ASS, REC. BY:	REF. CS/CTU80:		Special lis	squeton:	
Munity From (Person):	ASSIGNME Ong thin Kiet of	CTI (Office)	Date/	Time: 03122018	3.15pm
Estimated Cost		Bill to:			-
on Arrws	TTP RES / OD RES / EVA / INV / MV / CS	S		20 00 22 5	
To Inspect Veh	nicle No: GBD 4933L		Insured:	PA 9330T	
at Workshop m	a/s Goldbell		Tel:	9739 6452	
of	Blk K Plandan Loop	#01-12			
Policy No:	AMBISN 16467518D2	Claim No:	SHMIBDU	15521002	
Sum Insured:_		Excess:			
Make of Veh: (Client's Record)			D.O.	A. 731120	18
	REP. / REV 24 HRS 1691	015-13-7018) H.C	O.D. Endorsement:	
Date/Time:	23122018 328pm Person Contacted:	Andy		e 10 OUT	
Date/Time	Action/Instruction (/) Estimate				
	GED 149371 - x				*
	PA 9350T- x				
13/12/12		100/- 6	9 9 do	ys with 1	Rasul.
	(\$ 2,092.73 Red 29	. /			
	1 1 0				
-					

Surveyor Pron

4 4 1 5 1 7	-	NI3	17.77	300	Τ,
A551	69	1	MA	N.	١.

From	Date: 4 12 18	Veh No: Type: M.Car	GBO 49336 M.Cycle / Bus / Van		Delk MOD
Estimated Cost:	A DEC LOD DEC LEVA LIBITLIMO		/ Trailer or		
	RESTOD RESTEVATING MV	Make:	MISSAN CALSO	m2 3.0	00 2953
To Inspect Vehicle	2110	Colour	WHITE		red / Std / NI / NA
at Workshop m/s		1 27-713070	64792	T/Radio: Insu	red / Std / NI / NA
of B11	KK Pandan loop #01-12	Sp.Reading	6111	100000000000000000000000000000000000000	
Insured		Eng/No:	TUISC DE	242085 661	7
Policy No.		C/No:	Good (Fajr / Poor / B		S. M.
Claims No.		Contribution to the Contribution of the Contri	orde / Jammed / Lea		
Sum Insured:	Excess:	_ 9	order / Jammed / Lea		
(Client's Record	f)		_		
Make of Veh:			/ S/Rim / STD A/Ri		κ.
		Tyre Size:	F:	195 70250 155 R13	-
(Policy Conditio	AND THE PERSON NAMED IN COLUMN TO SERVICE AND THE PERSON NAMED IN COLUMN		R:	•	
	h had commenced its N/S		EXNOVA / GY / FS / L	.IZA / MIC / OHTSU /	PIR / SUMI /
repair a	at the time of inspection.	TOYO!	OKO or		
Bal. or Market Va	alue:	Front		Rear	111
IDAC Accident R	Sport: Consistent? : Yes or No	R/Bal.	7 mm	R/Bal.	6/6 mm
GIA / PR Seen	Consistent?: Yes or No	L/Bal.	7 mm	L/Bal.	6/6 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. 2	3/11/18	D.O.I. U	4/12/18
Lum Sum:	% 3 Val.: Yes or No	Survey held	lat Go	LOHELL	
	DED 1 34 UPS (ND)	Des. of Dar	mages: Frt / Rear /		Rooftop or
CA / REV /	REP. / 24 HRS / Vehicle:			n ols	
Date:	Person Contacted:	The U/C	C / Chassis frame /	Body Structure affe	acted due to collision
Date / Time	Action / Instruction	New York			1.
				/	monto
	250	EIVED 13 DI	C 2018		
	REC	EIVED 10 -	2010.	V	U . '
	-				13/12/2018
					1-11-11
P. P.		Days Of R	epair: 9		
Date/Time, File Pas 13 / 2	1.8		THE THE PARTY OF T	Survey Fer	· [
Date/Time, File Ret	s+ : Final Report	Resurvey	No. of Trip:	Transportatio	
		dd Fee: Site	e Insp (\$) S+RS.	
2)		housened .	erview (\$) Photos	
Danast Farm	ent:		ch Invs (\$) Others	
Report Form	/I.B.I: (\$ 5,100/- 4/5)	formand a	eekend (\$		220
Lump Jum /	3,100j- HS			TOTAL	

...CLAIM SUBFOLDER...(New Assignment)

