

ASS. REC. BY:

REF:

CS/GAL18019868/Kvlbez

Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Kelvyn

of

GAL

Date/Time:

01-11-2018 2:05pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

Fx 2868C

Insured:

YP 4025Y

at Workshop m/s

Complete vms

Tel:

6455 0012

of:

Blk 176 Sim Ming Drk #03-14

Policy No:

Claim No:

CLMOMVCO00003512

Kelvyn

Sum Insured:

Excess:

28/12/18

Make of Veh:

D.O.A.

15-10-2018

@449pm

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

01/11/2018 2:00pm

Person Contacted:

Li Hui

Vehicle: IN/OUT

Date/Time

Action/Instruction (✓) Estimate

Fx 2868C - x

YP 4025Y - x

28/12/18 @ 4:38pm / 1/2 of 2600l email confirmed with Li Hui (Reel 4990.10, 66/2)

Catherine Chong (LKK Auto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Thursday, 1 November, 2018 2:05 PM
To: Admin-D (LKKAuto); 'Admin A'
Subject: TP survey NOTICE OF ACCIDENT: FX2868C Your ref: YP4025Y insd
Attachments: FX2868C.pdf; YP4025Y (OI) - Addendum #1.pdf

Hi team

Please conduct TP survey

Thanks
Kelvyna

From: Gan Li Hui <lihui@completevms.com.sg>
Sent: Wednesday, October 31, 2018 3:03 PM
To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Subject: [External] Re: TP survey NOTICE OF ACCIDENT: FX2868C Your ref: YP4025Y insd

Without Prejudice

Dear OIC,

Please arrange LKK Auto Consultants to conduct survey.

Thank you & Best Regards,
Gan Li Hui (Ms)
Complete VMS PTE LTD
Tel: 6455 0012 Fax: 6554 0012
Block 176 Sin Ming Drive, #03-14
Sin Ming Autocare Complex, Singapore 575721

From: Gan Li Hui <lihui@completevms.com.sg>
Sent: Tuesday, October 30, 2018 10:03 AM
To: Motor Claims <MotorClaims@sg.gaig.com>
Subject: [External] NOTICE OF ACCIDENT: FX2868C Your ref: YP4025Y

Without Prejudice

Dear OIC,

**ACCIDENT INVOLVING FX2868C AND YP4025Y ON 15/10/2018 ALONG T-
JUNCTION OF JALAN BOON LAY & CHIN BEE DRIVE AT ABOUT 20:30 HRS.**

We act for **CHIN WAI KUEN** owner of vehicle no. **FX2868C** with instruction to repair the vehicle.

Please be informed that the said vehicle can be inspected at:-

Venue Complete VMS Pte Ltd

176, Sin Ming Drive,

#03-14,

Singapore 575721

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you. Please note that there will also be a storage charge of \$60 per day on the 2 day notice period commencing from the date of this letter.

Thank you & Best Regards,
Gan Li Hui (Ms)

Complete VMS PTE LTD

Tel: 6455 0012 Fax: 6554 0012

Block 176 Sin Ming Drive, #03-14

Sin Ming Autocare Complex, Singapore 575721

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[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7301B
Vehicle Details	
Vehicle No.:	FX2868C
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Nov 2018
Vehicle Make:	HONDA
Vehicle Model:	TA200
Primary Colour:	Silver
Secondary Colour:	Blue
Manufacturing Year:	2003
Engine No.:	TA200E5002589
Chassis No.:	TA2005002589
Maximum Power Output:	-
Open Market Value:	\$3,198.00
Original Registration Date:	14 Oct 2003
First Registration Date:	14 Oct 2003
Transfer Count:	1
Actual ARF Paid:	\$480.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	13 Oct 2023
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$1,700.00
COE Rebate Amount:	\$840.00
Total Rebate Amount:	\$840.00

The information contained herein is correct as at 02 Nov 2018

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	29/10/2018 16:19
Date Of Accident	15/10/2018 20:30
Exact Location Of Accident	T-JUNCTION OF JALAN BOON LAY & CHIN BEE DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX2868C
Insured/Policyholder	
Name Of Registered Owner	CHIN WAI KUEN
NRIC No	S2577301B
Email Address	CHINWK000@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98343849
Alternative Phone No	OTHERS-98343849

Vehicle Particulars

Manufacturer	HONDA
Model	TA200
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5001972411-14
Cover Note Number	

Driver

Name of Driver	CHIN WAI KUEN
NRIC No	S2577301B
Date Of Birth	28/01/1967
Occupation	INDOOR
Date Of Driving Pass	23/12/1994
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98343849
Fax Number	
Contact Number	OTHERS-98343849
E-Mail Address	CHINWK000@GMAIL.COM

