

T00012001

ASS. REC. BY

REF CS3/III 18022972/GSD3^{OR-1}

Surveyor

From (Person)

Estimated Cost

Bill to:

OD (TP) WS / TP RES / OD RES / EVA / INV / MV / GS

To Inspect Vehicle No.

at Workshop m/s

of

Policy No.

Sum Insured:

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time:

Person Contacted:

Vehicle

H.O.D. Endorsement

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

Date/Time

Action/Instruction (X) Estimate

Date/Time

Action/Instruction (X) Estimate

Date/Time

Action/Instruction (X) Estimate

Date/Time

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Date/Time

Action/Instruction (X) Estimate

Date/Time

Action/Instruction (X) Estimate

Date/Time

Action/Instruction (X) Estimate

Guo Qiang
Gubriel Wee

ASSIGNMENT (Office)

of III

Date/Time: 06/03/19 @ 8.47pm

FBF 6093L

Insured: SHA 3314 A

Gp Motoring

Tel: 6746 4240 / 9061 8091

282 Macpherson Road

MCOM0015

Claim No: MCT 18120539

Excess:

D.O.A. 18/12/2018

CA / REV / REP. / REV 24 HRS

Date/Time: 9.44am @ 24/12/18

Person Contacted: Mr. Ken

H.O.D. Endorsement

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	FBF 6093L - X
	SHA 3314 A - NA / INC 14019613/d2
	Dismantle: 27/12/2018 @ 2.10pm
	\$1900, 3D Mys.
	(\$500/- 21%)
	5/4/2019

RECEIVED 05 APR 2019

260 ± 10 =

PRS
X29

REF: III

6910 H

ASSIGNMENT

From:

Date: 24/12/18

Estimated Cost

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

To Inspect Vehicle No

FBF 6093L

at Workshop m/s

Gp Motoring

of

282 Macpherson Road

Insured

Policy No.

Claims No

Sum Insured

Excess

(Client's Record)

Make of Veh:

Before 3pm
Mr. Ken @ 9061 8091

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value

IDAC Accident Report

Consistent? Yes or No

GIA / PR Seen

Consistent? Yes or No

Est. Repairs:

3 days Res: Yes or No

Lum Sum:

20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

1up

Date:

Person Contacted

Vehicle: IN / OUT

Veh No

FBF 6093 C 23 Sep 2011

Type: M. Car / M. Goods / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

Yamaha RXZ

C.C. 133

Colour

Blue

A/C Insured / Std / NI / NA

Sp. Reading

97902

T/Radio: Insured / Std / NI / NA

Eng/No

C/N

PMYSPV100A 0033732

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ino / Jammed / Leaked / Burnt or

Brake: Ino / Jammed / Leaked / Burnt or

Modi: M / S/Rim / STD A/Rim or

Tyre Size:

F: 80/80-18

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

5 mm

R/Bal.

5 mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I

Survey held at

w/s

24-12-18

1:15 pm

Des. of Damages: Fr / Rear / D/S / N/S / UIC / Rooftop or

and

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

\$2000 - \$3000

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + R5 \$

Photos

Others

1

TOTAL

Add Fee:

☐ Site Insp (\$

☐ Interview (\$

☐ Tech Invs (\$

☐ Weekend (\$

Report Format :

PRS

Lump Sum / I.B.I: (\$

20

10

30

Catherine Chong (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Wednesday, 6 March, 2019 8:47 PM
To: Admin-D (LKKAuto)
Cc: SUR; Olivia Lau (LKKAuto); Pooi Chin Han Daniel; Mekavathanan Sarangapani
Subject: RE: MCT18120559

Dear Sir/Mdm,

Rights granted in Merimen for the above LOD. Kindly proceed with the paper survey.

TP Veh No. : **FBF6093L**

Warmest regards,

Stanley Lai

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

S&P 'A-' rated Company



From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Wednesday, 6 March, 2019 5:13 PM
To: Mekavathanan Sarangapani <mekavathanan@iii.com.sg>
Cc: SUR <sur@lkkauto.com>; Olivia Lau (LKKAuto) <olivialau@lkkauto.com>; Pooi Chin Han Daniel <danielpooi@iii.com.sg>; Stanley Lai <stanley.lai@iii.com.sg>
Subject: RE: MCT18120559

Dear Sir/Madam,

Thank you for the assignment.

Kindly provide the document(GIA report, LOD, color photograph)

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Mekavathanan Sarangapani
Sent: Wednesday, 6 March 2019 4:58:02 PM (UTC+08:00) Kuala Lumpur, Singapore

Me7/1812 0337

	RESERVES			
	TPPD	PRESERVE		
	TPPI	PRESERVE		
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN		RS	
	INVESTIGATION FEE			
	SURVEY FEES			
	LEGAL FEES			
	OTHERS			
	FRAUD CHECK			
	UPLOAD TO MERIMEN			
	GRANT RIGHTS			

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0273
DESTINATION ADDRESS 965365368
SUBADDRESS
DESTINATION ID
ST. TIME 06/03 18:43
TX/RX TIME 00' 19
PGS. 1
RESULT OK

FAXED
06 MAR 2019
MOTCLM DEPT.



