ASS. P.F.C. BY:		REF: CS/SP	F 18020975	/KHb	202 Speci	al Instruction:		
Surveyor :	Kennah	ASSIG	NMENT (O	ffice)			7.9	
From (Person)	): Frankie Thai	of	SPF		D	ate/Time:	91-112018	1024ат
Estimated Cos	st:		Bill to:					
OD /TP/WS	STTP RES / OD R	ES/EVA/INV/I	MV /·CS					
To Inspect Ve	chicle No:	SLD 4090 A			Insured:	QX.	228H	
	m/s				Tel:	6453 1	135.	
of	BIK	8 Sin Miny	Ind Est	#01-	58			
Policy No:			Clain	n No:	ASMD/	105/009/	2018/165	
Sum Insured:				cess:				
Make of Veh: (Client's Record					D	.O.A	20.112018	
CA / REV	REP. / REV 24	HRS Wa				H.O.D. Endor	rsement:	
Date/Time:	21.112018 1035an	n Person Conta	acted: Vion	(CA	Vel	nicle 10/10	OUT	
Date/Time	Action/Instruction	1 ( V ) FSH	inate.				•	
	SLD 4U9UA -							•
		31 (SPF18020	719/Klub			00	A:0510-1	8
	\$ 3209.9	( Cled:1=	783.96,3	35%	)		-	
	Bubmit	Part by Pa						

From: Date:  Estimated Cote  Out The Wist IT PRESI OD RESIEVA LINVI MV  To inspect Vehicle No:  at Workshop m/a  of  SReading 45 93  Tradic Insured Istel INI INA  Enghlo:  Claims No.  Sun insured:  (Claims No.  Sun insured:  (Claim's Record)  Make: It could be for  Excess:  (Claim's Record)  Make of Vehicle No:  Chio: Milliand AC. Insured Istel INI INA  Enghlo:  Chio: Milliand AC. Insured Istel Ini Ini  Excess: Inadist Jammed Leaked Burnt or  Nodi: NII I ISTIN IN ISTIN INI ISTIN INI INI INITIAL I	ASS. REC. BY:	
Fron: Estimated Cost:  Cold To Was I P RESI OD RESI EVA I INV I MV  To Inspect Vehicle No:  at Workshop m/s  City  of Sp. Reading 45 93 Track I Trailer or  Sp. Reading 45 93 Track I Trailer or  Sp. Reading 45 93 Track I MI I NA  EngNo:  Claims No.  Claims No.  Claims No.  Sun insured:  Excess:  (Claims Record)  Make: Color An I Act Act Insured I Std I NI I NA  EngNo:  Claims No.  Sun insured:  Excess:  (Claims No.  Gen. Cond: Gedit   Fair   Poor I Bruth  Make of Vehicle   Insured I Std I NI I NA  EngNo:  Choose Part   Insured I Std I NI I NA  Make of Vehicle   Insured I Std I NI I NA  Make of Vehicle   Insured I Std I NI I NA  Final Report  Insured:  Sp. Reading 45 93 Tradic Insured I Std I NI I NA  EngNo:  Choose Part   Insured I Std I NI I NA  Make of Vehicle   Insured I Std I NI I NI I STD ARRIN or  Tyre Stax: Insufficient   Insured I Std I NI I NI I STD ARRIN or  Tyre Stax: F. A. C. 215   Tour I Vehicle   Insured I Std I NI I NI I STD ARRIN or  Tyre Stax: F. A. C. 215   Tour I Vehicle   Insured I Std I NI I	Kanier!	CCI CAD CDAIM
GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  O' days Res.: Yes or No  Lum Sum:  /-R/% 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Vehicle: IN/OUT  Date / Time Action / Instruction  Date / Time Action / Instruction  Date / Time Action / Instruction  PERSON Contacted:  Date / Time Action / Instruction  RECEIVED 1 IAN 2019  Date / Time Action / Instruction  RECEIVED 1 IAN 2019  Date / Time Action / Instruction  Date / Time Action / Instruction  RECEIVED 1 IAN 2019  Date / Time Action / Instruction  RECEIVED 1 IAN 2019  Date / Time Action / Instruction  RECEIVED 1 IAN 2019  Date / Time Action / Instruction  Resurvey No. of Trip: Survey Fee:  Interview (S ) S-RS_SI  Interview (S ) Final Report  Transportation:  The Urc / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  Date / Time Action / Instruction  RECEIVED 1 IAN 2019  The Urc / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  The Urc / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  The Urc / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  The Urc / Chassis frame / Body Structure affected due to collision.  The Urc / Chassis frame / Body Structure affected due to collision.  The Urc / Chassis frame / Body Structure affected due to collision.  The Urc / Chassis frame / Body Structure affected due to collision.  The Urc / Chassis frame / Body Structure affected due to collision.  The Urc / Chassis frame / Body Structure affected due to collision.  The	From: Date:  Estimated Cost:  OD/TP/WS/TP RES/OD RES/EVA/INV/MV  To Inspect Vehicle No: at Workshop m/s  of Insured: Policy No. Claims No. Sum Insured: Excess: (Client's Record) Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of Inspection.  Bal, or Market Value:	Veh No: SCD 4090 A Yr Regn: Obj 16  Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  Make:   Jone   Veze /   c.c   / 496  Colour: M. Black   A/C:   Insured / Std / NI / NA  Sp.Reading   95930   T/Radio: Insured / Std / NI / NA  Eng/No:  C/No:   Ruj   1/1/476  Gen. Cond: Good Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake:   Inorder / Jammed / Leaked / Burnt or  Mod : NII / S/RIm / STD A/Rim or  Tyre Size: F:   215/60R/6  R:   BS / DUN / EXNOVA/GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YORG or
Date/Time, File Pass 107    Days Of Repair:   Days Of Repair:   Survey Fee:   Days Of Trip:   Su	IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  O 4 days  Res.: Yes or No  Lum Sum:  /-R/%  3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:	R/Bal. 9 mm R/Bal. 7 mm  L/Bal. 9 mm L/Bal. 7 mm  D.O.A. 20/11/18 D.O.I. 21/11/19  Survey held at  Des. of Damages: Frt   Rear   O/S   N/S   U/C   Rooftop or
Days Of Repair:    Days Of Repair:   Survey Fee:   280	22/11 File pass to Cartering	7040
10TAL 200	1)	Survey Fee:  Survey Fee: S