Case	Notified	Est Submitt	ed Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	30 Nov 2018		03 Dec 2018 15:15 Assign				New Assignm Cancel Case	nent
	Main		Reference		Claim Details	Doc	uments	Show All
CLAIM S	UBFOLDER DE	TAILS				t	Created by ins	urer]
Insured:		LI	NG WEI TRANSPOR	T SERVICE P	TE LTD, Co. Reg. No.	.: 199602610W		
Main Clair	mant:	LI	ELLOYDS MARINE	NGINEERIN	GT P/L, Co. Reg. No			
Vehicle R	eg. No.:	G	BD4933L		Date of Loss: [48 Months and		23/11/2018 16:00 - :59 [48 Months and 3 Days Reg Date (Man Yr)]	
Claim Type:		т	P / SNM18D05521	C02	Policy/Cover Note No.:		DMB1SN1646751802 (TP, Fir Theft) Coverage: 29/07/2018 - 28/07/2019	
Vehicle Re	eg. No. (Insured)	. P.	A9330T		Policy No. (Claimant):	6		
	* *				Excess:		S\$1,000.00	
Repairer:		G	oldbell Engineering	Pte Ltd (Pan	dan) Bik K, Pandan Lo	op Industrial Esta	te, #01-12, 128	219 Tuas - Tel:
Handling	Insurer:				re) Pte. Ltd. (HQ) -			
Adjuster:) - Tel: 6256-3561	[Final Rpt due	2 12/12/2018]	
Driver/Cu	stodian (Insured); CI	HEN CHANQIANG (29	/ Male), NRI	C: G2233805L			
ASSOCI	ATED MAIL REG	CEIVED				Vie	ew All Con	npose Case Mail
There are	no mail for this	case.						
8								
ALL ASS	SOCIATED TAS	KS			View All 5	Search Tasks	Create New Tas	k Complete
Due Da		Type T	ask Group Subj	ect Handi	er Assigned By	Completed	On Creat	ed On Done

Shirley Hiew (LKK Auto)

From:

Andy Ooi Lee Keong <AndyOoiLK@goldbell.com.sg>

Sent:

Thursday, 13 December 2018 10:42 AM

To:

Shirley Hiew (LKK Auto)

Cc:

SUR

Subject:

RE: PLEASE CONFIRMED FINALISED AMOUNT - GBD4933L

Dear Shirley,

Amount confirmed .

Thanks & regards

X

Andy Ooi Lee Keong | Goldbell Engineering Pte Ltd

Customer Service Advisor, Motor Claims

DID: +65 6458 9596 | Tel: +65 6773 0073 | Fax: +65 6458 7172 |

Mobile: +65 8816 2798 | Web: http://www.goldbell.com.sg Address: Goldbell Engineering Pte Ltd (Pandan)

Blk K, Pandan Loop Ind. Estate, #01-12 Singapore 128230

× stranstallogg

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>

Sent: Thursday, 13 December 2018 10:27 AM

To: Andy Ooi Lee Keong <AndyOoiLK@goldbell.com.sg>

Cc: SUR <sur@lkkauto.com>

Subject: RE: PLEASE CONFIRMED FINALISED AMOUNT - GBD4933L

Hi Andy,

Please re-confirm final fig of \$5,100.00 (lump sum) @ 9 days of repairs before GST.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

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

From: Andy Ooi Lee Keong [mailto:AndyOoiLK@goldbell.com.sg]

Sent: Monday, 10 December 2018 5:10 PM

To: SUR <sur@lkkauto.com>

Subject: PLEASE CONFIRMED FINALISED AMOUNT - GBD4933L

Hi Rasul,

Kindly find the above attached after paint photo ,

Please closed @ Lump sum Repairs @ \$ 5100.00 B4 GST with 11 days .

Thanks & regards



- Please report correctly the details of the accident to speed up the claims process.
 This Form must be completed by the Policynolder anglor the Authorises Driver.
 Information provided must be as truthful and accurate as possible. Any withill interepresentation of witholding of insterial lacus may allow insurance companies to
- 4. The issue and acceptance of this Form by insurance companies in 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.

 By the lodgement of this report to the insurers, you hereby con aforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available.
FOR THE PROPERTY OF THE PARTY O	ACCIDENT STATEMENT
Date Of Report	27/11/2018 14:53
Date Of Accident	23/11/2018 15:50
Exact Location Of Accident	HARBOUR DRIVE
Country/State of Loss	SINGAPORE
。	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD4933L
Insured/Policyholder	
Name Of Registered Owner	LEELLOYDS MARINE ENGINEERING P/L
Co Reg No	199106046C
Email Address	LEELLOYDS@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96637753
Alternative Phone No	OFFICE-68619091
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR-3.0 D F24 (M)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMCPHQ18-006830

Cover Note Number

Driver

Name of Driver THULASI SIVAKUMAR

Passport No/FIN G5964473X Date Of Birth 26/08/1981 Occupation OUTDOOR 27/10/2011 Date Of Driving Pass

