

Surveyor

REF: CS / A1618018993 / Gsber

Special Instruction:

HS: \$8500.00

From (Person): Shawn Wui of ATH Date/Time: 18.10.2018  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

Third Parties:

Claimant:

Surveyor:

Workshop:

Sinure Appraisal

Team Autopro

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBA 5383H

Insured:

SLJ 22821

at Workshop m/s

Team Autopro

Tel:

02581955 M

of Blk 8 Raki Bukit Ave 4 #01-07

Policy No:

Claim No:

801012000087-005

Sum Insured:

Excess:

Make of Veh:

D.O.A.

2207 2018

(Client's Record)

24.10.2018 (Monday) @ 4pm

15.11.2018 (Thursday) @ 4pm

H.O.D. Enforcement Date:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time:

Confirmed with

Final Fig

days (Red \$ / %; Original 10 days)

Date/Time: 03/01/19

Submit Final Fig

1800

5 days

(Red \$6,700/- 179 %; Original 10 days)

Date/Time

Action/Instruction

385 Sin Ming Drive #01-02 Vicom Inspection Centre (Beside exit gate) (K.C-8139 9703)

GBA 5383H - CS / A1618018993 / Df162

SLJ 22821 - X

DOA: 20082010

30.10.18 10:00am Email to lawfirm owner did not turn up

RECEIVED 03 JAN 2019

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value : \_\_\_\_\_

Salvage Value : \_\_\_\_\_

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

Fee Charged:

Date:

Basic &amp; Add

Transport

Photos

Others

Total

200

200

1) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

2) Date/Time \_\_\_\_\_

File Return to \_\_\_\_\_

3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

4) Date/Time \_\_\_\_\_

File Return to \_\_\_\_\_

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

6) Date/Time \_\_\_\_\_

File Return to \_\_\_\_\_



## Catherine Chong (LKK Auto)

---

**From:** William Lee <william@roypartners.com.sg>  
**Sent:** Tuesday, 30 October, 2018 11:44 AM  
**To:** 'Admin-D (LKKAuto)'; 'Wui, Shawnkaijie'; teamautooffice@gmail.com  
**Cc:** 'assignments'; 'Ashley'; celeste@roypartners.com.sg  
**Subject:** RE: Our Ref: MKR/404/8114/2018/as.wl; Your Ref: 8010120000SG-003;

**Importance:** High

Dear Sirs,

We refer to our email below.

We apologies as our client's vehicle broke down en route to repairer workshop on 29<sup>th</sup> October 2018.

Please be informed that the available date of our client vehicle no. GBA 5383H for the re-inspection with details as follows:-

Date : 15<sup>th</sup> November 2018 (Thursday)  
Time : 4.00 pm  
Venue : No. 385 Sin Ming Drive #01-02 Vicom Inspection Centre Singapore 575718 (Beside Exit Gate)  
Contact : 8139 9703 (K.C)

Kindly confirm the above appointment as soon as possible.

Your prompt reply will be very much appreciate.

Thanks & regards,

**William Lee**  
M/s Roy & Partners  
101 Cecil Street  
#11-09 Tong Eng Building  
Singapore 069533  
Tel : 6536 8466 Fax : 6536 1963  
Email : [william@roypartners.com.sg](mailto:william@roypartners.com.sg)

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---

**From:** Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]  
**Sent:** Tuesday, 30 October, 2018 10:42 AM  
**To:** william@roypartners.com.sg; 'Wui, Shawnkaijie' <Shawnkaijie.Wui@aig.com>; teamautooffice@gmail.com  
**Cc:** assignments <assignments@lkkauto.com>  
**Subject:** RE: Our Ref: MKR/404/8114/2018/as.wl; Your Ref: 8010120000SG-003;

Dear William,

Please be informed that our surveyor went down for the Re-Inspection, but the owner did not turn up at the prescribed time and place.

## Catherine Chong (LKK Auto)

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**From:** Wui, Shawnkaijye <Shawnkaijye.Wui@aig.com>  
**Sent:** Thursday, 18 October, 2018 10:56 AM  
**To:** assignments@lkkauto.com  
**Cc:** Admin-D (LKKAuto); Admin A  
**Subject:** FW: Our Ref: MKR/404/8114/2018/as.wl; Your Ref: 8010120000SG-003;  
**Attachments:** Survey Report - GBA5383H.PDF; PRS Photo - GBA5383H.pdf  
  
**Importance:** High

Dear Sirs,

Please assist to re-inspect third party lorry.

Kindly provide the confirmation to TP solicitor and workshop ([teamautooffice@gmail.com](mailto:teamautooffice@gmail.com))

Both parties GIA report will be forwarded in the next encrypt email.