JusEquity Law Corporation

ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS

171 Chin Swee Road #02-08 CES Centre Singapore 169877
Telephone (65) 6536 9339, Fax: (65) 6536 5368 (Litigation)
Email: claims@juseq.com.sg Website: www.juseq.com.sg

Our Ref: JEQ/180988/1218/GP

Writer's Name: Micheal Yap

Your Ref: SHA3314A

22 February 2019



INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street
#04/05 IOB Building
Singapore 049711

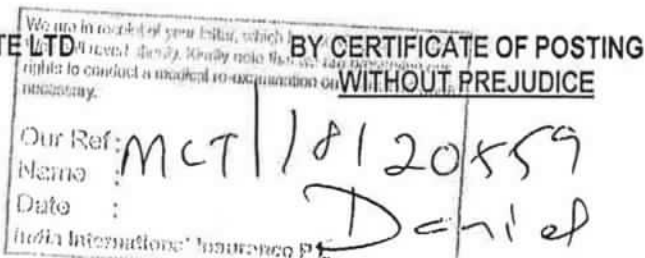
Attn: Motor Claims Dept

**BY HAND
WITHOUT PREJUDICE**

COMFORT TRANSPORTATION PTE LTD

383 Sin Ming Drive
GAS Building
Singapore 575717

Dear Sirs



**PROPERTY DAMAGE CLAIM ARISING FROM ACCIDENT INVOLVING VEHICLE FBF6093L
AND SHA3314A ALONG CHUA CHO KANG AVE 5 ON 18 DECEMBER 2018.**

We act for Mr. Muhammad Faris Bin Jumat, the owner of motor vehicle no. FBF6093L, in his claim for damages as a result of the above accident.

We are instructed that on the 18 December 2018, the driver of your insured motor vehicle no. SHA3314A so negligently drove, managed and controlled the said motor vehicle that he caused or permitted the same to collide into our client's motor vehicle no FBF6093L.

The said collision was solely caused by the negligence of the driver of your insured motor vehicle no. SHA3314A



JusEquity Law Corporation

ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS

171 Chin Swee Road #02-06 CES Centre Singapore 169877
Telephone (65) 6536 9339, Fax : (65) 6536 5368 (Litigation)
Email : claims@juseq.com.sg Website: www.juseq.com.sg

Our Ref: JEQ/180988/1218/GP

Writer's Name: Micheal Yap

Your Ref: SHA3314A

22 February 2019



INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street
#04/05 IOB Building
Singapore 049711

Attn: Motor Claims Dept

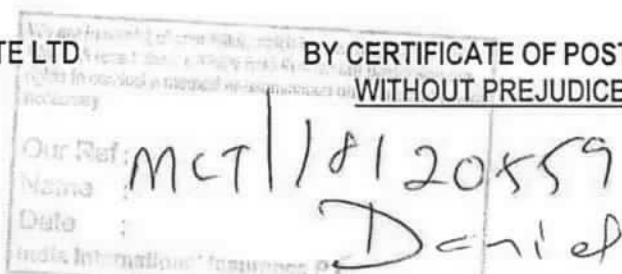
**BY HAND
WITHOUT PREJUDICE**

COMFORT TRANSPORTATION PTE LTD

383 Sin Ming Drive
GAS Building
Singapore 575717

**BY CERTIFICATE OF POSTING
WITHOUT PREJUDICE**

Dear Sirs



**PROPERTY DAMAGE CLAIM ARISING FROM ACCIDENT INVOLVING VEHICLE FBF6093L
AND SHA3314A ALONG CHUA CHOA KANG AVE 5 ON 18 DECEMBER 2018.**

We act for Mr. Muhammad Faris Bin Jumat, the owner of motor vehicle no. FBF6093L, in his claim for damages as a result of the above accident.

We are instructed that on the 18 December 2018, the driver of your insured motor vehicle no. SHA3314A so negligently drove, managed and controlled the said motor vehicle that he caused or permitted the same to collide into our client's motor vehicle no FBF6093L.

The said collision was solely caused by the negligence of the driver of your insured motor vehicle no. SHA3314A.

As a result of the said collision, our client has suffered loss and damage which are set out hereunder as follows: -

A Damages

a. Cost of repairs	\$	2,400.00
b. Loss of use for 7 days at \$50 per day	\$	350.00

CONFIDENTIALITY CAUTION

This message is intended only for the use of the individual or entity to whom it is addressed and contains information that is privileged and confidential. If you, the reader of this message, are not the intended recipient, you should not disseminate, distribute or copy this communication. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address at our expense. Thank you.