Driving Experience 7 YEARS AND 0 MONTHS

MALE Gender

Mabile Number (LOCAL) =65-96441544

Was driver an employee of the Insured's Company YES

K No. Relationship of the Driver with the Insured

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions DRIZZLING WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1 NAME: : LEE KIM CHONG

GENDER: : MALE

Passenger 2 : KRISHNAN SUNDARAM DINESH KANNA NAME:

YES

NO

3

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

BUKIT TIMAH NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4689999 - FAX NO: 64623782 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT NO: T/20181127/2056 & T/20181127/2086

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

PA9330T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Contact Number

Address

Postcode

Insurance Company Hamo

Nature Of Damage

No. Of Passenger (Including Driver)

LODETALS DE NUURED PERSONN

Name

THULASI SIVAKUMAR

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBD4933L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

LEE KIM CHONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBD4933L

Were seat belts wom?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

KRISHNAN SUNDARAM DINESH KANNA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBD4933L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Sketch Pish Fo

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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 :
 - 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.

4 4

Date & Time:

Driver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

Policyholder's Signature Date & Time:

TAIL AWARED THAT MY INSURER MAY HAVE A 15 DAYS TRIEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL

		@ GBD4933L
	Date	(E) PA 93201.
	Harback Drive	
DESCRIBE CIRCUMSTANCE	き OF THE ACCIDENT	
AI pur poli	ce report No: 7/2019	1127/2056
	AVIII - To the state of the sta	
		Claim own policy Claim third party Claim 500 April 1991
DECLARATION		Policy No. DW 07+1018 - 606 13-6.
/We declare the foregoing par	ticulars are true in every respect.	Insurer
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.:

matrance Company Limited Answell Soad #17-00 Tower Brock WIND Complex Gingapore 009110 al 65 6223 9433 (fax 65 6224 9903 | wvAv.sqmaurance.com.ag ner no. 1978-00490 N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1957 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 169 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1896 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

COMMERCIAL VEHICLE PRIVATE (SCH I) Comprehensive

Certificate No.: DMCPHQ18-006830

1. Index Mark and Registration Number of Vehicles

Form: LCVP1 Excess; Section 1: YEID: WindScreen:

Additional

EQ Insurance-MARS Motor

Accident Help Center

6311 3211

\$\$3,000.00 All Claims \$\$100.00

2. Name of Policyholder LEELLOYDS MARINE ENGINEERING PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act

4. Date of Explry of Insurance 19/11/2019

5. Person or Classes of persons entitled to drive* Goods Carrying - (MZ300) Authorised Driver. Any of the following:-

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment enactment or regulation in that behalf from driving the Motor Vahicle. And provided further that the Motor Vahicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

Use in connection with the Insured's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.

3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER:

1) Use for hire or reward or for racing pace-making reliability trial or speed testing.

2) Use whilst drawing a greater number of trailers in all than is permitted by Law.

3) Use for the carriage of passengers for hire or reward.

4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these needings.

IWE HEREBY CERTIFY that the Policy to which this Certificate ralates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act; 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : Maybank

A000298/Tong Hin Insurance Agency Pte Ltd Date of Issue : 05/10/2018 16:47

Authorised Signatory EQ Insurance Company Limited

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.

1 a Member of Obyatite

15-2-1

G 5 8 6 4 4 7 3 X THULASI SIVAKUMAR Ben Date: 25 Aug 1981 lowe Date 11 Oct 2016 Valid Till 25/10/2021

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

EFFECTIVE DATE

Class 28. Motorcycles =< 200 cc
Class 3 . Motor exclusive ol driver; and other motor vehicles with unlader weight =< 3000kg with =< 7 27 Cet 2011 nearengers, exclusive ol driver; and other motor vehicles with unlader weight =< 2500kg
Class 4 . Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg for the constructed to carry load or passengers and the unladen weight > 2500kg for passengers and the unladen weight > 2500kg for passengers and the unladen weight > 7250kg

NF 428A

6

- 1-1-

S PASS
Employment of Foreign Manbourer Act (Snopler StA)
Republic of Singapure

Employer LEELLOYDS MARINE ENGINEERING FYE LTD

BARRES MARINE



THULASI BIYAYUMAR DITUDAKA DPERATIONS MANAGER



S Past No. Date of Application 0 33984284 02-087 Date of New 4 22-08-2017 Cate of Europ 16-08-2019



L6249101

Service :

