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear N/S  
 The U/C / Chassis frame / Body Structure affected due to collision

30/10/18 L/S. \$4000 confirmed with Alu. (Red 58164.10, 67%)

RECEIVED 09 NOV 2018

Date/Time File Pass W: ☐ : Preli. Report

07/11/18 ☐ : Final Report

Date/Time File Return to:

E:

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee

Transportation

1. Site Insp. \$

2. Interview \$

3. Tech. Insp. \$

4. Other \$

Report Format:

Lump Sum / I.B.R. \$

Add Fee: ☐ Site Insp. \$

☐ Interview \$

☐ Tech. Insp. \$

☐ Weekend \$

350

350

**Catherine Chong (LKK Auto)**

---

**From:** Ng, Sharon <Sharon.Ng@sg.gaig.com> on behalf of Motor Claims <MotorClaims@sg.gaig.com>  
**Sent:** Wednesday, 17 October, 2018 6:06 PM  
**To:** SUR; 'assignments@lkkauto.com'  
**Subject:** FW: RE: REQUEST FOR PRE-REPAIR INSPECTION OUR REF:SLX616E || Our ref: FY5424A - DOA: 16/10/2018

Dear LKK

Please survey SLX616E on a without prejudice basis and obtain TP SAS and repair estimates.

Our insured has not reported the accident yet.

Regards  
Sharon  
Great American

**From:** Nancy Lam <nancy.lam@fastechauto.com.sg>  
**Sent:** Wednesday, October 17, 2018 5:16 PM  
**To:** Motor Claims <MotorClaims@sg.gaig.com>  
**Subject:** [External] RE: REQUEST FOR PRE-REPAIR INSPECTION OUR REF:SLX616E || Our ref: FY5424A

WITHOUT PREJUDICE

Dear Sharon,

Please arrange LKK Auto Consultants to survey the car.

Regards,  
Nancy Lam  
Fastech Auto Pte Ltd  
Tel: 6746 5405  
Fax: 6745 8520

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The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

## Shiau Chan (LKKAUTO)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Wednesday, 7 November 2018 2:00 PM  
**To:** Motor Claims  
**Cc:** SUR; assignments  
**Subject:** RE: RE: REQUEST FOR PRE-REPAIR INSPECTION OUR REF:SLX616E || Our ref: FY5424A - DOA: 16/10/2018

Dear Sharon,

Refer to the email dated 29/10/2018.

According to our surveyor, the damages are consistent to the accident report.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Ng, Sharon <[Sharon.Ng@sg.gaig.com](mailto:Sharon.Ng@sg.gaig.com)> **On Behalf Of** Motor Claims  
**Sent:** Monday, 29 October 2018 4:21 PM  
**To:** Shiau Chan (LKKAUTO) <[siewsc@lkkauto.com](mailto:siewsc@lkkauto.com)>; Admin-D (LKKAUTO) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Subject:** RE: RE: REQUEST FOR PRE-REPAIR INSPECTION OUR REF:SLX616E || Our ref: FY5424A - DOA: 16/10/2018

Hi Shiau Chan

OI report for your attention to verify damages consistency.

Rgds  
Sharon

---

**From:** Ng, Sharon **On Behalf Of** Motor Claims  
**Sent:** Saturday, October 20, 2018 4:12 PM  
**To:** 'Shiau Chan (LKKAUTO)' <[siewsc@lkkauto.com](mailto:siewsc@lkkauto.com)>; Admin-D (LKKAUTO) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Subject:** RE: RE: REQUEST FOR PRE-REPAIR INSPECTION OUR REF:SLX616E || Our ref: FY5424A - DOA: 16/10/2018

CLMOMVM000000384

---

**From:** Shiau Chan (LKKAUTO) <[siewsc@lkkauto.com](mailto:siewsc@lkkauto.com)>  
**Sent:** Thursday, October 18, 2018 2:43 PM  
**To:** Admin-D (LKKAUTO) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; Motor Claims <[MotorClaims@sg.gaig.com](mailto:MotorClaims@sg.gaig.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Subject:** [External] RE: RE: REQUEST FOR PRE-REPAIR INSPECTION OUR REF:SLX616E || Our ref: FY5424A - DOA: 16/10/2018

Dear Sharon,

Please be informed that we have inspected the vehicle SLX 616E on 17/10/2018.

