

ASS. REP. REV. REF CS3/III 9001714/AV 03-1, visd instruction  
 Surveyor Adnon ASSIGNMENT (Office)  
 From (Person) Stanley Jui of III Date/Time 9/04/2019  
 Estimated Cost: Bill for: \*\*  
 OD (TP) WS / TP RES / OD RES / EVA / INV / MY / CS  
 To inspect Vehicle No. SFO 8787A Insured: SHD 3103B  
 at Workshop info: Yup Lee motor Tel:  
 of 11caki Bkt Ave 6 # 01-26  
 Policy No. Chain No. MCT 19010665  
 Sum Insured: Broker:  
 Make of Veh. D.O.A 22/01/2019  
 (Client's Record)  
 CA / REV / REP. / REV 24 HRS 1up  
 Date/Time: Person Contacted Shirley Vehicle IN OUT

Date/Time	Action/Instruction (x) Estimate
	SFO 8787A - x
	SHD 3103B - x
	Demantle: 12/3/2019 @ 1131 AM
	After repair: 15/3/2019 @ 1115 AM

20/4/19 Submit LS \$ 5700 (Red 2400, 3070), 5 days

RECEIVED 23 APR 2019

260 410 = 260 - 130  
= 130

ASS. REC. BY:

Adrian

## ASSIGNMENT

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: \_\_\_\_\_

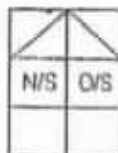
Claims No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Party Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt. \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res: Yes or No

Lum Sum \_\_\_\_\_ % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Vehicle: IN / OUT

Person Contacted: \_\_\_\_\_

Veh No: SF28787A Yr Regn: 2018 AprilType: MCap / MCycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Bmw 216D c.c. 1496Colour: Grey AC: Insured / Std / NI / NASp. Reading: 25234 TRadio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WBA2832220V926370Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRUB / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16

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

TOYO / YOKO or Continental

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 10/03/19 @ 03:02 pmSurvey held at Yap LeeDes. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

TP in PRS.MV:P.V:Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

Prel. Report

Final Report

Part Prices Check:

IN

OUT

Survey Fee:

Basic &amp; Add.

\_\_\_ S + RS \_\_\_ SI

Photos

Others

TOTAL

Date:

12010130

## Nivitha (LKK Auto)

---

**From:** Stanley Lai <stanley.lai@iii.com.sg>  
**Sent:** Tuesday, 9 April 2019 2:52 PM  
**To:** Admin-D (LKKAuto); 'sur@lkkauto.com'  
**Cc:** Sundari Nagarajan - III; Mekavathanan Sarangapani; Hsiao Tong (chewht@lkkauto.com); Olivia Lau (olivialau@lkkauto.com)  
**Subject:** RE: MCT19010665

Dear Sir/Mdm,

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

TP Veh No. : SFQ8787A

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:** Mekavathanan Sarangapani  
**Sent:** Monday, 8 April, 2019 9:57 AM  
**To:** Hsiao Tong (chewht@lkkauto.com) <chewht@lkkauto.com>; Olivia Lau (olivialau@lkkauto.com) <olivialau@lkkauto.com>  
**Cc:** Sundari Nagarajan - III <sundari@iii.com.sg>; Stanley Lai <stanley.lai@iii.com.sg>  
**Subject:** MCT19010665

The front lights were indeed changed . they are worth S\$ 8K ???

Please do up paper survey please . We need to contest both liability and quantum for this case

Meka

MC 7119010665

RESERVES			
TPPD	PRESERVE	51L	
TPPI	PRESERVE		
UNINSURED LOSS	PRESERVE	Paper Sm	
SUBRO	PRESERVE		
LPPN		8/41	
INVESTIGATION FEE			
SURVEY FEES		300.	
LEGAL FEES		1.51L	
OTHERS			
FRAUD CHECK			
UPLOAD TO MERIMEN			
GRANT RIGHTS			