## Catherine Chong (LKK Auto)

From:

Frankie THAY (SPF) < Frankie\_THAY@spf.gov.sg>

Sent:

Wednesday, 21 November, 2018 10:24 AM

To:

assignments

Cc:

Abdul Rahman MOHAMAD SALIM (SPF); Rosalyn TAN (SPF)

Subject:

RE: Pre-Repair Inspection (SLD4090A)

Your reference: SLD4090A

Our reference: AEMD/105/009/2018/165

M/s LKK Auto Consultants Pte Ltd Paya Ubi Industrial Park 51 Ubi Ubi Avenue 1 #01/02-25 Singapore 408933

Dear Sir/Madam,

ACCIDENT INVOLVING GOVERNMENT VEHICLE QX228H AND OTHER VEHICLE SLD4090A ON 20 NOVEMBER 2018

We refer to the above matter.

Please arrange for an Inspection of vehicle No. SLD4090A at City Auto Pte Ltd, Blk 8, Sin Ming Industrial Estate,#01-58/60, Sin Ming Road, Singapore 575643.

For appointment, Please contact the workshop at Tel: 64531235 or 64520850.

Estimated were not provided by the workshop.

Thank You.

Frankie Thay (Mr)
Safe Driving Manager
Automotive Engineering & Management Division
Police Logistics Department
Singapore Police Force
DID: (65) 6478 4841 | FAX: (65) 6478 4848



WARNING: "Privileged/Confidential information may be contained in this message. If you are not the intended addressee, you must not copy, distribute or take any action in reliance thereon. Communication of any information in this email to any unauthorized person is an offence under the Official Secrets Act (Cap 213). Please notify the sender immediately if you receive this in error."

## 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

archiving and that copies of this report will, for a fee, be made ava 7. By the lodgement of this report to the insurers, you hereby cons aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/11/2018 13:40
Date Of Accident	20/11/2018 08:10
Exact Location Of Accident	BLK. 740 YISHUN AVE 5 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD4090A
Insured/Policyholder	
Name Of Registered Owner	SUNARTO HARTONO
NRIC No	S7264211B
Email Address	SUNARTOIKE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93201021
Alternative Phone No	OTHERS-93201021
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X CVT ABS D/AIRBAG 2WD 5DR (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5099605889

Cover Note Number

Driver

Name of Driver INEKE CHRISTINA PRANJOTO

 NRIC No
 S7663162Z

 Date Of Birth
 23/08/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/11/2006

Driving Experience 11 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92258494

Fax Number

Contact Number

EMail Address SUNORTOIKE@YAHOO.COM

Address BLK. 288 YISHUN AVE 6

#02-50

Postcode 760288

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

Policiting (officient period) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 NAME:

CENTER

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given?