B	Disbursements		
	a. Search Fee LTA	\$	7.49
	b. Automobile Inspection report	\$	468.00
C	Cost with GST (at this stage)	\$	749.00

We enclose herewith copies of the following documents in support of our client's claim: -

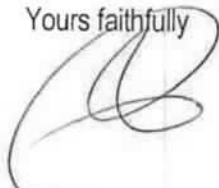
- a) Police/ GIA reports with sketch plan lodged by the rider of our client's vehicle;
- b) LTA Search Result ;
- c) Final repair bill from GP Motoring Pte Ltd;
- d) Automobile Inspection Report & Invoice from C L Appraiser Pte Ltd;
- e) Sixty eight (68) colour/ non-colour photographs depicting the damage to our client's motor vehicle no. FBF6093L.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all enclosed documents to your insurer.

Please note that you as insurers / owner should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured(s) / you without further notice to you.

Please also note that if you have a counterclaim against our clients arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully



Enc.
cc client



GP Motoring Pte Ltd

282 Macpherson Road,
Singapore 348607

T : 65-6746 4240 F : 65-6746 4596
Email : gpmotoring@gmail.com

INVOICE

Accident Date :	18 December 2018	Invoice Date :	23 January 2019
Vehicle Reg No. :	FBF 6093 L		
Model :	Yamaha RXZ		
Owner :	Muhammad Faris Bin Jumat C/o: GP Motoring Pte Ltd 282 Macpherson Road, Singapore 348607		

DESCRIPTION

AMOUNT (S\$)

Lump sum repair cost as per
surveyor report recommendation :

\$ 2,400.00

Singapore Dollars: Two Thousand And Four Hundred Only

CL APPRAISER PTE LTD

24 Penshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

INVOICE

Muhammad Faris Bin Jumat
C/o: GP Motoring Pte Ltd
282 Macpherson Road,
Singapore 348607

Invoice No: CL/190099

Ref No: GPM/12/1803/TP

Date: 23 January 2019

DESCRIPTION	AMOUNT
OUR SERVICE FEE CHARGES:	
<ul style="list-style-type: none">SURVEY INSPECTION FOR VEHICLE NO. <u>FBF 6093 L</u>RESURVEY INSPECTIONDIGITAL PHOTOGRAPHS SERVICES (INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)TRANSPORTATION	
GRAND TOTAL	S\$ 468.00

E & O. E

All cheque payment should be "Crossed" and made payable to "CL APPRAISER PTE LTD"

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd

CL APPRAISER PTE LTD

24 Penshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Muhammad Faris Bin Jumat
C/o: GP Motoring Pte Ltd
282 Macpherson Road,
Singapore 348607

Date : 23 January 2019
Our ref : GPM/12/1803/TP

Accident Date : 18 December 2018
Inspection Date : 20 December 2018
Repairer Name : GP Motoring Pte Ltd
282 Macpherson Road,
Singapore 348607

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No : FBF 6093 L
Make / Model : Yamaha RXZ
Chassis No : PMY5PV100A0033732
Engine No : 5PV033732

Year / Capacity : 2011 / 133 cc
Colour : White
Mileage : 97902

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front	: Dunlop	80/80 -18	5 mm	Sport
Rear	: Dunlop	80/80 -18	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the front and o/s portion.
(Details refer to the photographs attached)

Enclosed number of photographs: 68 copies

REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis
and we have not given authorization and instruction to the repairer to proceed with the repair

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$ 2,400.00** on a contractual basis.

Under normal circumstances, the repair period would be about 5 (Five) working days.

SCL APPRAISER PTE LTD

Vehicle Registration No: FBF 6093 L

Our Ref No: GPM/12/1803/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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SPARE PARTS - LIST ITEMS