Thanks and Regards,  
Shawn Wui  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way, #08-16, Singapore 079120

Tel +(65) 6419 1959 | Fax +(65) 6835 7416

[Shawnkaijye.Wui@aig.com](mailto:Shawnkaijye.Wui@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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---

**From:** William Lee [<mailto:william@roypartners.com.sg>]  
**Sent:** Wednesday, October 17, 2018 5:04 PM  
**To:** Wui, Shawnkaijye  
**Cc:** 'Ashley'; 'TeamAuto Pro'  
**Subject:** Our Ref: MKR/404/8114/2018/as.wl; Your Ref: 8010120000SG-003;  
**Importance:** High

Our Ref: MKR/404/8114/2018/as.wl;  
Your Ref: 8010120000SG-003;

Dear Sirs,

We refer to your email dated 9<sup>th</sup> October 2018.

Please be informed that the available date of our client vehicle no. GBA 5383H for the re-inspection with details as follows:-

Date : 29<sup>th</sup> October 2018 (Monday)  
Time : 4.00 pm  
Venue : 385 Sin Ming Drive #01-02 Vicom Inspection Centre  
Singapore 575718 (Beside Exit Gate)

Kindly confirm the above appointment as soon as possible.

Your prompt reply will be very much appreciated.

Thanks & regards,

**William Lee**  
M/s Roy & Partners  
101 Cecil Street  
#11-09 Tong Eng Building  
Singapore 069533  
Tel : 6536 8466 Fax : 6536 1963  
Email : [william@roypartners.com.sg](mailto:william@roypartners.com.sg)

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# SINCERE

APPRAISAL SERVICES PTE LTD

## VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 526/TP/2018

Date: 21/9/2018

### REFERENCE

Date of loss: 22/7/2018  
Claimant: Forwarders & Delivery Agency Singapore Pte Ltd

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GBA5383H	Make &	Toyota
Reg date:	22/8/2007	Model	Dyna 150 Manual
Colour:	Red	Engine No:	1KD1670570
Type:	Motor Car	Chassis No:	JTFAT35Y603001252
Type of Claims:	Third Party	Odometer No:	431038km
		Engine Cap:	2982cc

### CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

General Condition: Good	Steering: Good	Engine Modification: Nil
Paint work: Good	Handbrake: Good	Pre-accident
	Footbrake: Good	Damage: Nil

### CONDITION OF TYRES

Front Left Size: Journey 155/R12 70%	Front Right Size: Journey 155/R12 70%
Rear Left Size: Komendo 195/75R15 70%	Rear Right Size: Komendo 195/75R15 70%

*The above percentages represent the remaining life of the tyre threads*

### COST OF REPAIRS

	Repairer S\$	Adjuster S\$
Parts	\$ 8,475.25	\$ 7,503.25
Labour	\$ 3,630.00	\$ 3,060.00
Calculated Cost (S\$) :	\$ 12,105.25	\$ 10,563.25

**Recommended Lump Sum Repair Cost (S\$) : \$ 8,500.00**

Date of Assignment: 7/8/2018  
Date Inspected: 7/8/2018  
Est. repair Period: 10 days

Inspected At: Team AutoPro Pte Ltd  
8 Kaki Bukit Avenue 4  
#01-07 Premier  
Singapore 415875

### POINT OF IMPACT

Damaged at the left hand front portion	
--	--

### BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle along 79 Circuit Road.

### GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the left hand front portion.

### SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$12,105.25. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$8,500.00.

We have not authorised the repair. Under normal circumstances, estimated 10 working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



Automotive Appraiser: Dave Chang

*Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.*

## 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	24/07/2018 10:53
Date Of Accident	22/07/2018 19:35
Exact Location Of Accident	79 CIRCUIT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5383H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FORWARDERS & DELIVERY AGENCY SINGAPORE (PTE.) LTD.
Co Reg No	200708297N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-84646638

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 100 MANUAL-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	GOODS VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	VFX/P2129073
Cover Note Number	

### Driver

Name of Driver	BALAKRISHNAN S/O SRIGADAN
NRIC No	S7500907J
Date Of Birth	07/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/07/1996
Driving Experience	22 YEARS AND 0 MONTHS



Gender	MALE
Mobile Number	(LOCAL) +65-84646638
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 58 CIRCUIT ROAD #02-167 SPORE 370058
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	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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : JEGAR Gender: : Male

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### 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	SLJ2282U
Vehicle Make/Model/Colour	VOLVO S60 T5 A/T ABS D/AIRBAG 2WD
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)