Address	BLK 557 JURONG WEST STREET 42 #02-401
Postcode	640557
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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 ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4025Y
Vehicle Make/Model/Colour	UD TRUCKS / HINO
Details Of Properties	FRONT
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

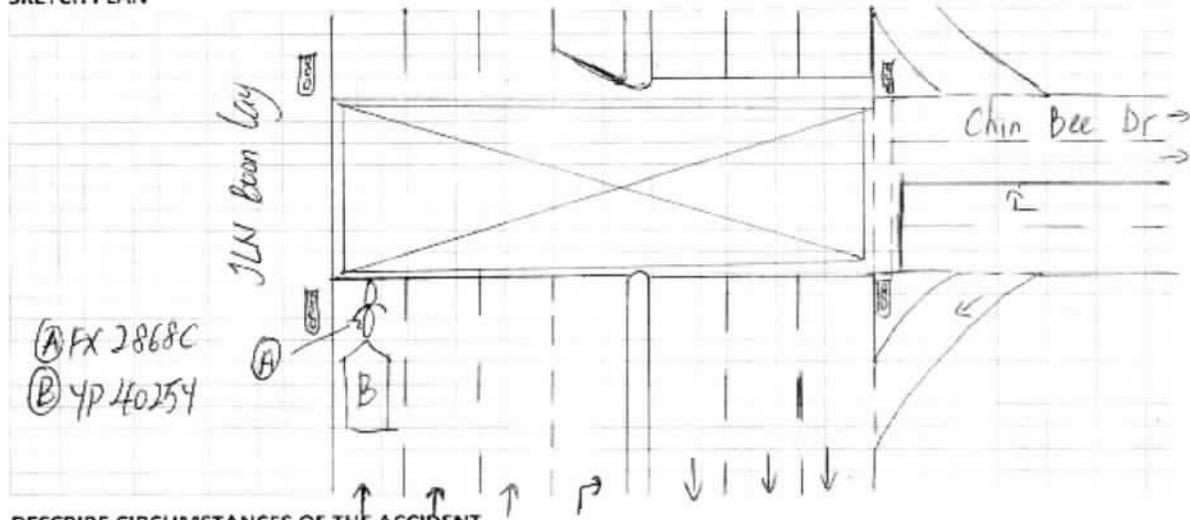
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHIN WAI KUEN
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FX2868C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan #2

SKETCH PLAN

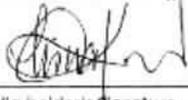


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report T/20181023/2058.

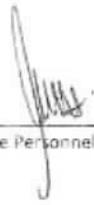
DECLARATION

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.:

Common Statement



**SINGAPORE
POLICE FORCE**

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



T/20181023/2058

2 of 3

Report No. T/20181023/2058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHIN WAI KUEN	ID No.	S2577301B
Related Vehicle	FX2868C (Motorcycle)	Contact No.	98343849
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/10/2018	Date Discharge	16/10/2018
No. of Days granted Medical Leave	06	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS RIDING MY MOTORCYCLE FX2868C, ALONG THE 1ST LANE FROM THE LEFT ON BOON LAY WAY. I WAS APPROACHING A TRAFFIC LIGHT AND THE TRAFFIC LIGHT HAD ALREADY TURNED AMBER, SO I STOPPED MY BIKE. AFTER I STOPPED MY BIKE, A LORRY BEARING THE PLATE NUMBER YP4025Y SUDDENLY COLLIDED ONTO THE REAR OF MY BIKE.

I WAS FLUNG OFF MY BIKE FROM THE COLLISION. THE AMBULANCE CAME SHORTLY AFTER AND I WAS CONVEYED TO NTFGH WHERE I WAS DISCHARGED ON THE 16/10/2018 AND WAS GIVEN 6 DAYS OF MEDICAL LEAVE.

Common Statement



SINGAPORE
POLICE FORCE



T/20181023/2058

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

3 of 3
Report No. T/20181023/2058

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 /
ZENG ZI CONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/10/2018 13:32

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

Signature: _____

Common Statement



**SINGAPORE
POLICE FORCE**



T/20181024/2072

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No. T/20181024/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2018 13:37	Vide Report No.: T/20181023/2058	Station Diary No. 75
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Informant's Particulars

Name of Informant: CHIN WAI KUEN		Address: APT BLK 557 JURONG WEST STREET 42 #02-401 SINGAPORE 640557	
ID Type / ID No.: NRIC NO / S2577301B		Contact No.: Home/Office: Mobile: 98343849	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 51	Date of Birth: 28/01/1967	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: SECURITY SUPERVISOR		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/10/2018 20:30	Type of Location:
Location: Along Road 1 JALAN BOON LAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:		JURONG WEST NPC 700 Corporation Road Singapore 649818 Tel : 6268 9999 Fax : 6267 2438 Anyone conveyed by ambulance? No <input checked="" type="checkbox"/>		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX2868C	Motorcycle	HONDA	TA200	Silver		0
YP4025Y	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX2868C	NTUC Income Insurance Co-Operative Limited	5001972411-14	14/10/2018	13/10/2019

Common Statement



**SINGAPORE
POLICE FORCE**



T/20181024/2072

2 of 3

Report No. T/20181024/2072

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	CHIN WAI KUEN	ID No.	S2577301B
Related Vehicle	FX2868C (Motorcycle)	Contact No.	98343849
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/10/2018	Date Discharge	16/10/2018
No. of Days granted Medical Leave	06	Degree of Injury	NIL

Brief Details.