1	Front fender	Damage	\$ 65.00	\$ / 65.00
2	Fork inner tubes	Damage	\$ 210.00	\$ / 210.00
2	Fork outer tubes	Damage	\$ 220.00	\$ / 220.00
1	Fork under bracket	Damage	\$ 145.00	\$ / 145.00
1	Front brake disc	Damage	\$ 135.00	\$ / 135.00
1	Front brake cable	Damage	\$ 38.00	\$ / 38.00
1	Front sport rim	Damage	\$ 280.00	\$ X 280.00 <i>NN</i>
1	Front rim shaft	Necessary	\$ 38.00	\$ / 38.00
1	Top cowling	Damage	\$ 85.00	\$ / 85.00
1	Windshield	Damage	\$ 32.00	\$ / 32.00
1	Lampstay	Damage	\$ 50.00	\$ / 50.00
1	O/s side mirror	Damage	\$ 35.00	\$ / 35.00
2	Handle bars	O/S Damage	\$ 136.00	\$ / 68.00
2	Handle bar ends	Damage	\$ 36.00	\$ / 36.00
1	Brake lever	Damage	\$ 25.00	\$ / 25.00
1	Clutch lever	Damage	\$ 25.00	\$ / 25.00
1	Meter assy	Damage	\$ 420.00	\$ / 420.00
1	Fuel tank	Repair	\$ 400.00	
1	Front o/s footrest	Damage	\$ 32.00	\$ / 32.00
1	Front o/s footrest bracket	Damage	\$ 55.00	\$ / 55.00
1	Brake pedal	Damage	\$ 32.00	\$ / 32.00
1	Exhaust assy	Damage	\$ 450.00	\$ / 450.00
1	Rear o/s tailboard	Damage	\$ 70.00	\$ X 70.00 <i>NN</i>
			\$ 3,014.00	\$ 2,546.00 <i>2196</i>
			Less 10%	\$ 301.40 \$ 254.60
Total Cost - List Items			\$ 2,712.60	\$ 2,291.40 <i>1976.4</i>

SPECIAL NETT ITEMS

1	Number plate (1 set)	Damage	\$ 28.00	\$ 28.00 /
2	Fork oils	Necessary	\$ 30.00	\$ 30.00 /
2	Fork oil seals	Necessary	\$ 56.00	\$ 56.00 /
1	Steering cone (1 set)	Necessary	\$ 75.00	\$ 75.00 /
1	Front tyre (Depreciation)	Damage	\$ 100.00	\$ X 50.00 <i>NN</i>
Total Cost - Special Nett items			\$ 289.00	\$ 239.00 <i>189</i>

Total cost of parts	\$ 3,001.60	\$ 2,530.40
----------------------------	-------------	-------------

Vehicle Registration No: FBF 6093 L

Our Ref No: GPM/12/1803/TP

S/No	Description	Repairer's Estimate	Revised Amount
	Total cost of parts c/f	\$ 3,001.60	\$ 2,530.40

LABOUR

1	To provide towing service.	\$ 50.00	\$ 50.00 40
2	To check electrical system, wire harness and focus headlamp.	\$ 80.00	\$ 50.00 20
3	To provide labour charges, workmanship to dismantle above damaged parts ; re-align body structure and damaged consistent to the accident.	\$ 380.00	\$ 320.00 180

GRAND TOTAL

\$ 3,511.60	\$ 2,950.40
--------------------	--------------------

2405.4
20%: 1900

Vehicle Registration No: FBF 6093 L

Our Ref No: GPM/12/1803/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 2,400.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deem to be vaild.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser

Enquire Vehicle & Owner Information (Vehicle No. SHA3314A As At 18 Dec 2018 / 23:20:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: JEQ/FBF6093L/GP/PI

Current Owner Details

Owner ID Type: Company

Owner ID: 199303821R

Owner Name: COMFORT TRANSPORTATION PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 383

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SHA3314A

Make Description/Model: HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR

Insurance Company Name: INDIA INT'L INS PTE LTD



Thank you

Tan Mei Ling has successfully logged out.

Your last login date and time was 21 Dec 2018, 09:39:50.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	SHA3314A	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	21 Dec 2018 / 09:42:43
2	Vehicle	SLW2010U	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	21 Dec 2018 / 09:40:54

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	20/12/2018 14:17
Date Of Accident	18/12/2018 23:20
Exact Location Of Accident	ALONG CCK AVE 5 NEAR 489B CCK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBF6093L
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARIS BIN JUMAT
NRIC No	S9546910H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91750053
Alternative Phone No	OFFICE-91750053
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ-133CC (M)
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	VMO/P2154792
Cover Note Number	
Driver	
Name of Driver	AKID BIN ABDUL WAHAB
NRIC No	S9745569D
Date Of Birth	24/12/1997
Occupation	INDOOR
Date Of Driving Pass	07/03/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94655938
Fax Number	
Contact Number	OFFICE-94655938
Email Address	AKIDGILA@GMAIL.COM

Address	BLK 801C KEAT HONG CLOSE #04-35
Postcode	683801
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20181219/2041. STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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	SHA3314A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

AKID BIN ABDUL WAHAB

Approximate Age

Injuries Sustain

SLIGHT INJURIES

Injured person in which vehicle?

FBF6093L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/ie 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) and a have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Vehicle
A - FRF 6093
B - SHA 3314

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/2018/219/2041

DECLARATION

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

Please be advised that your claim may have a fourteen (14) days clause whereby the claim against your policy must be made within this stipulated time frame from the day of occurrence. Kindly check your policy for more details.