## 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 lodging 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.

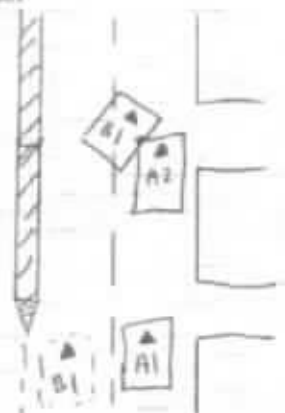
**FORWARDERS**

Policyholder's Signature  
(Date & Time):

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

Reporting Centre Personnel's Signature  
Name: *J. K. A. P.*  
SNC/File No: *18540371A*

# SKETCH PLAN



79 Carrot Road

Vehicle A: GBA 5383 H

Vehicle B: SLJ 2282 U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight. Suddenly vehicle B cut into my lane and hit into my vehicle front left portion.

Passenger Jegar (male)

## DECLARATION

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

**FORWARDERS**

Police Station

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name

NBC/OTN No.

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Driving License

001800907J

**BALAKRISHNAN S/O  
SRIGADAN**

Birth Date: 07 Jan 1975  
Valid Until: 28 Apr 2010

001800907J

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

Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

PASS DATE

18 Jul 1996

Licence No: 001800907J

## Insurance policy

AXA INSURANCE PTE LTD  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Service Centre #01-01  
Tel: 65 6337288 Fax: 65 63362522  
Website: www.axa.com.sg  
GST Registration Number: 1999035126  
customer.service@axa.com.sg



## CERTIFICATE OF INSURANCE

*Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 183) *Motor Vehicles (Third Party Risks and Compensation) Rules, 1967 *Road Transport Act, 1967 (Malaysia) *Motor Vehicles (Third Party Risks) Rules, 1955 (Malaysia)		Account No. 04437
CERTIFICATE NO.	VFX/P2129073	
Coverage	Comprehensive	
Sum Insured	Market Value At The Time Of Loss	
Name of Policy Holder	FORWARDERS & DELIVERY AGENCY SINGAPORE (PTE) LTD	
Vehicle Registration No.	UNAS183H	
Period of Insurance	From 25/02/2018 To 24/02/2019 (Both Dates Inclusive)	
<b>PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b> Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation to that behalf from driving the Motor Vehicle.		
<b>LIMITATIONS AS TO USE*</b> (a) Use in connection with the Policyholder's business (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business (c) Use for social, domestic and pleasure purposes This Policy does not cover: (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing (b) Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle. (25)		
<b>EXCESS</b> Sect I - Used In S'pore Only SGD 700.00 Windscreen Excess SGD 100.00 * Limitations mentioned inoperative by Section 9 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 183) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.		

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 183) and Part IV of the Road Transport Act, 1967 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by SOOYEE on 04/06/2018

**WARNING**  
 Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a statutory declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 183).

**FOR INDIVIDUAL CUSTOMERS** Cover under car policy is valid only upon the payment of the full premium stated on the policy.

**FOR NON-INDIVIDUAL CUSTOMERS** Please refer to the Premium Warranty Clause on the policy.

## 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	23/07/2018 21:26
Date Of Accident	22/07/2018 19:30
Exact Location Of Accident	CIRCUIT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2282U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KAH GEK
NRIC No	S1188287J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97217172
Alternative Phone No	Others-97217172

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100492728
Cover Note Number	

### Driver

Name of Driver	TAN HUA LIANG JUSTIN
NRIC No	S8334156D
Date Of Birth	07/11/1983
Occupation	INDOOR
Date Of Driving Pass	01/08/2002
Driving Experience	15 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97217172
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 104 BEDOK RESERVOIR ROAD #15-358
Postcode	470104
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	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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : SONG NA Gender: : Female

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO ATTACH

#### 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	GBA5383H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BALAKRISHNAN S/O SRIGADAN
NRIC/Passport Number	S7500907J

Contact Number

84646638

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



# Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
<b>IMPORTANT NOTICE</b>	
1. Complete and submit this Form to Allied World's Authorized Reporting Centre (ARC) for claims. 2. Please report promptly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorized Driver. 4. Information provided must be as <u>truthful and accurate as possible</u> . Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
<b>ACCIDENT STATEMENT</b>	
Date and Time of Accident	Date: 22.07.18 Time: 1930
Exact Location of Accident	Airway Road
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SLJ 22824
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	Lee Kah Hek
Personal Identification - NRIC (Singaporean/PR)	S11883871
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer Volvo Model 960
Type of Vehicle*	<input checked="" type="radio"/> Sedan <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> Motorcycle <input type="radio"/> Others
Exact Purpose for which vehicle was being used at time of accident	Go out
Are you claiming under your own insurance policy for repair to your vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If No, Please select: <input type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	AIG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	2100492728
Motor CI	
<b>DRIVER</b>	
	<input type="radio"/> Same as Insured above
Name of Driver	Tan Hui Ling Laylin
Personal Identification - NRIC (Singaporean/PR)	S8234126A
- FIN/Passport Number	
Date of Birth	07 Oct 11 mm/78 yrs
Driving Date Pass	01 Oct 08 mm/10 yrs
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	97217172