With reference to T/20181023/2058, I wish to state that the accident happen along Jalan Boon Lay and not along Boon Lay Way. That's all.

Common Statement



**SINGAPORE
POLICE FORCE**



T/20181024/2072

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3
Report No. T/20181024/2072

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

J/

Sgt 1 CHEW WEI XIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/10/2018 13:37

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No: 66476433

Classification Of Case:

Authentic Stamp
NP168



Signature 1

Singapore Police Force



Email : darren@completevms.com.sg ()
 lily@completevms.com.sg ()
 lihui@completevms.com.sg ()

CHIN WAI KUEN
 BLK 557 JURONG WEST STREET 42 #02-401
 SINGAPORE 640557

Attention : THE OWNER
 Contact : 98343849

*Not Notified
 L1 Smg & ?
 Resurvey After Paint*

Estimate : ES006497

Date : 31/10/2018
 Vehicle Num. : FX2868C
 Make/Model : HONDA TA200-2003
 Chassis/Eng# : TA2005002589/TA200E5002589
 Accident Date : 31/10/2018
 Claim No. :
 Reference :
 Policy No. :

S/N Quantity Particular *4 days* Unit Price Amount S\$

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	1	LIST ITEMS :		
2.	2	FRONT TIRE	75.00	150.00
3.	1	FRONT DISC ROTOR		185.00
4.	2	FRONT MUDGUARD		1,300.00
5.	2	FRONT FORK ASSY	650.00	1,300.00
6.	2	FRONT FORK OIL SEAL	45.00	90.00
7.	1	FRONT FORK OIL		25.00
8.	1	FRONT AXLE SHAFT		315.00
9.	1	HANDLE BAR		165.00
10.	2	HANDLE BAR GRIP		56.00
11.	2	HANDLE BAR BALANCER	28.00	56.00
12.	1	STEERING CONE BEARING	48.00	48.00
13.	1	BRAKE LEVER R/H		95.00
14.	1	SIGNAL LAMP R/H		65.00
15.	1	HEADLAMP		48.00
16.	1	HEADLAMP BRACKET		396.00
17.	1	PETROL TANK		46.00
18.	1	FOOT REST R/H		585.00
19.	1	FOOT REST BRACKET R/H		48.00
20.	1	PILLION FOOT REST R/H		48.00
21.	1	EXHAUST PIPE		48.00
22.	1	EXHAUST SILENCER PIPE CHROME		495.00
23.	1	SIDE MIRROR R/H		95.00
24.	1	BRAKE CABLE		45.00
25.	1	REAR MUDGUARD		45.00
26.	1	REAR FENDER		115.00
27.	1	ERP UNIT BRACKET		295.00
28.	1	TAILLAMP		28.00
29.	1	REAR NUMBER PLATE GARNISH		145.00
		REAR BOX BRACKET		75.00
				65.00

List Total S\$: 5,339.00
 10.00% Discount S\$: 533.90
 4,805.10

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:

CONTINUE / ...



Email : darren@completevms.com.sg ()
 lily@completevms.com.sg ()
 lihui@completevms.com.sg ()

CHIN WAI KUEN
 BLK 557 JURONG WEST STREET 42 #02-401
 SINGAPORE 640557

Attention : THE OWNER
 Contact : 98343849

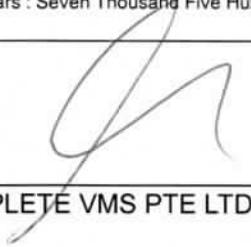
Estimate : ES006497

Date : 31/10/2018
 Vehicle Num. : FX2868C
 Make/Model : HONDA TA200-2003
 Chassis/Eng# : TA2005002589/TA200E5002589
 Accident Date : 31/10/2018
 Claim No. :
 Reference :
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		SPECIAL NETT ITEMS :		
1.	1	FRONT NUMBER PLATE		25.00 X
2.	1	ERP UNIT		125.00 ✓
3.	1	REAR NUMBER PLATE		25.00 X
4.	1	GLOVE COMPARTMENT COVER C/W LOCK		280.00
		Special Nett Total S\$:		455.00
		LABOUR :		
	2	TOWING CHARGE	65.00	130.00 60l
		CHECK LIGHTING		50.00 20l
		SPRAY PAINT DAMAGED AREA AFFECTED		650.00 X
		TO DISMANTLE & ASSEMBLE MOTORCYCLE TO REPLACE PARTS		850.00 200l
		BODY CHASSIS ALIGNMENT		650.00 150l
		Labour Total S\$:		2,330.00