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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181219/2041

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 3

Report No. T/20181219/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2018 12:31		Vide Report No.:		Station Diary No.: 10.
Informant's Particulars				
Name of Informant: AKID BIN ABDUL WAHAB		Address: APT BLK 801C KEAT HONG CLOSE #04-35 SINGAPORE 683801		
ID Type / ID No.: NRIC NO / S9745569D		Contact No.: Home/Office: Mobile: 94655938		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 20	Date of Birth: 24/12/1997	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Delivery Rider		Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others:	Drink Drive: No:	Date/Time of Accident: 18/12/2018 23:20	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG AVENUE 5 Along Choa Chu Kang Avenue 5 towards Choa Chu Kang Avenue 4 near Blk 489B Choa Chu Kang Avenue 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF6093L	Motorcycle	YAMAHA	RXZ	Blue	Seriously Damaged	0
SHA3314A	Car	HYUNDAI	140 CRDI	Blue	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20181219/2041

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

2 of 3

Report No. T/20181219/2041

CONTINUATION OF REPORT

Rider			
Name	AKID BIN ABDUL WAHAB	ID No.	S9745569D
Related Vehicle	FBF6093L (Motorcycle)	Contact No.	94655938
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (CHOA CHU KANG)	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	19/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	HO KEE KIEN	ID No.	S2041876A
Related Vehicle	SHA3314A (Car)	Contact No.	83810998
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/12/2018 at about 11:20pm, I was riding my motorbike (FBF6093L) along Choa Chu Kang Avenue 5 on the extreme right lane near Blk 489B Choa Chu Kang Avenue 5 towards Choa Chu Kang Avenue 4. The traffic light was green, as such I crossed the traffic light junction. Suddenly, I noticed a taxi (SHA3314A), which had been driving on the second lane from the right, filtered onto my lane in an attempt to make an illegal U-turn. As such, I could not stop my motorbike in time and subsequently collided with the right passenger door of the taxi. The collision caused me to fall off on the ground. The taxi stopped after the collision, however moved off and stopped by the roadside. The driver then alighted and approached me, accusing me of speeding. Three passers-by came to assist me and subsequently called for ambulance and traffic police. The taxi driver and myself had a statement recorded from traffic police, however they did not provide me any report number. Thereafter I exchanged particulars with the taxi driver and took photos of the taxi. I am lodging this report for record and insurance claims purposes.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181219/2041

Police Station Of Origin
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

3 of 3

Report No: T/20181219/2041

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:
E /
Sgt 2 LAM YU FEI, DARYL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/12/2018 12:31

Officer In Charge Of Case:
TP / AEIT /
SIANG YI TING, STEPHANIE

Classification Of Case

Contact No: 65476414

SN 069

Authentication Stamp
NP168

SIGNATURE

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9745569D



Name

AKID BIN ABDUL WAHAB

Race

MALAY

Date of birth

24-12-1997

Sex

M

Country of birth

SINGAPORE

29745569D

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9745569D



AKID BIN ABDUL WAHAB

Birth Date: 24 Dec 1997

Issue Date: 07 Mar 2017



4899738

NRIC No. S9745569D



Date of issue

25-10-2012

APT BLK 801C KEAT HONG CLOSE #04-36
SINGAPORE 803801

NRIC No: S9745569D

Date: 18/01/2017 (R)

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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE

07 Mar 2017

FSF 6093L

HP 94655938



Licence No: S9745569D

NP 428A

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

1) Date of accident 8/12/18		2) Exact location of accident Along Oak Ave S near 48th St		3) Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To be signed by BOTH drivers	
4) Material damage To vehicles other than vehicles A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5) Witness' names, address and tel no. (To be completed if there is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			

[illegible]

12 CIRCUMSTANCES
 The following 12 circumstances require the application of the following codes:
 1. **Other Collision**
 2. **Collided into Object**
 3. **Collided into Motorist**
 4. **Collided into the Air Vehicle**
 5. **Collision with Pedestrian**
 6. **Collision with Property**
 7. **Collision with Obstacle (e.g. Gate)**
 8. **Collision with Animal (e.g. Horse)**
 9. **Collision with Person (e.g. Child)**
 10. **Collision with Vehicle (e.g. Car)**
 11. **Collision with Object (e.g. Tree)**
 12. **Collision with Person (e.g. Adult)**

↓ **Registration No.** SHA 334 A
(VEHICLE B)

6 Insured / policyholder (see Insurance card)

10 Name _____
(capital letters)

20 Address _____

30 NRIC / Passport no. _____

40 Tel no. (within Singapore State) _____

50 E-mail _____

60 **7 Vehicle**

70 Make, type _____

80 **8 Insurance company**

90 ☐ C ☐ TPFT ☐ TPD

100 Does the policy cover damage to other's 3rd
110 No ☐ Yes ☐

120 **Policy No. (if available)** _____

130 **9 Driver (See driving licence)**

140 (if different from insured 8 at above)

150 Name _____
(capital letters)

160 NRIC / Passport no. _____

170 Class of licence _____

180 E-mail _____

190 Gender Male ☐ Female ☐

← State TOTAL number of boxes marked with a cross →

19 Indicate the point
of initial impact with
an arrow (→)

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow (→)

1. Vehicle Damage to vehicle &

2. Remarks

125	Signatures of drivers	126	127/4y con
A			B

11 **Visible damage to vehicle B.**

If the event of interest is G , the event of interest is always contained in both A and B , $p \leq \min\{p(A), p(B)\}$.