## Shiau Chan (LKKAUTO)

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**From:** Ng, Sharon <Sharon.Ng@sg.gaig.com> on behalf of Motor Claims <MotorClaims@sg.gaig.com>  
**Sent:** Monday, 29 October 2018 4:21 PM  
**To:** Shiau Chan (LKKAUTO); Admin-D (LKKAUTO)  
**Cc:** SUR; assignments  
**Subject:** RE: RE: REQUEST FOR PRE-REPAIR INSPECTION OUR REF:SLX616E || Our ref: FY5424A - DOA: 16/10/2018  
**Attachments:** FY5424A (OI).pdf

Hi Shiau Chan

OI report for your attention to verify damages consistency.

Rgds  
Sharon

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**Sent:** Saturday, October 20, 2018 4:12 PM  
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**Subject:** RE: RE: REQUEST FOR PRE-REPAIR INSPECTION OUR REF:SLX616E || Our ref: FY5424A - DOA: 16/10/2018

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**Subject:** [External] RE: RE: REQUEST FOR PRE-REPAIR INSPECTION OUR REF:SLX616E || Our ref: FY5424A - DOA: 16/10/2018

Dear Sharon,

Please be informed that we have inspected the vehicle SLX 616E on 17/10/2018.

We are pending for estimate from repairer.

Kindly provide us the claim number of above mentioned.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Admin-D (LKKAUTO)  
**Sent:** Wednesday, 17 October 2018 6:10 PM  
**To:** 'Motor Claims' <MotorClaims@sg.gaig.com>  
**Cc:** SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>  
**Subject:** RE: RE: REQUEST FOR PRE-REPAIR INSPECTION OUR REF:SLX616E || Our ref: FY5424A - DOA: 16/10/2018

## Shiau Chan (LKKAUTO)

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Kindly provide us the claim number of above mentioned.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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**Subject:** RE: RE: REQUEST FOR PRE-REPAIR INSPECTION OUR REF:SLX616E || Our ref: FY5424A - DOA: 16/10/2018

Dear Sharon,

Thank you for the assignment.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Ng, Sharon [<mailto:Sharon.Ng@sg.gaig.com>] **On Behalf Of** Motor Claims  
**Sent:** Wednesday, 17 October, 2018 6:06 PM  
**To:** SUR <sur@lkkauto.com>; 'assignments@lkkauto.com' <assignments@lkkauto.com>  
**Subject:** FW: RE: REQUEST FOR PRE-REPAIR INSPECTION OUR REF:SLX616E || Our ref: FY5424A - DOA: 16/10/2018

Dear LKK

Please survey SLX616E on a without prejudice basis and obtain TP SAS and repair estimates.

Our insured has not reported the accident yet.

Regards

## 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 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. 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	16/10/2018 16:39
Date Of Accident	16/10/2018 08:10
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLX616E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAROL ANG HWEE CHOO
NRIC No	S1649031H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90227979
Alternative Phone No	OFFICE-90227979
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	ELANTRA-1.6 AD GLS (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2096339
Cover Note Number	
<b>Driver</b>	
Name of Driver	VICTORIA JAY ONG SHU YI
NRIC No	S8841335J
Date Of Birth	15/10/1988
Occupation	INDOOR
Date Of Driving Pass	05/02/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90227979
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	130 SIMEI STREET 1 #05-238 SPORE 520130
Postcode	
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	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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FY5424A
Vehicle Make/Model/Colour	HONDA WAVE 125S A
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	



### 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 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. 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	22/10/2018 15:09
Date Of Accident	16/10/2018 08:30
Exact Location Of Accident	LOWER DELTA ROAD TOWARDS KAMPONG BAHRU ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY5424A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VAITHILINGA THEVAR GANAPATHY
NRIC No	S2684898I
Email Address	V-THAM@LIVE.COM
Mobile Phone No	(LOCAL) +65-93805614
Alternative Phone No	OTHERS-93805614

#### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-S-125CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVM000001963-00-000
Cover Note Number	

#### Driver

Name of Driver	VAITHILINGA THEVAR GANAPATHY
NRIC No	S2684898I
Date Of Birth	04/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	07/07/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93805614
Fax Number	
Contact Number	OTHERS-93805614
EMail Address	V-THAM@LIVE.COM