Page 1

Address of Driver	31K 104 Bedok Reservoir Rd H 150 3.54 Postcode (470124)	
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Son	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	with swipe	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others	
<b>OTHER INFORMATION</b>		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No going out (P)	
Number of Passengers (Including Driver)	02	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of Intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	6A245R34	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	Gopal Krishnan Ho Prigadan	
Personal Identification - NRIC (Singaporean/PR)	S72009071	
- FIN/Passport Number		
Contact Number	84646638	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Please attach photo page of NRIC if you intend to claim motor insurance.)		

# 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 Authorized 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

## 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

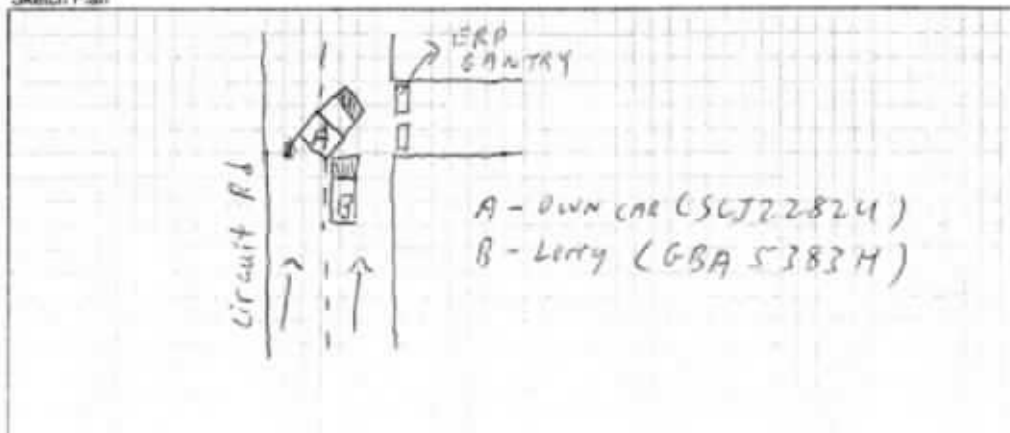
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided to me or possessed by my insurer (collectively the "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' law firm/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 making 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/postal 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' law firm/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 law firm/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Page 4

**Describe Circumstance of the Accident**

O.A. above date and time mentioned I was driving along  
circumf. Rd making a right turn into HPR carpark when I  
suddenly felt an impact on my car's right side. Vehicle  
B (6895234) had collided on my car right side. Both  
parties turned into the carpark and exchanged particulars.

**IMPORTANT NOTE**

Under General Condition - Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence  
or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**Declaration**

(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

Witnessed by Reporting Centre Personnel



# CERTIFICATE OF INSURANCE

## WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

**Name of Policyholder** : LEE KAH GEK @ LEE JOANNA  
**Period of Insurance** : 30 Nov 2017 To 29 Nov 2018  
**Engine No.** : B4204T111769455  
**Chassis No.** : YV1FS40LDH2426937

**Vehicle No.** : SLJ2262U  
**Policy No.** : 2100462728-01  
**Endorsement No.** :  
**Issued Date** : 28 Oct 2017

### ABOUT THE COVER

**Make/Model** : VOLVO S60 T5 DRIVE-E  
**Engine Capacity/Tonnage** : 1,969.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2016  
**Insuring with COE/PAF** : Yes

#### Person or Classes of Persons Entitled to Drive\*

A) The Policyholder  
 B) Any other person who is driving on the Policyholder's order or with his/her permission  
 This Policy will indemnify the Policyholder for any damages that only if he/she meets the specified age condition.

You have to pay an additional sum of \$5,000 as "Young Driver Inexperienced Driver Excess" ("YDIE") if You are or Your Authorized Driver (named or unnamed) is under the age of 25 and/or has less than 2 years driving experience.

**Age Condition** : All Age Condition

#### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, stunt driving, delivery and/or cash-in-transit, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with those Trade.

#### Limit of Use 2000cc

\* Limitations imposed in respect to Section 9 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185) and Section 95 of the Road Transport Act, 1987 (Malaysia), are set out in Schedule under these headings.