\*\*\*\*\*  
 \*\*\* TX REPORT  
 \*\*\*\*\*

TRANSMISSION OK

TX/RX NO	0483
RECIPIENT ADDRESS	65330313
DESTINATION ID	
ST. TIME	08/04 11:54
TIME USE	00'28
PAGES SENT	2
RESULT	OK

# HIN TAT AUGUSTINE & PARTNERS

*Advocates & Solicitors Commissioners For Oaths Notaries Public*

UTEN NO. 53130863D

20 UPPER CIRCULAR ROAD  
 #02-10/12 THE RIVERWALK  
 SINGAPORE 058416  
 TEL : (65) 6533 0212  
 FAX : (65) 6533 0313  
 (65) 6338 3536

WEBSITE: [www.htapartners.com.sg](http://www.htapartners.com.sg)  
 EMAIL: [ruby@htapartners.com.sg](mailto:ruby@htapartners.com.sg)

In Association with:  
 Strohal Legal Group Pte Ltd  
 International Legal Consultants

Service By Fax Not Accepted

Our Ref: TCL.GCN.ro.50133.19.ylm  
 Your Ref: SHD 3103B

3 April 2019



Comfort Transportation Pte Ltd  
 383 Sin Ming Drive  
 GAS Building  
 Singapore 575717

By Certificate of Posting (w/o encl)  
 (for your information only)

India International Insurance Pte Ltd  
 64 Cecil Street  
 #04-00 IOB Building  
 Singapore 049711

By Hand &amp; By Fax (w/o encl)

Attn : Motor Claims Department

Dear Sirs

**ACCIDENT INVOLVING SFO 8787A & SHD 3103B ALONG NEWTON CIRCUS  
 ROUNDOABOUT ON 22 JANUARY 2019 @ 2140HRS**

We act for Neo Tjin Wha Alvin, the owner of motor vehicle no. SFO 8787A, in relation to the above-captioned road traffic accident.

We are instructed that you were the owner and/or the insurer of motor vehicle no. SHD 3103B at the material time. We are further instructed that the accident was caused by your authorized driver's and/or your insured driver's negligence in the driving, control and/or management of your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to

*Motor 19010665*  
*Sund 8/4/2019*

# HIN TAT AUGUSTINE & PARTNERS

Advocates & Solicitors Commissioners For Oaths Notaries Public

UTEN NO. 53130863D

20 UPPER CIRCULAR ROAD  
#02-10/12 THE RIVERWALK  
SINGAPORE 058416  
TEL: (65) 6533 0212  
FAX: (65) 6533 0313  
(65) 6338 3536  
Service By Fax Not Accepted

WEBSITE: www.htapartners.com.sg  
EMAIL: ruby@htapartners.com.sg

In Association with:  
Stroh Legal Group Pte Ltd  
International Legal Consultants



Our Ref: TCL.GCN.ro.50133.19.ylm  
Your Ref: SHD 3103B

3 April 2019

**Comfort Transportation Pte Ltd**  
383 Sin Ming Drive  
GAS Building  
Singapore 575717

**By Certificate of Posting (w/o encl)**  
(for your information only)

**India International Insurance Pte Ltd**  
64 Cecil Street  
#04-00 IOB Building  
Singapore 049711

**By Hand & By Fax (w/o encl)**

Attn: Motor Claims Department

Dear Sirs

## ACCIDENT INVOLVING SFQ 8787A & SHD 3103B ALONG NEWTON CIRCUS ROUNDAABOUT ON 22 JANUARY 2019 @ 2140HRS

We act for Neo Tjin Wha Alvin, the owner of motor vehicle no. SFQ 8787A, in relation to the above-captioned road traffic accident.

We are instructed that you were the owner and/or the insurer of motor vehicle no. SHD 3103B at the material time. We are further instructed that the accident was caused by your authorized driver's and/or your insured driver's negligence in the driving, control and/or management of your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1. Cost of Repairs	S\$ 8,100.00
2. Rental Charges (5 days x \$200.00/day)	S\$ 1,000.00
3. Survey Costs	S\$ 628.00
4. LTA Search Fees	S\$ 7.49
5. Costs (inclusive of GST)	S\$ 963.00
6. Incidentals	S\$ 50.00
<b>Total</b>	<b><u>S\$10,748.49</u></b>