VISIT PASS Immigration Regulations

Name THULASI SIVAKUMAR



| Date of Birth | Soil | Patientality | 1806AN |

MULTIPLE JOURNEY VISA ISSUED





Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999

1 014 Report No. T/20181127/2086

REPORT	OF A TRAFFI	CACCIDENT	100000000000000000000000000000000000000		
	ne Report N 018 16:16	Made:	Vide Report No.:	Station Diary No.: 27	
Informa	nt's Partic	ulars			
	f Informant: SI SIVAKUN		Address: APT BLK 647 JURONG SINGAPORE 640647	WEST STREET 61 #06-158	
ID Type / ID No.: FIN NO / G5964473X		Contact No.: Home/Office: Mobile: 96441544			
National INDIAN	ity:	8	Email:		
Sex: Male	[17] [18] [18] [18] [18] [18] [18] [18] [18		Type of Informant: Driver		
Race:			Language: Institution / School Name English		
Occupation: MANAGER			Driving Licence Informati Class: 2B,3,4	on: Date of Expiry: 26/10/2021	

Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 23/11/2018 15:50	99	Type of Location Straight Road
Location: Along Road 1 HARBOUR D	RIVE			(d)		: 5 ;
Weather: Drizzling		0.000	Road Surface: Wet		Road Speed Limit:	
Traffic Flow:		Tra	Traffic Control:		Traffic Volume:	
Type of Collis		d To Rear			Anyor	ne conveyed by

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD4933L	Lorry				Seriously Damaged	2
PA9330T	Bus/Coach/Mi				Seriously Damaged	

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





Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999

CONTINUATION OF REPORT

			2014	
Report	No. T	/20181	127/2086	

Passenger			_		Kills and Market So
Name	KRISHNAN SUNDARAM DINE	SH KANNA	ID No.		G5093620T
Related Vehicle	GBD4933L (Lorry)		Contact No.		NIL
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Davis gran	ted Medical Leave NIL	Degree of		NIL	
Driver	ECO MICCIONI DOSTO	AND SHARE STATE OF	and the same	all ordered	
Name	THULASI SIVAKUMAR	Donald SEATHER WANT	ID No		G5964473X
Related Vehicle	GBD4933L (Lorry)			at No.	96441544
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 2B,3,4 Date of Expiry: 26/10/2021
Date Treatment	NII	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of			T. T.
Passenger		HE TO A PERSON	LAZZE A		
Name	LEE KIM CHONG		ID No	•	S1215261B
Related Vehicle	GBD4933L (Lorry)		Contact No.		96637753
Hospital/Clinic	TRINITY MEDICAL CLINIC		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	24/11/2018	Date Disc		and the second second second	/2018
No of Dave area	ted Medical Leave 04	Degree of			
A STATE OF THE PARTY OF THE PAR	ted Medical Leave 04	Post and a second	SETTINGS SE	ta unitable	
Driver Name	CHEN CHANGQIANG	18.841.3	ID No		G2233805L
Related Vehicle	PA9330T (Bus/Coach/Minibus)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
		scharge NIL			
Date Treatment	NIL	Date Disc	narge	INIT	





Police Station Of Origin: Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

CONTINUATION OF REPORT

Report No. T/20161127/2086

Brief Details.

On 23/11/2018 at about 1550hrs, I was driving my company's lorry along Harbour Drive towards PSA new terminal from West Coast Highway. It was drizzling and the road was wet. I was driving on the left lane at a speed of about 40kph.

Suddenly, I felt a strong impact coming from the rear while travelling along the said road. My reaction was to jam the brake so that my lorry could stop. Due to the impact, the lorry had hit a kerb.

Once the lorry settled down, my boss, who was in the passenger seat alighted from the lorry but lost his balance and fell. I immediately alighted to check on my boss and helped him to stand up. I then check on my other passenger, who was sitting in the middle seat, and he informed he was feeling pain in his neck.

My boss then spoke to the bus driver who claimed that we had stopped in the lane. However, the collision had taken place while we were moving. I then exchanged particulars with the Chinese bus driver and we went our own ways.

Due to the impact the back of the lorry was damaged. The front part of the bus was also damaged as a result.

My boss had sought treatment the next day and was given 2 days MC. He later gotten 2 more days of MC as he was still feeling unwell then.

As for my other passenger and myself, we have not seek any medical treatment. I am still feeling slight pain at the back of my head and neck area. I will seek medical treatment should the pain persist any further.

I wish to state that my boss noticed the bus has an in-vehicle camera installed.





Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999

4 of 4 Report No. T/20181127/2086

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: D / Sgt 2 PAY ZHIQIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2018 16:16
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NeifE 1 SIGGET SIE NEIGE PORCE SIGNE	





Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999 1 of 4 Report No. T/20181127/2056

REPORT	DE A TRAFFI	CACCIDENT		1200			
	ne Report N 18 13:53	Made:	Vide Report No.:	Station Diary No.; 11.			
Informa	nt's Partic	ulars	A CONTRACT OF STREET				
	Informant:		Address: 1 CAMDEN PARK SINGAPORE 299791				
	/ ID No.: D / S12152	61B	Contact No.: Home/Office:	Mobile: 96637753			
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Male	Age: 62	Date of Birth: 07/11/1956	Type of Informant: Passenger				
Race: Chinese			Language: Institution / School Nam English				
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: Date of Expiry:				

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2018		Type of Location Straight Road	
Location: Along Road 1- HARBOUR DI		- S		Na.		
y realist.		Road Surface Wet		35	Road Speed Limit:	
Traffic Flow:		Traffic Control		Tra	Traffic Volume:	
Type of Collisi Between Movi	on: ng Vehicles - Hea	d To Rear		0.000	one conveyed by bulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD4933L	Lorry					0 .
PA9330T	Bus/Coach/Mi					0

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





9/05

Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 SI 2 of 4 Report No: T/20181127/2056

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

CONTINUATION OF REPORT

Driver	第一次以下,在一种里面的一种	Season and the of	1935-961	Sec.	A Spanistivity
Name	THULASI SIVAKUMAR		ID No		G5964473X
Related Vehicle	GBD4933L (Lorry)		Contact No.		96441544
Hospital/Clinic	NIL .		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	
Passenger				A House	
Name -	LEE KIM CHONG	iti	ID No		S1215261B
Related Vehicle	GBD4933L (Lorry)	Contact No.		96637753	
Hospital/Clinic	TRINITY MEDICAL CLINIC		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	24/11/2018	Date Disch	narge	24/11	/2018
	ted Medical Leave 04	Degree of			
Driver			910941	1100	
Name	CHEN CHANGQIANG		ID No		G2233805L
Related Vehicle	PA9330T (Bus/Coach/Minibus)		Conta	ct No.	NIL
Hospital/Clinic	NIL .		Class Drivin Licens Expiry	g	Class: NiL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL	
	ted Medical Leave NIL	Degree of	Injume	NIL	

Brief Details.

On 23/11/2018 at about 1550hrs, we were travelling along Harbour Drive towards the PSA New Terminal from West Coast Highway. We were travelling about 40kph.

While travelling along the said road, I suddenly felt a strong impact from the rear. Due to the impact, the lorry (which I was in) hit the road kerb and we stopped after a distance. Due to the impact, I was momentarily blacked out and suddenly felt pain in the back of my head, neck and shoulder and upper back area. I was also bleeding from the inside of my upper lip. I tried to get down to see what happened. When I alighted from the lorry, I could not balance and fell down as I was still feeling giddy.

When I managed to regain my composure, I got up and realized that a bus had rear ended our lorry. I spoke to the bus driver and he claimed that we had stopped along the road. I told him that we did not





Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 S 3 of 4 Report No. T/20181127/2856

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

CONTINUATION OF REPORT

stop. My driver then exchanged particulars with the bus driver. After that, we then went on our own ways. I was unable to continue working due to the giddiness caused by the impact.

On 24/11/2018, I was still feeling unwell and went to see a doctor. I was given 2 days MC initially.

On 26/11/2018, I went back to the clinic and informed that doctor that I was still feeling unwell. I was given 2 more days of MC.

I wish to state that, I noticed that the bus has camera installed. Our long has tracking system which shows that our long was traveiling at about 42kph before being rear ended by the bus.





Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999

4 06 4 Report No. 7/20181127/2056

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

	_
Signature Of Officer Recording The Report: D / . Sgt 2 PAY ZHIQIN	Signature
Signature Of Interpreter: Not applicable	Date/Tim 27/11/20
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH	Classific

\$11.28

Contact No.: 65476204
Authentication Stamp
NP185 3. SIMENPORE
POLICE FORES

Signature Of Informant: 18 13:53 ation Of Case:



Industrial Vehicles. 20,000 Served. And Counting.

GOLDBELL ENGINEERING PTE LTD

10 Tuas Avenue 18 Singapore 536894
Tel: +65 6861 0007 Fax +65 6861 3676 (Sales)
Fax +65 6863 0425 (Service) +55 6862 1347 (Parts)
Website: www.goldbell.com.sg
Co. Ring No. 158003863G

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		ESTIMATI					
Date	:	26/11/2018	Reg No	:	GBD49	933L	
То	:	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	Model	:	CABST	AR 3.0 5M/T	8
Attn.	:		Chassis No		JN1SC	2F24Z08566	17
Office / Mobile	:		Engine No	:	ZD303	342608K	
Email Address	:		Quotation No. : 76627				
			Ref. No.	:	GBE/S	VC/SALES	
From	:	GOLDBELL ENGINEERING PTE LTD	D.O.A.	:	23/11	/2018	
Attn.	:	ANDYOOILK	Policy No.	:	DMCP	HQ18-00683	0
Office / Mobile	:	+65 67730073	Claim Type	:	THIRD	PARTY CLAI	M
Email / Fax No.	:	AndyOoiLK@goldbell.com.sg	Workshop	•	PANDA	AN	
S/N Part No		<u>Description</u>	Qty	U/Pri	ce <u>%</u>	Net Price	Ext Price
1		TAILGATE PANEL	1 1	1,688.	40 -10	1,519.56	1,519.56