Address	BLK 15 TELOK BLANGAH CRESCENT #04-244
Postcode	090015
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181020/2075

#### 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	SLX616E
Vehicle Make/Model/Colour	
Details Of Properties	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN7282L  
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 VAITHILINGA THEVAR GANAPATHY  
Approximate Age  
Injuries Sustain SERIOUS INJURY  
Injured person in which vehicle? FY5424A  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

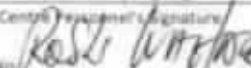
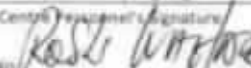
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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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:

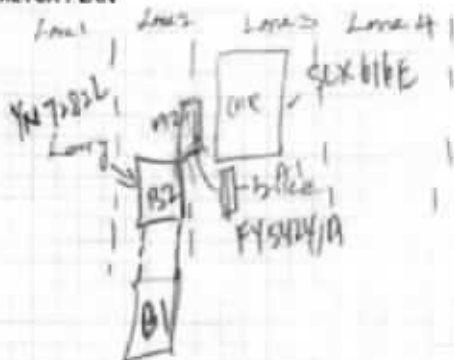
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [Form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

  
Reporting Centre's Signature  
Name:   
NRIC/IN No. 

# SKETCH PLAN



LOWER DAKTA ROAD TOWARDS  
KAMPUNG BENTRU ROAD

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report  
7/28/2020/2075

## 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 Signature  
Name: Resh Wathas  
NRIC/VIN No.:

POLICE REPORT



# SINGAPORE POLICE FORCE



T/20181020/2075

1 of 3

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

Report No: T/20181020/2075

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2018 14:58	Vide Report No.:	Station Diary No.: 16
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### Informant's Particulars

Name of Informant: VAITHILINGA THEVAR GANAPATHY			Address: APT BLK 15 TELOK BLANGAH CRESCENT #04-244 SINGAPORE 090015	
ID Type / ID No.: NRIC NO / S26848981			Contact No.: Home/Office: Mobile: 93805614	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 58	Date of Birth: 04/05/1960	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: NEWSPAPER VENDOR			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: 16/10/2018 08:15	Type of Location: X-Junction
Location: Along Road 1 LOWER DELTA ROAD LOWER DELTA ROAD TOWARDS KAMPONG BAHRU ROAD	Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume:		
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
FY5424A	Motorcycle	HONDA	WAVE 125S A	Black	Slightly Damaged	0
SLX616E	Car				Slightly Damaged	0
YN7282L	Lorry				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181020/2075

2 of 3

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-115  
SINGAPORE 100055  
Tel No: 1800-2729999

Report No. T/20181020/2075

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY5424A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18390026	19/10/2018	18/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VAITHILINGA THEVAR GANAPATHY		ID No. S2684898I
Related Vehicle	FY5424A (Motorcycle)		Contact No. 93805614
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/10/2018		Date Discharge 20/10/2018
No. of Days granted Medical Leave	20	Degree of Injury	Serious

**Brief Details.**

On 16/10/2018 at about 0815 hrs, I was riding my motorcycle bearing registration number FY 5424A along Lower Delta Road towards Kampong Bahru road. I was riding along the second lane from the right. I was approaching the cross junction between Lower Delta Road, Telok Blangah Way and Bt Purnell road.

There was a vehicle bearing registration number SLX 616E in front of me at that point in time. I was travelling at about 40km/h and did not slow down as the traffic light was green for me to continue moving. Suddenly, the car in front of sudden suddenly applied hard brakes and came to a complete stop. I could not remember if he turned on his signal to turn right. I could not stop in time and thus I swerved left to avoid colliding into his vehicle's rear. However, I failed to do so and ended up colliding with his vehicle's left rear bumper.