TAN HIN TAT  
AUGUSTINE SOH KHENG YEOW  
SEAN LIM THIAN SIONG  
TANG CHI LOONG

WOO FOONG LIN  
TAN E-FANG  
CLAIRE THAM LI MEI

CAROLYN LIM MAY LEAN  
HO KIM POONG  
SERENA GOH MAE LI  
GONG CHIN NAM  
MOHD ZIKRI B MOHD MUZANMIL  
MARILYN HO SU FEN  
ANDREW PATRICK HILL

CONSULTANTS: LIM KIA TONG  
JANET WEE-TAN

**eLitigation**

**HIN TAT AUGUSTINE & PARTNERS**

Page No. 2

Our Ref. TCL.GCN.ro.50133.19.ylm

Your Ref. SHD 3103B

Date: 3 April 2019

The following supporting documents are enclosed herewith: -

1. Copy of Singapore Accident Statement by our client;
2. Copy of Certificate of Insurance from Aviva Ltd;
3. Copy of Repair Bill from Yap Lee Motor;
4. Copy of Vehicle Rental Agreement & Invoice from Good Way Rent-A-Car Pte Ltd;
5. Copies of Survey Invoice & Survey Report from CL Appraiser Pte Ltd;
6. Copy of LTA search results of SHD 3103B;
7. **58 pcs of original photographs** of motor vehicle no. SFQ 8787A.

Please note that you / your authorized driver and/or your insured driver should send to us an acknowledgement of receipt of this letter within **fourteen (14)** days of receipt of this letter, failing which our client will have no alternative but to commence proceedings against you / your authorized driver and/or your insured driver without further notice to you / your authorized driver and/or your insured driver.

Please note that if you / your authorized driver and/or insured driver have a counterclaim against our client arising out of the accident, you / your authorized driver and/or your insured driver are also required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within **eight (8)** weeks of your receipt of this letter.

Please note that our client's claim is in respect of his property damage claim and is strictly without prejudice to the uninsured losses and/or injury claim (if any).

Yours faithfully,



**GONG CHIN NAM**

Enc.

cc: client

By fax

## 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	24/01/2019 00:30
Date Of Accident	22/01/2019 21:40
Exact Location Of Accident	NEWTON CIRCUS ROUND ABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ8787A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO TJIN WHA ALVIN
NRIC No	S7905140C
Email Address	ALVINNEOTW@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96815717
Alternative Phone No	OFFICE-96815717

### Vehicle Particulars

Manufacturer	BMW
Model	216D ACTIVE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 CAR

### Insurance Company

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10824901
Cover Note Number	N.A.

### Driver

Name of Driver	NEO TJIN WHA , ALVIN
NRIC No	S7905140C
Date Of Birth	16/02/1979
Occupation	INDOOR
Date Of Driving Pass	09/09/2004
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96815717
Fax Number	
Contact Number	OFFICE-96815717
Email Address	ALVINNEOTW@YAHOO.COM.SG



Address	5A HOLLAND HILL #08-00
Postcode	278730
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : XAVIER NEO GENDER: : MALE

#### Details of Police Action

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

#### Circumstances of Accident

I was on Newton circus and driving on the leftmost lane, the blue taxi cut across 2 lanes to exit and collided into my vehicles right front bumper. No injuries involved at that point in time.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	UPLOADED INTO AVIVA FILE ZILLA
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3103B
Vehicle Make/Model/Colour	HYUNDAI/I40/BLU
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	JUAN CHIN LOON
NRIC/Passport Number	S0038366Z
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1. Please report correctly the details of the accident to speed up the claims process.  
2. This Form must be completed by the Policyholder and/or the Authorized Driver.  
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.  
4. The lack and existence of this form by insurance companies is not an admission of policy liability on the part of 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 the report will for a fee be made available upon application by interested parties.  
7. By the filing 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 Insurers who have insured vehicle(s) involved in this accident (all Insurers 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 envelope/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/has been 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 used outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARKS  
REPORTING OFFICER  
Mohamed Saifullah S/O Syed  
Masood  
Witnessed by Reporting Centre  
Personnel

### Statutory Plan

NEWTON CRICK ROAD A50

Common Statement

ACCIDENT STATEMENT (2000 characters)

I was on Newton circus and driving on the leftmost lane, the blue taxi cut across 2 lanes to exit and collided into my vehicles right front bumper.