Do not alter anything until a month after a print
Subsequently, each shop must take one copy

For course's textbook: *Statistics* (Part II) see overview →

Individual Statement

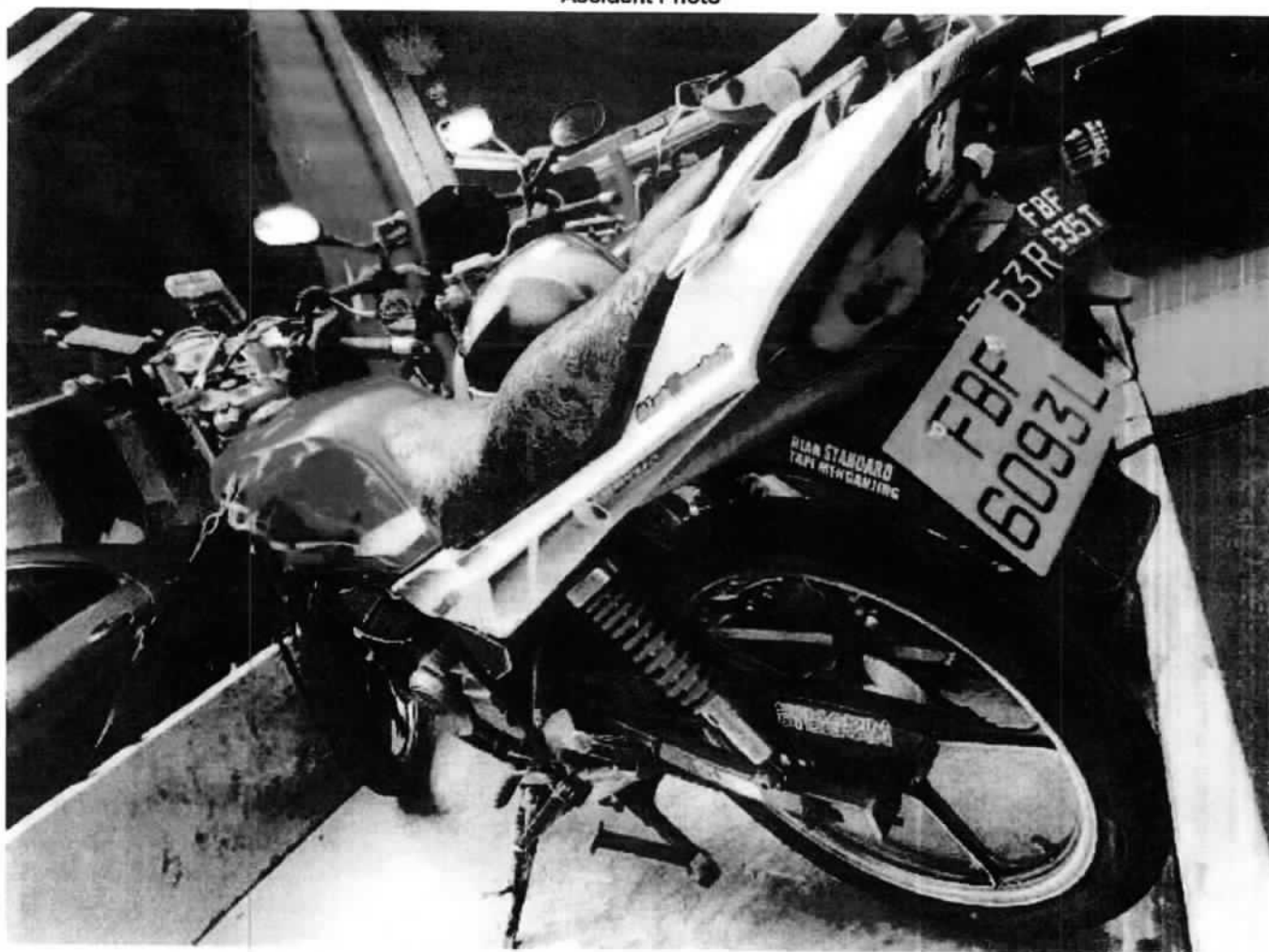
3pmotoring@gmail.com

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (use a separate sheet of paper where necessary)			
Insured	1. Occupation (if more than one, state all)	Email: <u>AKidg119@gmail.com</u>	
	2. Vehicle registration no	CC	If commercial vehicle, state permissible carrying capacity
	3. Is driver the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state relationship of driver with owner	State the vehicle number and name of owner of driver's post up life (where applicable)	
	4. Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire <input type="checkbox"/> Others - please specify		
	5. Is the vehicle still in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present	Tel no. _____	
Of which vehicle are you the owner?	6. Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at the time of accident (if not insured)	7. Date of birth	Occupation	Date of license pass
	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		Was vehicle driven with the insured's permission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability		
	9. Full details of all driving convictions including pending prosecutions in the last 36 months		
Injured person	10. Name(s), address(es) and approximate date(s)	Injuries sustained	If vehicle occupants, state in which vehicle
			Were seat belts being worn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Was injured transported to hospital by ambulance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)	Vehicle registration no or details of property	Nature of damage