### EXCESS

#### Section 1

Fuel : \$0; Own Damage : \$000; Theft : \$0; Fixed Costs : \$0

#### Section 2

Property Damage : \$0

**Windscreen** : \$100

#### Named Driver and Excess (where applicable)

LEE KAH GEK @ LEE JOANNA : \$000 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Wearn's Automotive Pte Ltd. Add: 241 Alexandra Road Singapore 159925 6404665 6376600

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at 65-6338 6208. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG 800 Mobile App. Simply search and download "AIG 800 App" from Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

We hereby verify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles Third Party Risks and Compensation Act (Cap. 185), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1916 (Malaysia).

0803403768

WEARNES AUTOMOTIVE - AT (P)  
 45 LENG KEE ROAD  
 SINGAPORE 159403

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

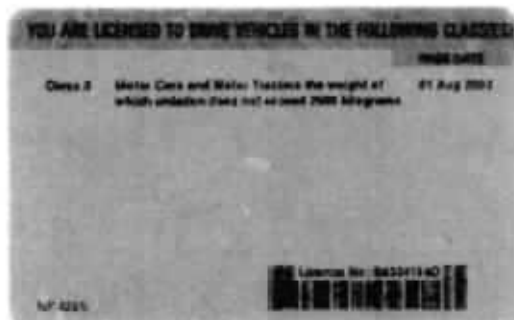
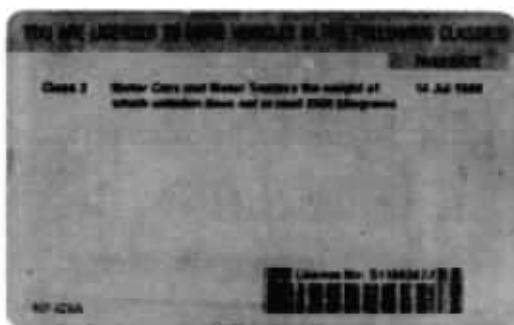
*M. P. N. L.*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE

0803403768

Download Wearn's 800 Mobile App: Search for Wearn's 800 (AIG) on Google Play

AIG 800 App is available on Google Play





Accident Photo

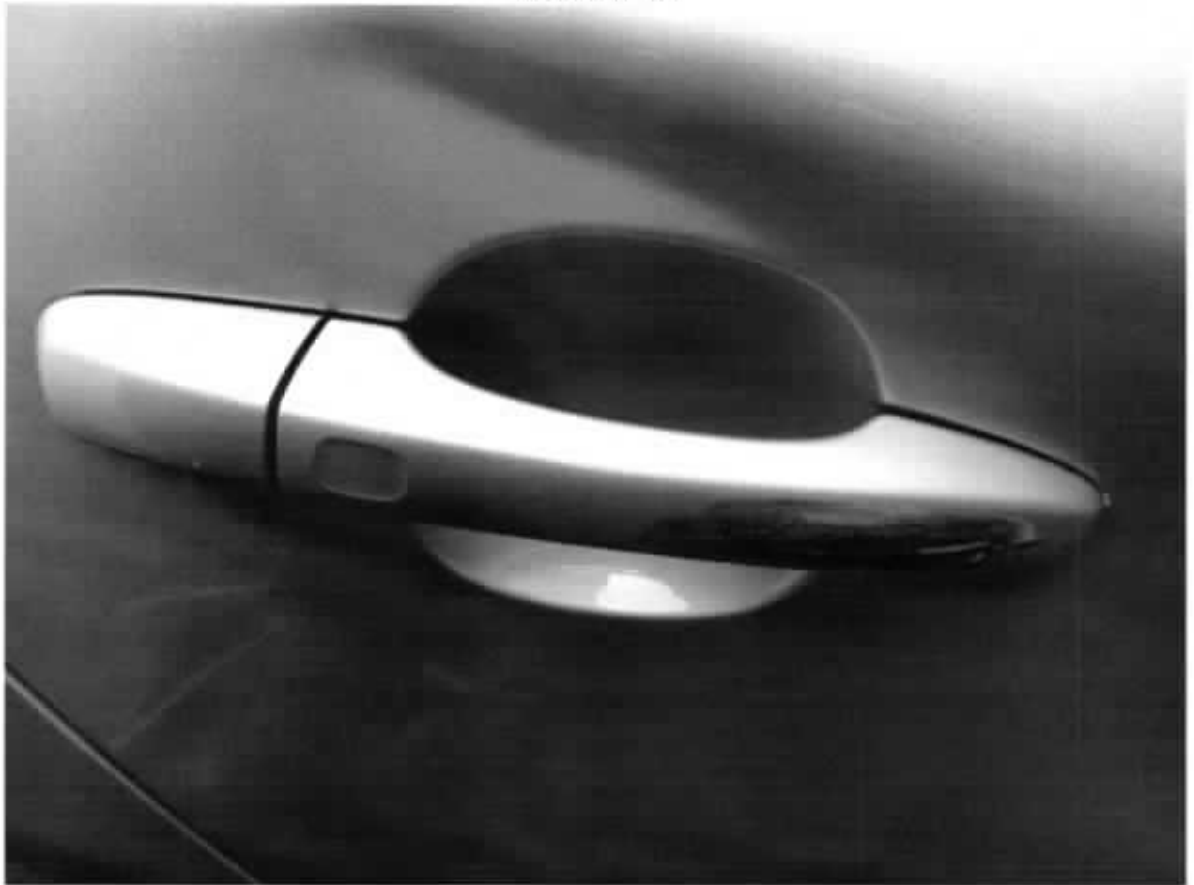




Accident Photo



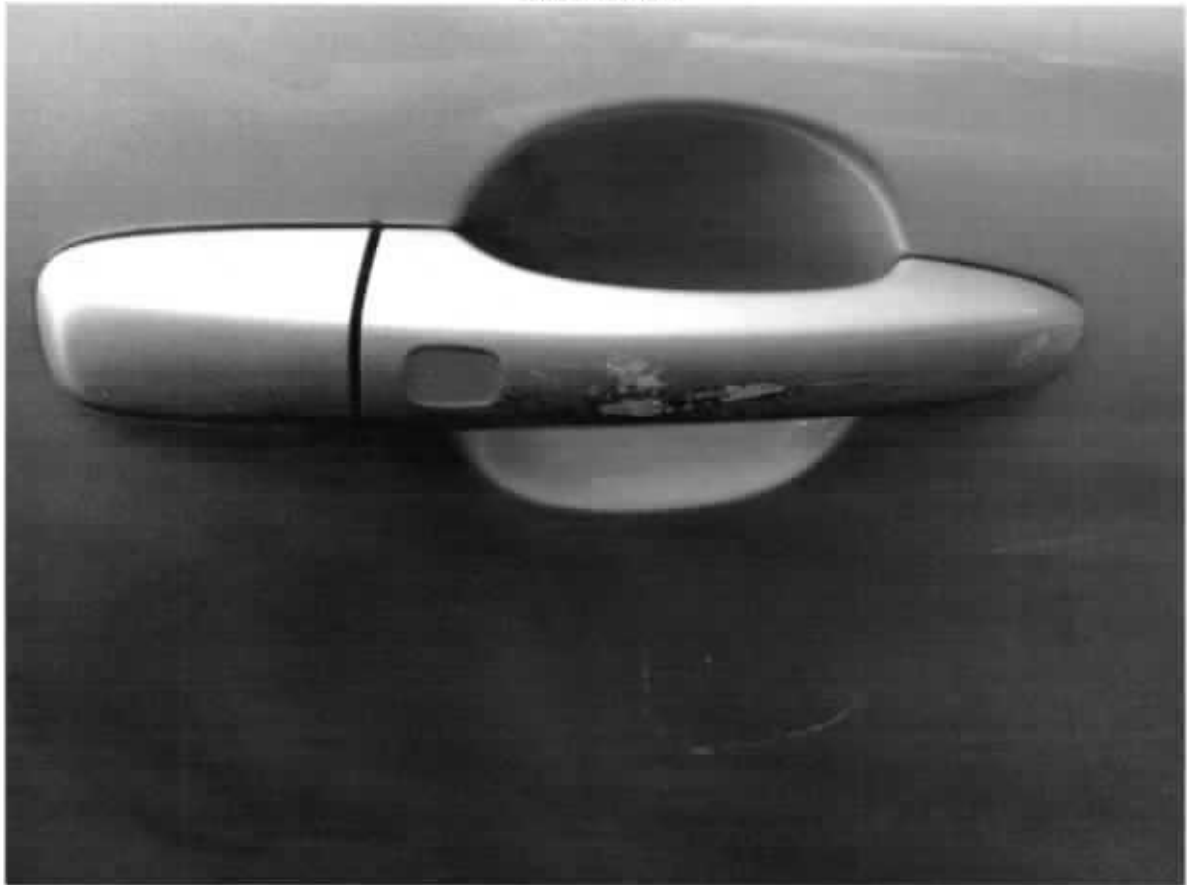
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