No injuries involved at that point in time.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

25 January 2019 at 4:30 PM

Date/Time:

25 January 2019 at 4:30 PM

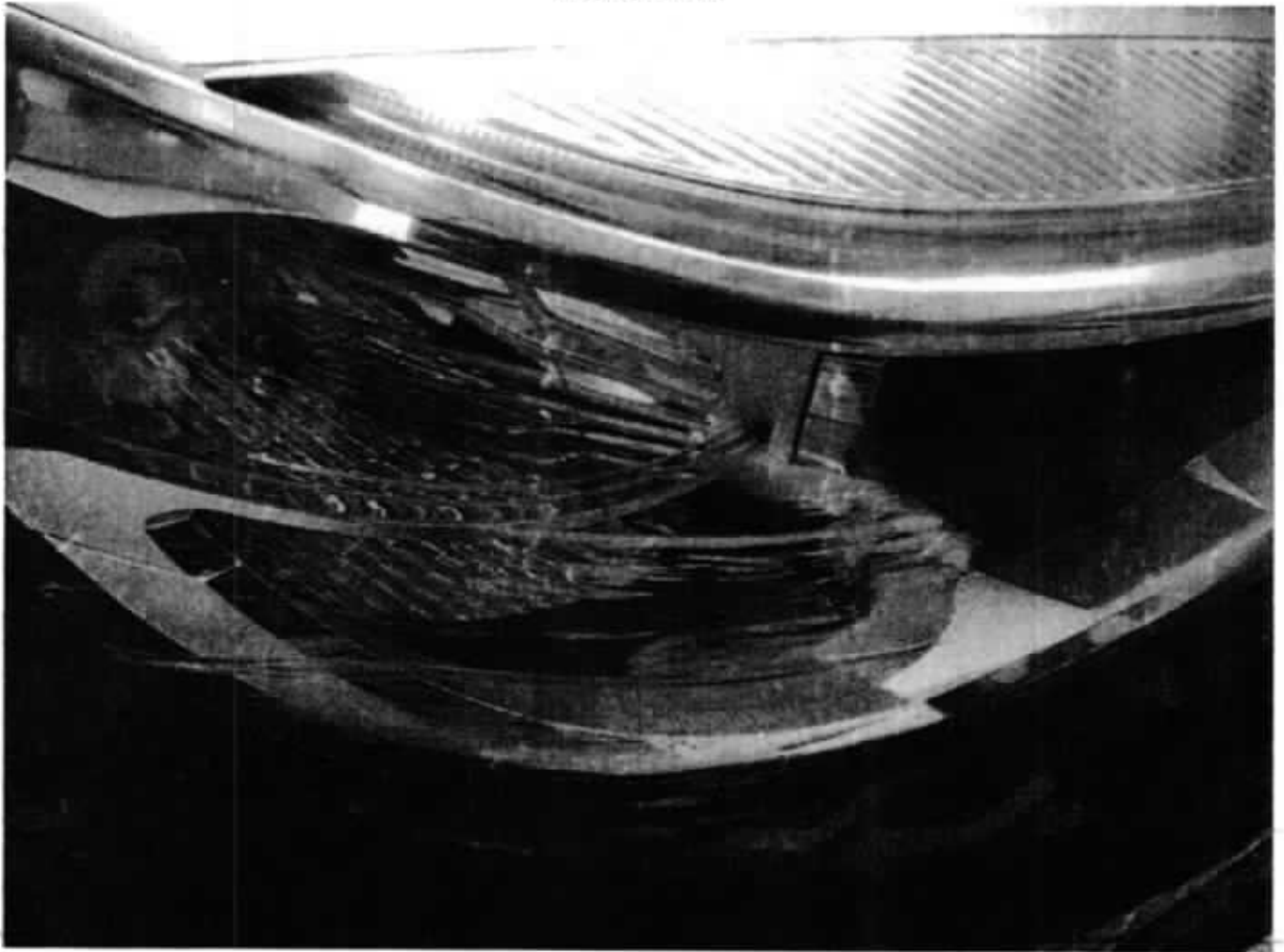
Accident Photo