The collision caused me to skid into the lane on the left I subsequently fell off the bike. I did not know what happened after I fell onto the floor. I am not sure if there were cameras at the vicinity. I got conveyed to Singapore General Hospital subsequently. I suffered a broke left arm and some abrasions. I also received a 20 day MC from 16/10/2018 to 04/11/2018. I was admitted into SGH on 16/10/2018 and got discharged on 20/10/2018



**SINGAPORE  
POLICE FORCE**



T/20181020/2075

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

3 of 3

Report No: T/20181020/2075

**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:

D /

Sgt 2 BRANDON CHUA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/10/2018 14:56

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No: 65476202

Classification Of Case:

Authentication Stamp

12168

Singapore Police Force



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S26848981



Name  
**VAITHILINGA THEVAR  
GANAPATHY**  
Race  
**INDIAN**  
Date of birth  
**04-05-1962** Sex  
**M**  
Country of birth  
**INDIA**

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S26848981**

Name  
**VAITHILINGA THEVAR  
GANAPATHY**

Date of issue: **04 May 1982**  
Valid until: **11 May 2004**

**801228981**

\*\*\*\*\*

NRIC No. **S26848981**

Date of issue  
**02-05-2006**

**APT BLK 15 TELOK BLANGAH CRESCENT #04-244**  
**SINGAPORE 060015**  
NRIC No. **S26848981** Date: **14/08/2008** Sex: **M**  
SINGAPORE 060015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS DATE

Class 2D	Motorcycles not exceeding 200 cc	07 Jul 1987
Class 2	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 3000 kg	07 Jul 1987

NP 426A

License No. **S26848981**

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 claim;
  - (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 order.

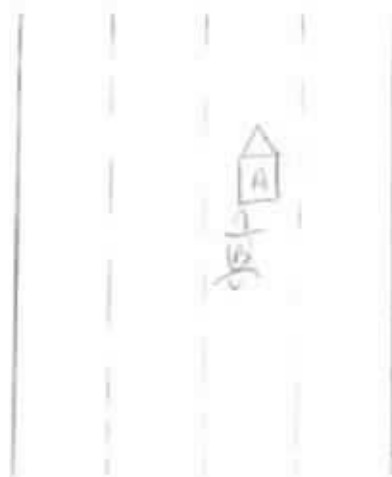
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: S. K. N. S.  
NRIC/FIN No: S9070177A

# Sketch Plan #2

## SKETCH PLAN



A - SLX 616E  
B - FY5427A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/2018/1114/2019

## 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: J. L. M. A.  
NRBC/PRI No.: 18043377B

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181016/2029

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469678  
Tel No: 1800-2449999

1 of 3

Report No: T/20181016/2029

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 16/10/2018 10:52		Vide Report No. A/20181016/0028		Station Diary No. 40
<b>Informant's Particulars</b>				
Name of Informant: VICTORIA JAY ONG SHU YI		Address: APT BLK 130 SIMEI STREET 1 #05-238 SINGAPORE 520130		
ID Type / ID No.: NRIC NO / S8841335J		Contact No: Home/Office: Mobile: 90227979		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 30	Date of Birth: 16/10/1988	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: TEACHER		Driving Licence Information: Class: 3A Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/10/2018 08:10	Type of Location:
Location: Along Road 1 LOWER DELTA ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY5424A	Motorcycle					0
SLX516E	Car	HYUNDAI	ELANTRA	White	Slightly Damaged	0

## Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181016/0028

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469876  
Tel No: 1800-2449999

2 of 2

Report No: T/20181016/0029

## CONTINUATION OF REPORT

<b>Driver:</b>			
Name	VICTORIA JAY ONG SHU YI	ID No	S8841335J
Related Vehicle	SLX816E (Car)	Contact No	90227979
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 16/10/2018 at about 8.10am, I was driving my car (SLX816E) and at that point of time I was at Lower Delta Road junction turning towards Telok Blangah Way. It is a 4 lane road and I am on the second lane that is turning right. As the turning right arrow turning amber, I brake and stop. Out of a sudden, I heard a bang from behind. I then realized a motorcycle (FY5424A) hit my left bumper and fell down. As the rider dislocate his left arm, a passer-by then called the Ambulance. After he was conveyed by Ambulance, Traffic Police and LTA came to my scene. The traffic police officer told me to lodge a report vide the incident A/20181016/0028 under IO Nor Faizal (85476202). My in-car camera was also seized by Traffic Police officer for investigation purposes.

I wished to state that my car's rear bumper suffered some dents on the left side. I am not injured.