## ANNEX A

## REPAIR DETAILS

## Recommended Parts

No	Qty	Description	Condition	Repair Amount	Adjusted Amount
1	1	Front bumper assy	warped/bent	\$ 912.00	\$ 912.00
2	2	Front bumper bracket	bent/necessary	\$ 230.00	\$ 230.00
3	1	Front bumper reinforcement	bent	\$ 496.00	\$ 496.00
4	1	Front grille assy	bent/warped	\$ 368.00	\$ 368.00
5	1	Front panel assy	repair	\$ 1,296.00	\$ -
6	1	Front left corner panel	dented	\$ 183.00	\$ 183.00
7	1	Front left headlamp	cracked	\$ 876.00	\$ 876.00
8	1	Front left step garnish	bent	\$ 276.00	\$ 276.00
9	1	Front left wing mirror	bent	\$ 578.00	\$ 578.00
10	1	Front air con condenser assy	bent	\$ 1,410.00	\$ 1,410.00
11	1	Front left door panel	dented	\$ 1,460.00	\$ 1,460.00
12	1	Front left door inner board	bent/necessary	\$ 312.00	\$ 312.00
13	1	Front left door lock mechanism	malfunction	\$ 205.00	\$ 205.00
14	1	Front left door lock catch	bent	\$ 68.00	\$ 68.00
15	1	Front left door outer handle	necessary	\$ 176.00	\$ 176.00
16	1	Front left regulator with motor assy	malfunction	\$ 478.00	\$ 478.00
17	1	Front air con condenser bracket	bent	\$ 280.00	\$ 280.00
18	1	Front air con condenser fan blade with motor assy	malfunction	\$ 498.00	\$ 498.00
19	1	Front air con condenser fan cowling	cracked	\$ 385.00	\$ 385.00
Less 25%				\$ 10,487.00	\$ 9,191.00
				\$ 2,621.75	\$ 2,297.75
				\$ 7,865.25	\$ 6,893.25

## Special Nett Items

1	6	Front grille clips	necessary	\$ 20.00	\$ 20.00
2	1set	Front panel company sticker	necessary	\$ 250.00	\$ 250.00
3	1	Front left door panel company sticker	necessary	\$ 50.00	\$ 50.00
4	1	Front left door panel advertisement sticker	necessary	\$ 150.00	\$ 150.00
5	1	Front air con gas	necessary	\$ 80.00	\$ 80.00
6	1	Front no plate	necessary	\$ 60.00	\$ 60.00
				\$ 610.00	\$ 610.00

## Total parts

\$ 8,475.25 \$ 7,503.25

## ANNEX B

## REPAIR DETAILS

## Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten front, front left affected area and replace front and front left damaged parts.	\$ 1,400.00	\$ 1,200.00
2	To putty and spray painting front and front left portion.	\$ 1,400.00	\$ 1,200.00
3	To check wiring and focus front headlamp.	\$ 50.00	\$ 30.00
4	To apply anti rust proofing to front and front left affected area.	\$ 140.00	\$ 120.00
5	To remove and install air-con system to facilitate the repair and refill gas.	\$ 180.00	\$ 150.00
6	To remove and install front left door lock mechanism.	\$ 80.00	\$ 60.00
7	To transfer both front left door glass to new door.	\$ 80.00	\$ 60.00
8	To check door central locking for function.	\$ 80.00	\$ 60.00
9	To remove and install front left door visor.	\$ 80.00	\$ 60.00
10	Towing service.	\$ 140.00	\$ 120.00
Total labour :		\$ 3,630.00	\$ 3,060.00

1250  
 500  
 /  
 X  
 X  
 X  
 X  
 X  
 X  
 X  
 980

## ANNEX C

## REPAIR DETAILS

## Adjusted Repair Cost

	REPAIRER'S AMOUNT	ADJUSTER'S AMOUNT
Total parts :	\$ 8,475.25	\$ 7,503.25
Total labour :	\$ 3,630.00	\$ 3,060.00
Total repair cost :	\$ 12,105.25	\$ 10,563.25

Adjusted Repair Cost (Lump Sum Repair)

\$ 8,500.00

2283  
 25% : 1860



# 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

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CS/AIG18018993/Gsbe2

78 SHENTON WAY #08-16  
CHARTIS BUILDING  
SINGAPORE 079120

Date : 04-01-2019



ATTN : SHAWN WUI

Code : AIG

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

Insured Veh.	SLJ 2282U	Veh. Inspected	GBA 5383H
Policy No.		Coverage (\$)	0.00
Claim No.	8010120000SG-003	Excess (\$)	0.00
Assign From	SHAWN WUI	Assign Date	18/10/2018

## 2. Vehicle Particulars & Condition

Make & Model	TOYOTA DYNA	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	JTFAT35Y603001252	Colour	RED
Odometer	444137	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15	YOKOHAMA	5 mm
L/H Front Tyre	195 R15	YOKOHAMA	5 mm
R/H Rear Tyre	155 R12	YOKOHAMA	5 mm
L/H Rear Tyre	155 R12	YOKOHAMA	5 mm