			Insurer's name and address (if known)
Police action	12. Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station		
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, against whom?		
Accident details	14. Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others		
	15. Road surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others		
	16. Speed of vehicles: A _____ km/hr B _____ km/hr		
	17. What warnings were given by driver or other party?		
	18. Were street lights illuminating? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Declaration	19. What lights were displayed on your vehicle/the other vehicle(s)?		
	20. If your vehicle is commercial, state weight of load carried at time of accident		
	21. State how accident happened, width of roads, speed limits, etc. (Refer to attached)		
	22. State number of Passengers (including Driver) _____		
	I/we declare the foregoing particulars are true in every respect		
Policyholder's signature _____ Date _____			
Driver's signature (if driver is not the policyholder) _____ Date _____			

Accident Photo



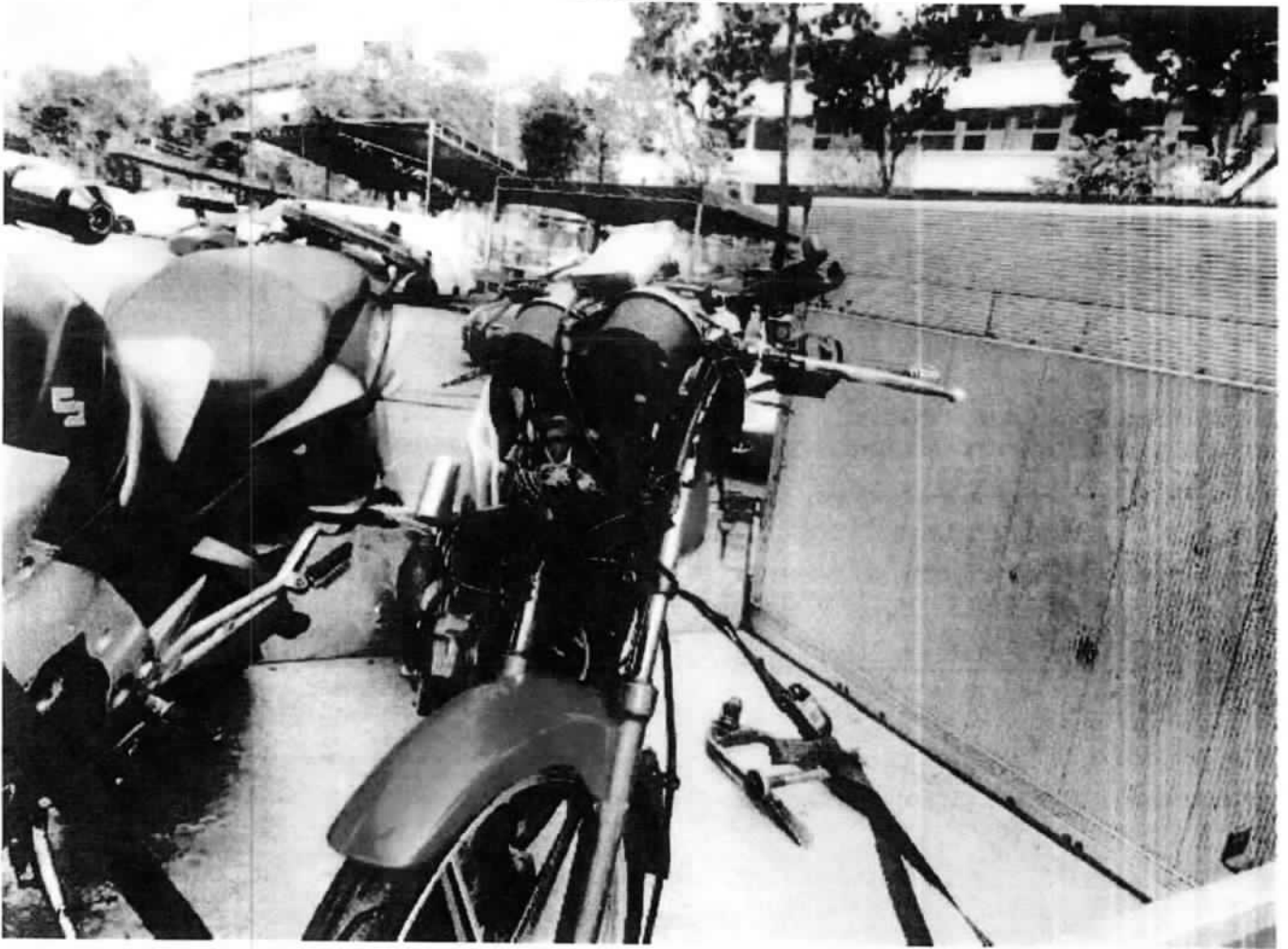
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6910H
Vehicle Details	
Vehicle No.:	FBF6093L
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Dec 2018
Vehicle Make:	YAMAHA
Vehicle Model:	RXZ
Primary Colour:	Red
Manufacturing Year:	2010
Engine No.:	5PV033732
Chassis No.:	PMY5PV100A0033732
Maximum Power Output:	-
Open Market Value:	\$2,246.00
Original Registration Date:	23 Sep 2011
First Registration Date:	23 Sep 2011
Transfer Count:	3
Actual ARF Paid:	\$337.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	22 Sep 2021
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$2,109.00
COE Rebate Amount:	\$897.00
Total Rebate Amount:	\$897.00