If Yes, against whom?

NO

: SUNARTO HARTONO

Circumstances of Accident

Circumstances of Accident

REFER POLICE REPORT NO: T/20181120/2018

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number QX228H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category GOVERNMENT

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

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:

Y

進友成汽車服務和人有限公司 YS Automobile Services Pte Ltd 38 Woodspankusenad adjeasure

Namer-17 Administry orderstial, Park NRIC/FIN Wingapore 757700 Tel: 6219 2098 (3hres) ▼aki36219 2096

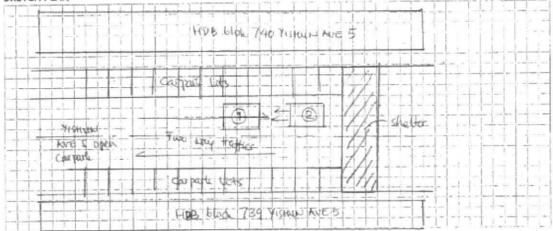
GINENIE ELEPERATION, VE

## Sketch Plan #2

1 - SLD 4090 A

1 - QX121 H

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	Police	Pport h:	7/201811	810€ 0€		
				\$		
				(X		
				(1)	11	
			416			
					-	
		. 4				
						7

DECLARATION

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

Policyholder's Signature Date & Time:

Tust

GIARME F SICH FIBNForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

直支成に単同機私人有限公司 CVS Automobile Services Pte Ltd 38 Woodanes industrial Park East 1 Reporting Centre Parks 1990年 1990年 1990年 Name: Tel: 62182019 Startes Fax: 6219 2096 NRIC/FIN No.: S を 1 5 2 5 7 10 2 5

## POLICE REPORT Pg. 1





1 of 3

Report No. T/20181120/2018

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

REPORT OF	A TRAFFIC	ACCIDENT		i la d Bi N		
Date/Time Report Made: 20/11/2018 10:12			Vide Report No.: F/20181120/0081	Station Diary No.: 64		
Informani	t's Particu	lars				
Name of Informant: INEKE CHRISTINA PRANJOTO			Address: APT BLK 288 YISHUN AVENUE 6 #02-50 SINGAPORE 760288			
ID Type / ID No.: NRIC NO / S7663162Z			Contact No.: Home/Office: Mobile: 92258494			
Nationality: SINGAPORE CITIZEN		EN .	Email:			
Sex: Female	Age:	Date of Birth: 23/08/1976	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Police Vehicle	Drink Da	ate/Time of ccident: 0/11/2018 08:10	Type of Location: Car Park
Weather:		e carpark Road Surface: Wet	Ro	ad Speed Limit:
			Tr	affic Volume:
Clear Traffic Flow:		Traffic Control: Not Controlled	3.70	Traffic

TO SHOW THE PROPERTY OF THE PARTY OF THE PAR	ehicle Involved	· · · · · · · · · · · · · · · · · · ·	To Target St.	Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model	COIOI	Condition	and drif decenge
QX228H	Police Vehicle					0
SLD4090A	Car				Slightly Damaged	0

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





Police Station Of Origin: Yishun North N.P.C

2 of 3 Report No. T/20181120/2018

31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

#### CONTINUATION OF REPORT

Driver	THE RESERVE OF THE PARTY OF THE	DDANIJOTO	`	ID No		S7663162Z
Name	INEKE CHRISTINA PRANJOTO		ID No.	* * *	370031022	
Related Vehicle	SLD4090A (Car)		Contact No.		92258494	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

#### Brief Details.

On 20/11/2018 at about 0815hrs, I was driving my vehicle (SLD4090A) at the carpark of Blk 740 Yishun Avenue 5 carpark. I was going to park my vehicle.