S/N	Part No	Description		Q	ty	U/Price	9/6	Net Price	Ext Price
1	e Personal Compa	TAILGATE PANEL	tu-		1	1,688.40	-10	1,519.56	1,519.56
2		TAILGATE PANEL S	SIDE LOCK CATCH RH	1	1	172.80	-10	155.52	155.52
3		REAR END PANEL	24/	_ :	1	886.40	-10	797.76	797.76
4		REAR END PANEL	LOWER BRACKET RH		1	138.50	-10	124.65	124.65
5		REAR END PANEL	LOWER STEP BAR RH M	/	1	795.80	-10	716.22	716.22
6		TAILLAMP ASSY R			1	206.70	-10	186.03	186.03
7		TAILLAMP ASSY S	UPPORT BRACKET RH 🅦		1	165.40	-10	148.86	148.86
8		TAILGATE PANEL I	LOWER HINGE ASSY 14/		1	115.70	-10	104.13	104.13
				PA	RTS	TOTAL:			3,752.73
SPEC	IAL NETT ITEMS								_ /
1		REAR -70 KM S	STICKER MA	1				/.	25.00
2		REAR -13 PAX	STICKER M	1				(3	25.00
3			EL -TEL & FAX NUMBER	1				20	380.00
4		TAILGATE INNI PLATE 194	ER ALUMINIUM CHROME	1				Yw	480.00
				PARTS	S TOT	AL:	_		910.00
LABO	UR CHARGES								_
1		PARTS ,CUT,W	REPLACE DAMAGED ELD,PANEL BEAT & REALIGN ,ETC					$((\infty$	1400.00
2		TO PUTTY ,CLE	AN ,SPRAY PAINT & FECTED AREAS					80	1000.00
3		TO CHECK & R	EPAIR WIRING SYSTEM					3	• 50.00
4		RUST PROOFIN	IG						80.00
				LABO	OUR T	OTAL:			2,530.00
				SUB-	тот.	AL:			7,192.73
				GST	@ 79	% for \$ 7,1	192.7	3	503.49
				GRA	ND T	OTAL (S	\$):		7,696.22







Industrial Vehicles. 20,000 Served. And Counting.

GOLDBELL ENGINEERING PTE LTD

10 Tuas Avenue 18 Singapore 638894 Tel: +65 6861 0007 Fax: +65 6861 3676 (Sales) Fax: +65 6863 0425 (Service) +65 6862 1347 (Parts) Website: www.goldbell.com.sg Co. Reg. No. 198003963G

Page

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ESTIMATE

Date : 26/11/2018

To : CHINA TAIPING INSURANCE

(SINGAPORE) PTE. LTD.

Attn.

Office / Mobile :

Email Address

: GOLDBELL ENGINEERING PTE LTD From

Attn. : ANDYOOILK Office / Mobile : +65 67730073

Email / Fax No. : AndyOoiLK@goldbell.com.sg

Reg No : GBD4933L

Model : CABSTAR 3.0 5M/T

: JN1SC2F24Z0856617 Chassis No

Engine No : ZD30342608K

Quotation No. : 76627

Ref. No. : GBE/SVC/SALES D.O.A. : 23/11/2018

Policy No. : DMCPHQ18-006830

Claim Type : THIRD PARTY CLAIM

Workshop : PANDAN

PREPARED BY : ANDYOOILK

DATE / TIME :

SURVEYOR : 90010068 MOBILE NO :

OFFICE FAX NO : _

EMAIL ADDRESS :

EXCESS AMOUNT :

PART-BY-PART / (LUMPSUM) REPAIR TYPE :

AUTHORISATION : AUTHORISED / NOT AUTHORISED

BEFORE PAINT AFTER PAINT RE-SURVEY:

NO. OF DAYS :

REMARKS :

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 Ropairer









Industrial Vehicles. 20,000 Served, And Counting.