Police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Bedok North N.P.C.  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999



T20181016/2029

3 of 3

Report No: T20181016/2029

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:

G/

SI ABDUL RAHMAN BIN ABDUL RAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/10/2018 10:52

Officer In Charge Of Case:

TP / GIT /

✓ Sr Staff Sgt NOR FAIZAL BIN YAHYA

✓ Contact No: 65476202

Classification Of Case:

Authentication Stamp  
18162



SINGAPORE  
POLICE FORCE

SIGNATURE

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 9031H

### Vehicle Details

Vehicle No.: SLX616E  
Vehicle to be Exported: No  
Intended Deregistration Date: 18 Oct 2018  
Vehicle Make: HYUNDAI  
Vehicle Model: ELANTRA AD 1.6 GLS AT (AMS)  
Primary Colour: White  
Manufacturing Year: 2018  
Engine No.: G4FGJU152569  
Chassis No.: KMHD841CMJU648044  
Maximum Power Output: 93.8 kW (125 bhp)  
Open Market Value: \$13,475.00  
Original Registration Date: 15 Mar 2018  
First Registration Date: 15 Mar 2018  
Transfer Count: 0  
Actual ARF Paid: \$13,475.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 14 Mar 2028  
PARF Rebate Amount: \$10,106.00

### Intended COE Rebate Details

COE Expiry Date: 14 Mar 2028  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$40,000.00  
COE Rebate Amount: \$37,610.00  
Total Rebate Amount: \$47,716.00

The information contained herein is correct as at 18 Oct 2018

OK



**FASTECH AUTO PTE LTD**  
**1 KAKI BUKIT AVENUE 6**  
**#01-46/48/50**  
**SINGAPORE 417883**

VEHICLE NO: SLX 616E

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:

not approved  
 4/5 = 4000  
 4 dy.  
 17/10/18

QTY	PARTICULAR
1 PCS	BOOTLID 1048
1 PCS	BOOTLID REAR LOGO
1 PCS	BOOTLID 'ELANTRE' EMBLEM
1 PCS	BOOTLID 'ELITE' EMBLEM
1 PCS	BOOTLID REFLECTOR N/S 238.40
1 PCS	BOOTLID WEATHERSTRIP
1 PCS	BOOTLID INNER LOCK
1 PCS	BOOTLID HINGE N/S
1 PCS	REAR BUMPER 531.00
1 PCS	REAR BUMPER REFLECTOR N/S 45
1 PCS	REAR BUMPER SPONGE
1 PCS	REAR BUMPER BEAM 341.50
2 PCS	REAR BUMPER SIDE HOLDERS @\$66.50
1 SET	REAR BUMPER CLIPS
1 PCS	REAR END PANEL
1 PCS	REAR END PANEL TOP GARNISH
1 PCS	TAILLAMP N/S 384.50
1 PCS	TAILLAMP HOUSING PANEL N/S
1 PCS	REAR MUDFLAP N/S
1 PCS	REAR BUMPER UNDER TRAY

1 PCS	S.NETT
1 PCS	REAR BUMPER LOWER SKIRTING 650
1 SET	REAR BUMPER REVERSE SENSOR
1 PCS	REAR FENDER LOWER STICKER N/S
1 PCS	REAR DOOR LOWER STICKER N/S
1 PCS	REAR SPORT RIM N/S

LABOUR CHARGES:

TO CHECK WIRING

TO DISMANTLE & REFIX REVERSE SENSOR

TO TRANSFER BOOTLID COMPONENTS

TO SPRAY ANTI RUST PROOFING

TO CONDUCT WHEEL ALIGNMENT

TO DISMANTLE & REFIX SEAT, CUSHION UPHOLSTREY

LABOUR FOR PANEL BEATING, CUT & REPLACING PARTS

TO PUTTY & SPRAY PAINTING

20/dec	\$1,507.30	—
ru	\$39.90	—
ru	\$52.20	—
ru	\$50.00	—
cre	\$520.00	—
11	\$311.30	x
11	\$291.30	x
11	\$105.00	x
ru	\$788.20	—
scr	\$105.00	—
ru	\$215.00	x
scr	\$485.10	—
11/scr/ru	\$133.00	1pc
ru	\$48.00	—
11	\$892.20	x
11	\$288.30	x
scr/ru	\$685.30	—
11	\$295.00	x
scr	\$82.00	—
11	\$265.00	x
	\$7,159.10	
520	\$850.00	—
11	\$280.00	x
ru	\$20.00	—
ru	\$20.00	—
11	\$680.00	x
	\$80.00	20
	\$80.00	50
	\$100.00	60
	\$100.00	50
	\$100.00	60
	\$120.00	60
	\$1,080.00	600
	\$1,500.00	1100
TOTAL	\$12,169.10	