- 2) As I was approaching a shelter (and infront of lot 254), I noticed a stationary Police vehicle infront of me. I then stopped. I wish to state that I had kept 1 car distance from the said Police vehicle as I assumed that the Police vehicle had wanted to park eventhough there was no hazard light on; indicating the intention to park.
- 3) It was at this moment that the Police vehicle reverse light came on and it started to reverse towards me. I had then horned continuously to alert the driver, however, the Police vehicle continued to reverse towards me, eventually colliding with the front of my vehicle.
- 4) I had then alighted from my vehicle and discovered that my front bumper and front of the bonnet was dented and scratched badly. The Police vehicle also had dents on its back bumper and boot area. I had then spoken to the male/Malay officer who was driving (Fauzi) and was informed that Traffic Police will be notified and for me to lodge a Police report accordingly on the matter.
- 5) I wish to state that I have no injury and that I have an in car camera. That is all.



T/20181120/2018

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 3 of 3 Report No. T/20181120/2018

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: F / SI LEE YAO MING, KEVIN GABRIEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2018 10:12
Officer In Charge Of Case: TP / DDGVT / Sr Staff Sgt LIM JUN HUI, ADRIAN Contact No.: 65476350	Classification Of Case:
Authentication Stamp	



## CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643

TEL: 6453 1235, 6452 0850 FAX: 6453 7944 24hrs Towing Services Tel: 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

SDF ACCIDENT CLAIM SECTION

NO. 1

MOUNT PLEASANT RD SINGAPORE 298333

Estimate: QUOT201811-000309(00)

Date: 21/11/2018

Vehicle No.: SLD4090A

Make/Model: HONDA VEZEL 1.5X CVT ABS

D/AIRBAG 2WD 5DR

Mileage (km): 0

Chassis No.: RU11114768

Accident Date: 20/11/2018 00:00:00

Claim No.: QX228H Reference: SLD4090A Policy No.: 5099605889

Contact: 93201021

Fax No.: 64784848

No.: 64/84040
Not Mothaire
Renny 84 pain

S/No	Particular	4 days	Quantity	Unit Price	Amount S\$
	LIST ITEMS:	,			
1	Front grille base		1.0	268.90	CM 268.90 -
2	Front grille cover		1.0	203.40	eng 203.40 Z
3	Front grille logo		1.0	24.00	M 24.00 7-
4	Front grille chrome		2.0	56.90	Me 113.80 Z
5	Front bumper - upper		1.0	459.80	N 459.80 ₹
6	Front bumper - lower		1.0	195.60	195.60
7	Front bumper lower grille		1.0	77.50	Sh 77.50 \$
8	Front bumper retainer		2.0	20.60	m 41.20 X
9	Front bumper reinforcement		1.0	321.00	By 321.00
10	RH headlamp		1.0 Min	<b>1</b> ,784.50	1,784.50 2
11	RH headlamp lower bracket		2.0	35.00	CM 70.00 -
12	Front grille bracket - LH		1.0	19.60	「て 19.60 X
13	Front grille bracket - RH		1.0	19.60	54 19.60 ★
14	Front grille bracket - Mid		1.0	38.70	\$ 38.70 ₹
15	Front bonnet		1.0	892.30	7 892.30 X
	List Total:				4,529.90
	20% Discount S\$				905.98
					3,623.92
	SPECIAL NET:				
1	Number plate		1.0	25.00	25.00 76-
2	Number plate casing		1.0	35.00	nd 35.00 ( 5
	SPECIAL NET Total S\$:				60.00
	LABOUR:				201
	*To check wiring and lighting		1.0	60.00	60.00
	-To knock jackout damaged parts, panel beating, welding, align refix and to renew accident parts	1,	1.0	450.00	320 450.00
	- Spray painting on affected & replace parts		1.0	800.00	440/800.00
					1,310.00



## CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643 TEL: 6453 1235, 6452 0850 FAX: 6453 7944

24hrs Towing Services Tel: 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

SDF ACCIDENT CLAIM SECTION

MOUNT PLEASANT RD SINGAPORE 298333

Contact: 93201021

Fax No.: 64784848

Estimate: QUOT201811-000309(00)

Date: 21/11/2018

Vehicle No.: SLD4090A

Make/Model: HONDA VEZEL 1.5X CVT ABS

D/AIRBAG 2WD 5DR

Mileage (km): 0

Chassis No.: RU11114768

Accident Date: 20/11/2018 00:00:00

Claim No.: QX228H Reference: SLD4090A Policy No.: 5099605889

S/No Particular

Quantity

**Unit Price** 

Amount S\$

## 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:

E. & O.E.

Total S\$:

4,993.92

GST 7% S\$:

349.57

Amount Due S\$:

5,343.49

for CITY AUTO PTE LTD

Page 2 of 2



## 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

AUTOMOTIVE ENGINEERING & MGT DIVISION Ref: CS/SPF18020975/Ktbe2

ACCIDENT CLAIM SECTION(SINGAPORE POLICE

FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD Date: 18-01-2019

OLI	CE ACADEMYSIN	NGAPORE 298333		
TTN	: FRANKIE THA	Y	Code: SPF	
		Policy Particula	rs :- THIRD PARTY CLA	IM
	Insured Veh.	QX 228H	Veh. Inspected	SLD 4090A
	Policy No.		Coverage (\$)	0.00
	Claim No.	AEMD/105/009/2018/165	Excess (\$)	0.00
	Assign From	FRANKIE THAY	Assign Date	21/11/2018
2.	THE PARTY OF	Vehicle Pa	rticulars & Condition	<b>10</b> 00000000000000000000000000000000000
	Make & Model	HONDA VEZEL (A)	c.c	1496
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	RU11114768	Colour	METALLIC BLACK
	Odometer	45430	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	GOOD		
3.		Cond	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	215/60 R16	MICHELIN	9 mm
	L/H Front Tyre	215/60 R16	MICHELIN	9 mm
	R/H Rear Tyre	215/60 R16	YOKOHAMA	7 mm
	L/H Rear Tyre	215/60 R16	YOKOHAMA	7 mm
		Descri	ption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	FRONT PORTION.	
	DAMAGES SEE D	ETAILS.		
5.			eral Information	San Zining Baran San San San San San San San San San S
	Accident Date	20/11/2018	Inspection Date	21/11/2018
	Survey held at	CITY AUTO PTE LTD		
		BLK 8, SIN MING IND. ESTA #01-60/62 SIN MING ROAD SINGAPORE 575643.	ATE	
5a.			Remarks	经 10 年 20 年
	A)THE INSPECTION B)IN ACCORDANGE	ON WAS CONDUCTED ON A"\ CE TO YOUR INSTRUCTIONS	NITHOUT PREJUDICE" BA , WE HAVE NOT AUTHORI	SIS. SED REPAIRS.
5b.		Estima	ate Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	4 Working Da	ys



## 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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLD 4090A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT GRILLE BASE	CRACKED	268.90	268.90
1	FRONT GRILLE COVER	CRACKED	203.40	203.40
1	FRONT GRILLE LOGO	NECESSARY	24.00	24.00
2	FRONT GRILLE CHROME @\$56.90	NECESSARY	113.80	113.80
1	FRONT BUMPER - UPPER	TO REPAIR SEE LABOUR	459.80	-
1	FRONT BUMPER - LOWER	CUT	195.60	195.60
1	FRONT BUMPER LOWER GRILLE	SERVICEABLE	77.50	-
2	FRONT BUMPER RETAINER @\$20.60	SERVICEABLE	41.20	-
1	FRONT BUMPER REINFORCEMENT	BENT	321.00	321.00
1	RH HEADLAMP	MTG CRACKED	1,784.50	1,784.50
2	RH HEADLAMP LOWER BRACKET @\$35.00	CRACKED	70.00	70.00
1	FRONT GRILLE BRACKET - LH	SERVICEABLE	19.60	-
1	FRONT GRILLE BRACKET - RH	SERVICEABLE	19.60	-
1	FRONT GRILLE BRACKET - MID	SERVICEABLE	38.70	-
1	FRONT BONNET	TO REPAIR SEE LABOUR	892.30	-
	LESS 20% DISCOUNT		-905.98	-596.24
			3,623.92	2,384.96
	SPECIAL NETT ITEMS			
1	NUMBER PLATE (SN) }	DENTED	25.00	45.00
1	NUMBER PLATE CASING (SN) }		35.00	-
			60.00	45.00
	LABOUR			
	TO CHECK WIRING AND LIGHTING.		60.00	20.00
	TO KNOCK JACKOUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, REFIX AND TO RENEW ACCIDENT PARTS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER - UPPER AND FRONT BONNET.		450.00	320.00
	SPRAY PAINTING ON AFFECTED & REPLACE PARTS.		800.00	440.00
			1,310.00	780.00
	GRAND TOTAL		4,993.92	3,209.96

RECOMMENDED COST OF REPAIRS	品的数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据	3,209.96
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Report Ref No. CS/SPF18020975/Ktbe2





## Report Ref No. CS/SPF18020975/Ktbe2

NOTES : THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000-\$4,000

KONG SENG CHEONG

Licensed Appraiser