GOLDBELL ENGINEERING PTE LTD

10 Tuas Avenue 18 Singapore 538894

Tel: +65 6861 0007 Fax: +65 6861 3676 (Sales)

Fax: +65 6863 0425 (Service) +65 6862 1347 (Parts)

Website: www.goldbell.com.sg

Co. Reg. No.: 198003983G

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ESTIMATE Reg No GBD4933L Date 26/11/2018 Model CABSTAR 3.0 5M/T CHINA TAIPING INSURANCE To (SINGAPORE) PTE. LTD. Chassis No JN1SC2F24Z0856617 Attn. : **Engine No** ZD30342608K Office / Mobile : Quotation No. 76627 **Email Address** Ref. No. GBE/SVC/SALES D.O.A. 23/11/2018 GOLDBELL ENGINEERING PTE LTD From Policy No. DMCPHQ18-006830 ANDYOOILK Attn. Claim Type THIRD PARTY CLAIM +65 67730073 Office / Mobile : Workshop PANDAN Email / Fax No. AndyOoiLK@goldbell.com.sg **U/Price** % Net Price **Ext Price** Oty Description 5/N Part No TAILGATE PANEL TO -1,519.56 1,519.56 1,688.40 -10 1 1 TAILGATE PANEL SIDE LOCK CATCH RH 172.80 -10 155.52 155.52 1 2 REAR END PANEL 94/ 797.76 797.76 -10 886.40 3 1 REAR END PANEL LOWER BRACKET RH 124.65 -10 124.65 138.50 4 REAR END PANEL LOWER STEP BAR RH 795.80 -10 716.22 716.22 5 TAILLAMP ASSY RH CA-186.03 186.03 1 206.70 -10 6 148.86 148.86 TAILLAMP ASSY SUPPORT BRACKET RH 76 165,40 -10 7 104.13 104.13 115.70 -10 8 TAILGATE PANEL LOWER HINGE ASSY #/ PARTS TOTAL : 3,752.73 SPECIAL NETT ITEMS REAR -70 KM STICKER MA 25.00 1 REAR -13 PAX STICKER *** 25.00 1 2 380.00 TAILGATE PANEL -TEL & FAX NUMBER 3 STICKER ASSY ~ / TAILGATE INNER ALUMINIUM CHROME 1 14 PLATE PARTS TOTAL: 910.00 LABOUR CHARGES TO REMOVE & REPLACE DAMAGED 1 PARTS , CUT, WELD, PANEL BEAT &STRAIGHTEN & REALIGN ,ETC TO PUTTY , CLEAN , SPRAY PAINT & 2 POLISH ON AFFECTED AREAS 3 TO CHECK & REPAIR WIRING SYSTEM 80.00 RUST PROOFING 2,530.00 LABOUR TOTAL: SUB-TOTAL : 7,192,73 503.49 GST @ 7% for \$ 7,192.73 GRAND TOTAL (S\$): 7,696.22





Industrial Vehicles. 20,000 Served, And Counting.

GOLDBELL ENGINEERING PTE LTD

10 Tuas Avenue 18 Singapore 638894 Tel: +65 6861 0007 Fax: +65 6861 3676 (Sales) Fax: +65 6863 0425 (Service) +65 6862 1347 (Parts) Website: www.goldbell.com.sg Co. Rep. No.: 198003963G

Page

2/2

ESTIMATE

Date

: 26/11/2018

To

CHINA TAIPING INSURANCE

(SINGAPORE) PTE. LTD.

Attn.

Office / Mobile :

Email Address

From

: GOLDBELL ENGINEERING PTE LTD

Attn.

: ANDYOOILK +65 67730073

Office / Mobile :

Email / Fax No. : AndyOoiLK@goldbell.com.sg

Reg No

: GBD4933L

Model

CABSTAR 3.0 5M/T

Chassis No

: JN1SC2F24Z0856617 : ZD30342608K

Engine No Quotation No.

: 76627

Ref. No.

: GBE/SVC/SALES

D.O.A.

: 23/11/2018

Policy No.

: DMCPHQ18-006830

Claim Type

: THIRD PARTY CLAIM

Workshop

: PANDAN

PREPARED BY : ANDYOOILK

SURVEYOR

MOBILE NO :

OFFICE FAX NO : __ EMAIL ADDRESS :

EXCESS AMOUNT : REPAIR TYPE :

AUTHORISATION :

RE-SURVEY :

NO. OF DAYS :

REMARKS :

PART-BY-PART / LUMPSUM

AUTHORISED / NOT AUTHORISED

BEFORE PAINT AFTER PAINT

P- 3752 -73-

S/H - 630-00

LABOUR - 1990-00

6372.23 -20%

4/5 5100-00

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

Lo illegal modification(s) is allowed

 Supplementary item(s) must be resurveyed and is subject to frial approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:





LKK Auto Consultants Pte Ltd (Co. Reg. No: 199607198R)

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

Singapore 408933

Email: sur@lkkauto.com;assignments@lkkauto.com Tel: 6256-3561 Fax: 6844-8805

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/CTI18021692/R1SBN2

Date:

17/12/2018

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMB1SN1646751802

Claimant

GBD4933L

Insured Vehicle PA9330T

Vehicle No: Date of Loss:

23/11/2018

No: Nature of

Claim:

TP

Claim No:

SNM18D05521C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

GBD4933L

NISSAN CABSTAR, 3.0 5M/T ABS 2DR 2WD

Engine No:

ZD30342608K

64792 km

Make & Model: Reg. Date:

EURO 5 (A) 20/11/2014 (Man. Year: 2014)

Chassis No: Odometer:

JN1SC2F24Z0856617

Colour:

White

Engine Capacity: Market Value/New Car 2953 cc

Price:

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable): Yes Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable):

CONDITION OF TYRES

195/70R15C

Rear Tyre Size:

155 R13 (D)

Front Tyre Size: Front Left Side:

Yokohama 7 mm

Rear Left Side: Rear Right Side: Yokohama 6/6 mm Yokohama 6/6 mm

Front Right Side: Yokohama 7 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's 4.382.73	Difference 280.00	Diff % 6.01
Parts	4,662.73 0.00	0.00	0.00	0.01
Miscellaneous Items Labour	2,530.00	1,990.00	540.00	21.34
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	7,192.73	6,372.73	820.00	11.40
Approved Total (Overridden) (S\$)		5,100.00	\$ CP\$(17% CP.C.) \$2.00	
(S\$)	7,192.73	5,100.00	2,092.73	29.10
+ GST 7.00/7.00% (S\$)	503.49	357.00	146.49	29.09
Nett Amount (S\$)	7,696.22	5,457.00	2,239.22	29.10

INSPECTION

Date of Assignment:

03/12/2018

Date Inspected:

04/12/2018 Inspected At:

Goldbell Engineering Pte Ltd (Pandan) Blk K, Pandan Loop Industrial Estate,

#01-12

Singapore 128219

Estimated Period of Repair:

9.0 days

Adjuster: MOHD RASUL

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

4,382.73

REPAIR DETAILS

Referen	ce				
Part Source:		(Last Synchronised: 17 Dec 2018)			
Parts:	N/A	NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 (A) (Model not available in database)			
Labour:	Repairer's	(Price-denominated Standard List)			
Print Code:	(Unsubmitted	d, no print-code for GBD4933L)			
Validity:	These estimates numbers with	ates are valid only if they contain the print code (above) on all estimate pages, running page in the END OF ESTIMATES marker on the last estimate page			
Further Info	: Items/values	not in reference catalogue are prefixed with an asterisk *.			

No.	Qty	Part No. Particulars	Condition F	Repairer's	Amount
1	1	*TAILGATE PANEL	Buckled	1,688.40 FL	*1,688.40 FL
2	1	*TAILGATE PANEL SIDE LOCK CATCH RH	Bent	172.80 FL	*172.80 FL
3	1	*REAR END PANEL	Bent	886.40 FL	*886.40 FL
4	1	*REAR END PANEL LOWER BRACKET RH	Bent	138.50 FL	*138.50 FL
5	1	*REAR END PANEL LOWER STEP BAR RH	Bent	795.80 FL	*795.80 FL
6	1	*TAILLAMP ASSY RH	Cracked	206.70 FL	*206.70 FL
7	1	*TAILLAMP ASSY SUPPORT BRACKET RH	Deformed	165.40 FL	*165.40 FL
8	1	*TAILGATE PANEL LOWER HINGE ASSY	Bent	115.70 FL	*115.70 FL
9	1	*REAR -70KM STICKER	Necessary	25.00 FS	*15.00 FS
10	1	*REAR -13 PAX STICKER	Necessary	25.00 FS	*15.00 FS
11	1	*TAILGATE PANEL-TEL & FAX NUMBER STICKER ASSY	Necessary	380.00 FS	*200.00 FS
12	1	*TAILGATE INNER ALUMINIUM CHROME PLATE	Bent	480.00 FS	*400.00 FS
F=Fra	inchise	part. S=SpcNett. L=ListItemDisc.	-		
		Sub	Total (S\$)	5,079.70	4,799.70
		- List Item Discount on L Items 10.00/1	0.00% (S\$)	416.97	416.97

Report was unsubmitted during this print-out.

Total Parts (S\$) 4,662.73

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	TO REMOVE & REPLACE DAMAGED PARTS, CUT, WELD, PANEL BEAT & STRAIGHTEN & REALIGN, ETC	New	1,400.00	1,100.00
2	TO PUTTY, CLEAN, SPRAY PAINT & POLISH ON AFFECTED AREAS	New	1,000.00	800.00
3	TO CHECK & REPAIR WIRING SYSTEM	New	50.00	30.00
4	RUST PROOFING	New	80.00	60.00
	Gross La	bour Cost (S\$)	2,530.00	1,990.00
	Report was unsubmitted	during this print-out.		

< END OF ESTIMATES >