2690  
 5031.6



# 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

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI18018876/Uqbe2

3 TEMASEK AVENUE  
#16-01 CENTENNIAL TOWER  
SINGAPORE 039190

Date : 16-11-2018



Code : GAI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FY 5424A	Veh. Inspected	SLX 616E
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVM000000384	Excess (\$)	0.00
Assign From	SHARON NG	Assign Date	17/10/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI ELANTRA (A)	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHD841CMJU648044	Colour	WHITE
Odometer	20154	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55 R16	KUMHO	8 mm
L/H Front Tyre	205/55 R16	KUMHO	8 mm
R/H Rear Tyre	205/55 R16	KUMHO	8 mm
L/H Rear Tyre	205/55 R16	KUMHO	8 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
--

## 5. General Information

Accident Date	16/10/2018	Inspection Date	17/10/2018
Survey held at	FASTECH AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883		

## 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:	4 Working Days
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# 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. SLX 616E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BOOTLID	DENTED / BUCKLED	1,507.30	1,048.00
1	BOOTLID REAR LOGO	NECESSARY	39.90	39.90
1	BOOTLID 'ELANTRE' EMBLEM	NECESSARY	52.20	52.20
1	BOOTLID 'ELITE' EMBLEM	NECESSARY	50.00	50.00
1	BOOTLID REFLECTOR N/S	CRACKED	520.00	238.40
1	BOOTLID WEATHERSTRIP	NOT NECESSARY	311.30	-
1	BOOTLID INNER LOCK	NOT NECESSARY	291.30	-
1	BOOTLID HINGE N/S	NOT NECESSARY	105.00	-
1	REAR BUMPER	DENTED	788.20	531.00
1	REAR BUMPER REFLECTOR N/S	SCRATCHED	105.00	45.00
1	REAR BUMPER SPONGE	NOT FITTED	215.00	-
1	REAR BUMPER BEAM	BENT	485.10	341.50
2	REAR BUMPER SIDE HOLDERS @\$66.50	N/S BENT	133.00	66.50
1	SET REAR BUMPER CLIPS	NECESSARY	48.00	48.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	892.20	-
1	REAR END PANEL TOP GARNISH	NOT NECESSARY	288.30	-
1	TAILLAMP N/S	SCRATCHED / CRACKED	685.30	384.50
1	TAILLAMP HOUSING PANEL N/S	TO REPAIR SEE LABOUR	295.00	-
1	REAR MUDFLAP N/S	SCRATCHED	82.00	82.00
1	REAR BUMPER UNDER TRAY	NOT NECESSARY	265.00	-
	LESS 20% DISCOUNT		-	-585.40
			7,159.10	2,341.60
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER LOWER SKIRTING (SN)	BROKEN	850.00	650.00
1	SET REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	280.00	-
1	REAR FENDER LOWER STICKER N/S (SN)	NECESSARY	20.00	20.00
1	REAR DOOR LOWER STICKER N/S (SN)	NECESSARY	20.00	20.00

Report Ref No. CS/GAI18018876/Uqbe2

**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	REAR SPORT RIM N/S (SN)	NOT NECESSARY	680.00	-
			1,850.00	690.00
	<b>LABOUR</b>			
	TO CHECK WIRING.		80.00	20.00
	TO DISMANTLE & REFIX REVERSE SENSOR.		80.00	50.00
	TO TRANSFER BOOTLID COMPONENTS.		100.00	60.00
	TO SPRAY ANTI RUST PROOFING.		100.00	50.00
	TO CONDUCT WHEEL ALIGNMENT.		100.00	60.00
	TO DISMANTLE & REFIX SEAT, CUSHION UPHOLSTERY.		120.00	60.00
	LABOUR FOR PANEL BEATING, CUT & REPLACING PARTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL AND TAILLAMP HOUSING PANEL N/S.		1,080.00	600.00
	TO PUTTY & SPRAY PAINTING.		1,500.00	1,100.00
			3,160.00	2,000.00
<b>GRAND TOTAL</b>			<b>12,169.10</b>	<b>5,031.60</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>4,000.00</b>

Report Ref No. CS/GAI18018876/Uqbe2

CHUA KANG SENG

Licensed Appraiser

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