## 4. Description of Damages

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

## 5. General Information

Accident Date	22/07/2018	Inspection Date	15/11/2018
Survey held at	385 SIN MING DRIVE #01-02		
Repairer	TEAM AUTOPRO PTE LTD		

## 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:	5 Working Days
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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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBA 5383H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER ASSY	REPLACED	912.00	498.00
2	FRONT BUMPER BRACKET	NOT NECESSARY	230.00	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	496.00	-
1	FRONT GRILLE ASSY	NOT NECESSARY	368.00	-
1	FRONT PANEL ASSY	REPAIRED SEE LABOUR	1,296.00	-
1	FRONT LEFT CORNER PANEL	REPLACED	183.00	183.00
1	FRONT LEFT HEADLAMP	REPLACED	876.00	685.00
1	FRONT LEFT STEP GARNISH	REPLACED	276.00	198.00
1	FRONT LEFT WING MIRROR	NOT NECESSARY	578.00	-
1	FRONT AIR CON CONDENSER ASSY	NOT NECESSARY	1,410.00	-
1	FRONT LEFT DOOR PANEL	REPAIRED SEE LABOUR	1,460.00	-
1	FRONT LEFT DOOR INNER BOARD	NOT NECESSARY	312.00	-
1	FRONT LEFT DOOR LOCK MECHANISM	NOT NECESSARY	205.00	-
1	FRONT LEFT DOOR LOCK CATCH	NOT NECESSARY	68.00	-
1	FRONT LEFT DOOR OUTER HANDLE	NOT NECESSARY	176.00	-
1	FRONT LEFT REGULATOR WITH MOTOR ASSY	NOT NECESSARY	478.00	-
1	FRONT AIR CON CONDENSER BRACKET	NOT NECESSARY	280.00	-
1	FRONT AIR CON CONDENSER FAN BLADE WITH MOTOR ASSY	NOT NECESSARY	498.00	-
1	FRONT AIR CON CONDENSER FAN COWLING	NOT NECESSARY	385.00	-
	LESS 25% DISCOUNT		-2,621.75	-391.00
			7,865.25	1,173.00
<b>SPECIAL NETT ITEMS</b>				
6	FRONT GRILLE CLIPS (SN)	NOT NECESSARY	20.00	-
1	SET FRONT PANEL COMPANY STICKER (SN)	NOT NECESSARY	250.00	-
1	FRONT LEFT DOOR PANEL COMPANY STICKER (SN)	REPLACED	50.00	30.00
1	FRONT LEFT DOOR PANEL ADVERTISEMENT STICKER (SN)	REPLACED	150.00	100.00
1	FRONT AIR CON GAS (SN)	NOT NECESSARY	80.00	-

Report Ref No: CS/AIG18018993/Gsbe2



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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	FRONT NO PLATE (SN)	NOT NECESSARY	60.00	-
			610.00	130.00
	<b>LABOUR</b>			
	LABOUR FOR PANEL BEATING,CUT,WELD,STRAIGHTEN FRONT,FRONT LEFT AFFECTED AREA AND REPLACE FRONT AND FRONT LEFT DAMAGED PARTS.INCLUSIVE OF THE REPAIR OF FRONT PANEL ASSY AND FRONT LEFT DOOR PANEL.		1,400.00	450.00
	TO PUTTY AND SPRAY PAINTING FRONT AND FRONT LEFT PORTION.		1,400.00	500.00
	TO CHECK WIRING AND FOCUS FRONT HEADLAMP.		50.00	30.00
	TO APPLY ANTI RUST PROOFING TO FRONT AND FRONT LEFT AFFECTED AREA.	NOT NECESSARY	140.00	-
	TO REMOVE AND INSTALL AIR-CON SYSTEM TO FACILITATE THE REPAIR AND REFILL GAS.	NOT NECESSARY	180.00	-
	TO REMOVE AND INSTALL FRONT LEFT DOOR LOCK MECHANISM.	NOT NECESSARY	80.00	-
	TO TRANSFER BOTH FRONT LEFT DOOR GLASS TO NEW DOOR.	NOT NECESSARY	80.00	-
	TO CHECK DOOR CENTRAL LOCKING FOR FUNCTION.	NOT NECESSARY	80.00	-
	TO REMOVE AND INSTALL FRONT LEFT DOOR VISOR.	NOT NECESSARY	80.00	-
	TOWING SERVICE.	NOT NECESSARY	140.00	-
			3,630.00	980.00
	<b>GRAND TOTAL</b>		<b>12,105.25</b>	<b>2,283.00</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>1,800.00</b>

Report Ref No. CS/AIG18018993/Gsbe2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,  
MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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