SingDollars : Seven Thousand Five Hundred Ninety & Cents Ten Only

Total S\$: 7,590.10
 =====


 COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun



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/GAI18019868/Kvbe2	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 04-01-2019	
		Code : GAI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	YP 4025Y	Veh. Inspected	FX 2868C
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000003512	Excess (\$)	0.00
Assign From	KELVYNA	Assign Date	01/11/2018
2. Vehicle Particulars & Condition			
Make & Model	HONDA TA200	c.c	197
Engine No.	HIDDEN	Year of Reg.	2003
Chassis No.	TA200E5002589	Colour	SILVER / BLUE
Odometer	17785	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	100/80 R17	IRC	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	130/90 R15	IRC	6 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/10/2018	Inspection Date	01/11/2018
Survey held at	COMPLETE VMS PTE LTD BLK 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721		
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	



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. FX 2868C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT TIRE	SERVICEABLE	175.00	-
2	FRONT DISC ROTOR @\$75.00	SERVICEABLE	150.00	-
1	FRONT MUDGUARD	CRACKED	185.00	185.00
2	FRONT FORK ASSY @\$650.00	BENT / DISTORTED	1,300.00	1,300.00
2	FRONT FORK OIL SEAL @\$45.00	NECESSARY	90.00	90.00
1	FRONT FORK OIL	NECESSARY	25.00	25.00
1	FRONT AXLE SHAFT	SERVICEABLE	315.00	-
1	HANDLE BAR	BENT	165.00	165.00
2	HANDLE BAR GRIP @\$28.00	O/S TORN	56.00	28.00
2	HANDLE BAR BALANCER @\$48.00	O/S MISSING	96.00	48.00
1	STEERING CONE BEARING	NOT NECESSARY	95.00	-
1	BRAKE LEVER R/H	DENTED	65.00	65.00
1	SIGNAL LAMP R/H	CRACKED	48.00	48.00
1	HEADLAMP	DENTED	396.00	396.00
1	HEADLAMP BRACKET	DISTORTED	46.00	46.00
1	PETROL TANK	TO REPAIR SEE LABOUR	585.00	-
1	FOOT REST R/H	DENTED	48.00	48.00
1	FOOT REST BRACKET R/H	TO REPAIR SEE LABOUR	48.00	-
1	PILLION FOOT REST R/H	DENTED	48.00	48.00
1	EXHAUST PIPE	DENTED	495.00	495.00
1	EXHAUST SILENCER PIPE CHROME	DENTED	95.00	95.00
1	SIDE MIRROR R/H	CUT	45.00	45.00
1	BRAKE CABLE	BENT	45.00	45.00
1	REAR MUDGUARD	CRACKED	115.00	115.00
1	REAR FENDER	CRACKED	295.00	295.00
1	ERP UNIT BRACKET	TO REPAIR SEE LABOUR	28.00	-
1	TAILLAMP	BROKEN	145.00	145.00
1	REAR NUMBER PLATE GARNISH	SERVICEABLE	75.00	-

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LKK Auto Consultants Pte Ltd

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

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BOX BRACKET	TO REPAIR SEE LABOUR	65.00	-
	LESS 10% DISCOUNT		-533.90	-372.70
			4,805.10	3,354.30
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT NUMBER PLATE (SN)	TO REPAIR SEE LABOUR	25.00	-
1	ERP UNIT (SN)	DENTED	125.00	125.00
1	REAR NUMBER PLATE (SN)	SERVICEABLE	25.00	-
1	GLOVE COMPARTMENT COVER C/W LOCK (SN)	CUT	280.00	200.00
			455.00	325.00
	<u>LABOUR</u>			
	TOWING CHARGE.		130.00	60.00
	CHECK LIGHTING.		50.00	20.00
	SPRAY PAINT DAMAGED AREA AFFECTED.	NOT NECESSARY	650.00	-
	TO DISMANTLE & ASSEMBLE MOTORCYCLE TO REPLACE PARTS. INCLUSIVE OF THE REPAIR OF PETROL TANK, FOOT REST BRACKET R/H, ERP UNIT BRACKET, REAR BOX BRACKET AND FRONT NUMBER PLATE.		850.00	200.00
	BODY CHASSIS ALIGNMENT.		650.00	150.00
			2,330.00	430.00
	GRAND TOTAL		7,590.10	4,109.30
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,600.00

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KONG SENG CHEONG

Licensed Appraiser

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