The information contained herein is correct as at 24 Dec 2018


OK

**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				
INDIA INTERNATIONAL INSURANCE PL		Ref : CS3/III18022972/Gsd3e2-1		
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 08-04-2019		
		Code : III2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 3314A	Veh. Inspected	FBF 6093L	
Policy No.	MCOM0015	Coverage (\$)	0.00	
Claim No.	MCT18120559	Excess (\$)	0.00	
Assign From	STANLEY LAI	Assign Date	06/03/2019	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA RXZ	c.c	133	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	PMY5PV100A0033732	Colour	BLUE	
Odometer	97902	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	80/80-18	DUNLOP	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	80/80-18	DUNLOP	5 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/12/2018	Inspection Date	24/12/2018	
Survey held at	GP MOTORING PTE LTD 282 MACPHERSON ROAD SINGAPORE 348607			
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:		3 Working Days		



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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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBF 6093L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT FENDER	DAMAGED	65.00	65.00
2	FORK INNER TUBES	DAMAGED	210.00	210.00
2	FORK OUTER TUBES	DAMAGED	220.00	220.00
1	FORK UNDER BRACKET	DAMAGED	145.00	145.00
1	FRONT BRAKE DISC	DAMAGED	135.00	135.00
1	FRONT BRAKE CABLE	DAMAGED	38.00	38.00
1	FRONT SPORT RIM	NOT NECESSARY	280.00	-
1	FRONT RIM SHAFT	NECESSARY	38.00	38.00
1	TOP COWLING	DAMAGED	85.00	85.00
1	WINDSHIELD	DAMAGED	32.00	32.00
1	LAMPSTAY	DAMAGED	50.00	50.00
1	O/S SIDE MIRROR	DAMAGED	35.00	35.00
2	HANDLE BARS	O/S DAMAGED	136.00	68.00
2	HANDLE BAR ENDS	DAMAGED	36.00	36.00
1	BRAKE LEVER	DAMAGED	25.00	25.00
1	CLUTCH LEVER	DAMAGED	25.00	25.00
1	METER ASSY	DAMAGED	420.00	420.00
1	FUEL TANK	TO REPAIR SEE LABOUR	400.00	-
1	FRONT O/S FOOTREST	DAMAGED	32.00	32.00
1	FRONT O/S FOOTREST BRACKET	DAMAGED	55.00	55.00
1	BRAKE PEDAL	DAMAGED	32.00	32.00
1	EXHAUST ASSY	DAMAGED	450.00	450.00
1	REAR O/S TAILBOARD	NOT NECESSARY	70.00	-
	LESS 10% DISCOUNT		-301.40	-219.60
			2,712.60	1,976.40
<u>SPECIAL NETT ITEMS</u>				
1	SET NUMBER PLATE (SN)	DAMAGED	28.00	28.00
2	FORK OILS (SN)	NECESSARY	30.00	30.00
2	FORK OIL SEAL (SN)	NECESSARY	56.00	56.00
1	SET STEERING CONE (SN)	NECESSARY	75.00	75.00

Report Ref No. CS3/III18022972/Gsd3e2-1



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT TYRE (SN)	NOT NECESSARY	100.00	-
			289.00	189.00
	LABOUR			
	TO PROVIDE TOWING SERVICE.		50.00	40.00
	TO CHECK ELECTRICAL SYSTEM, WIRE HARNESS AND FOCUS HEADLAMP.		80.00	20.00
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF FUEL TANK.		380.00	180.00
			510.00	240.00
GRAND TOTAL			3,511.60	2,405.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,900.00

Report Ref No. CS3/III18022972/Gsd3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.