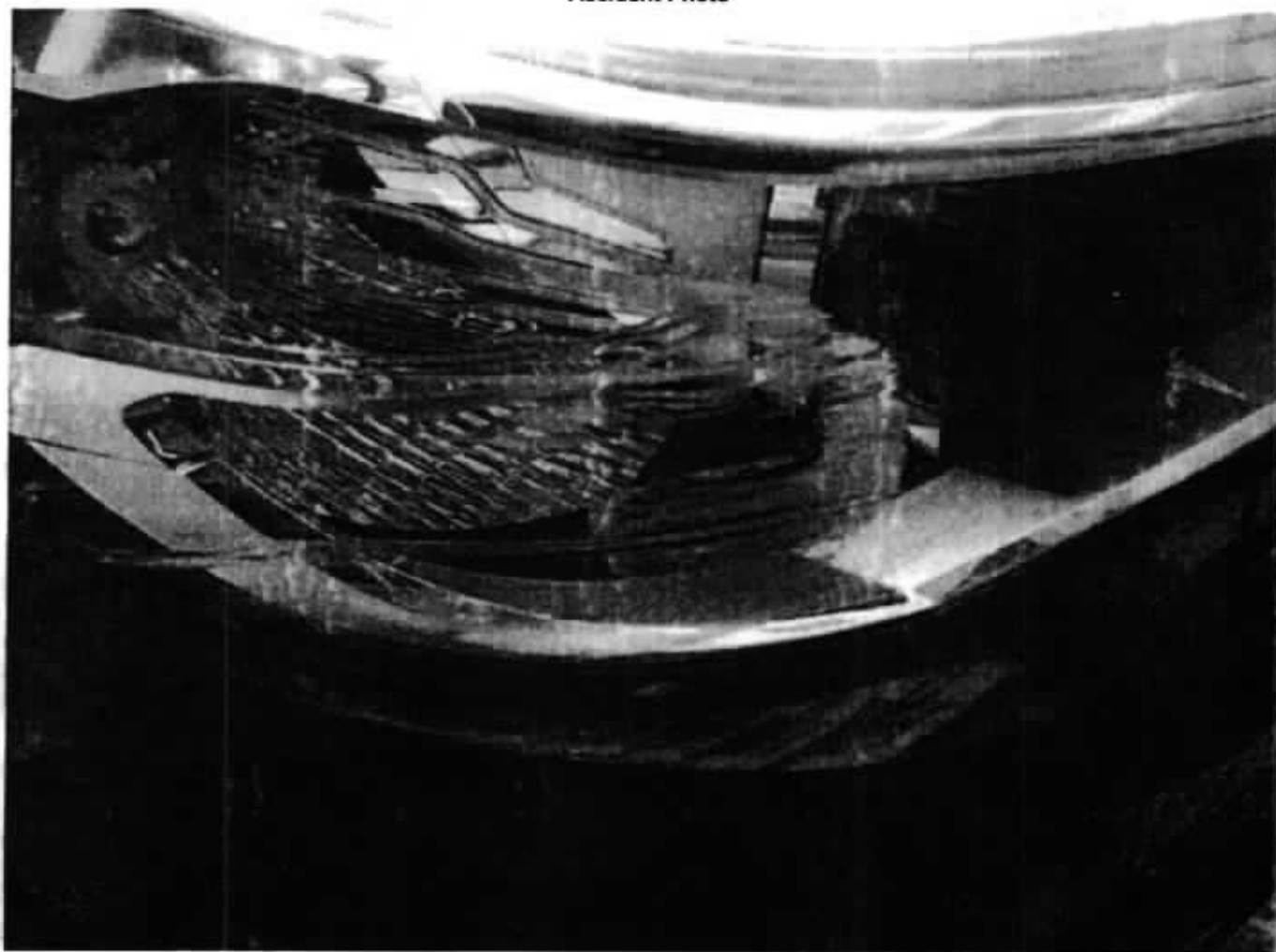
Accident Photo



Accident Photo

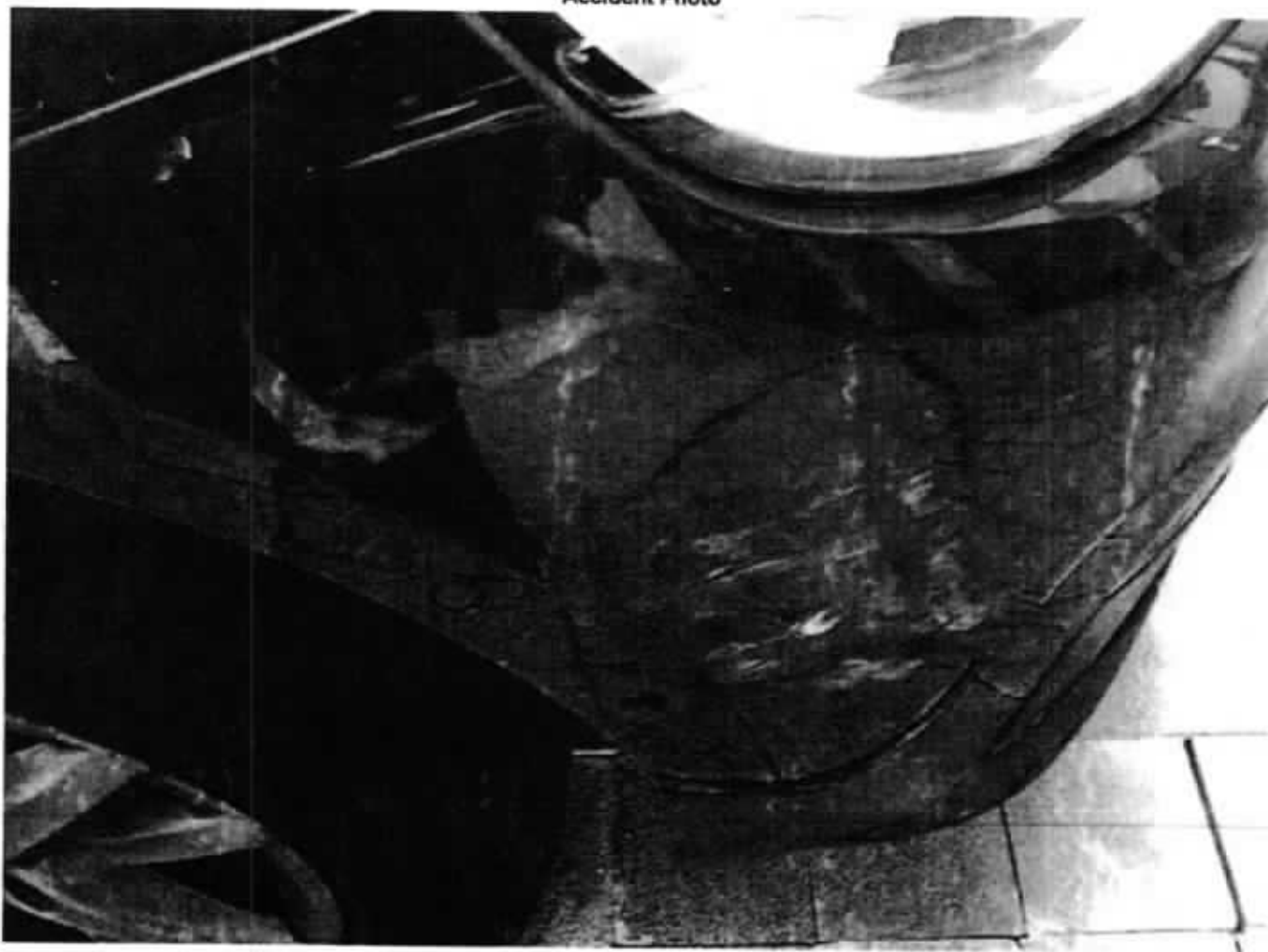


Accident Photo

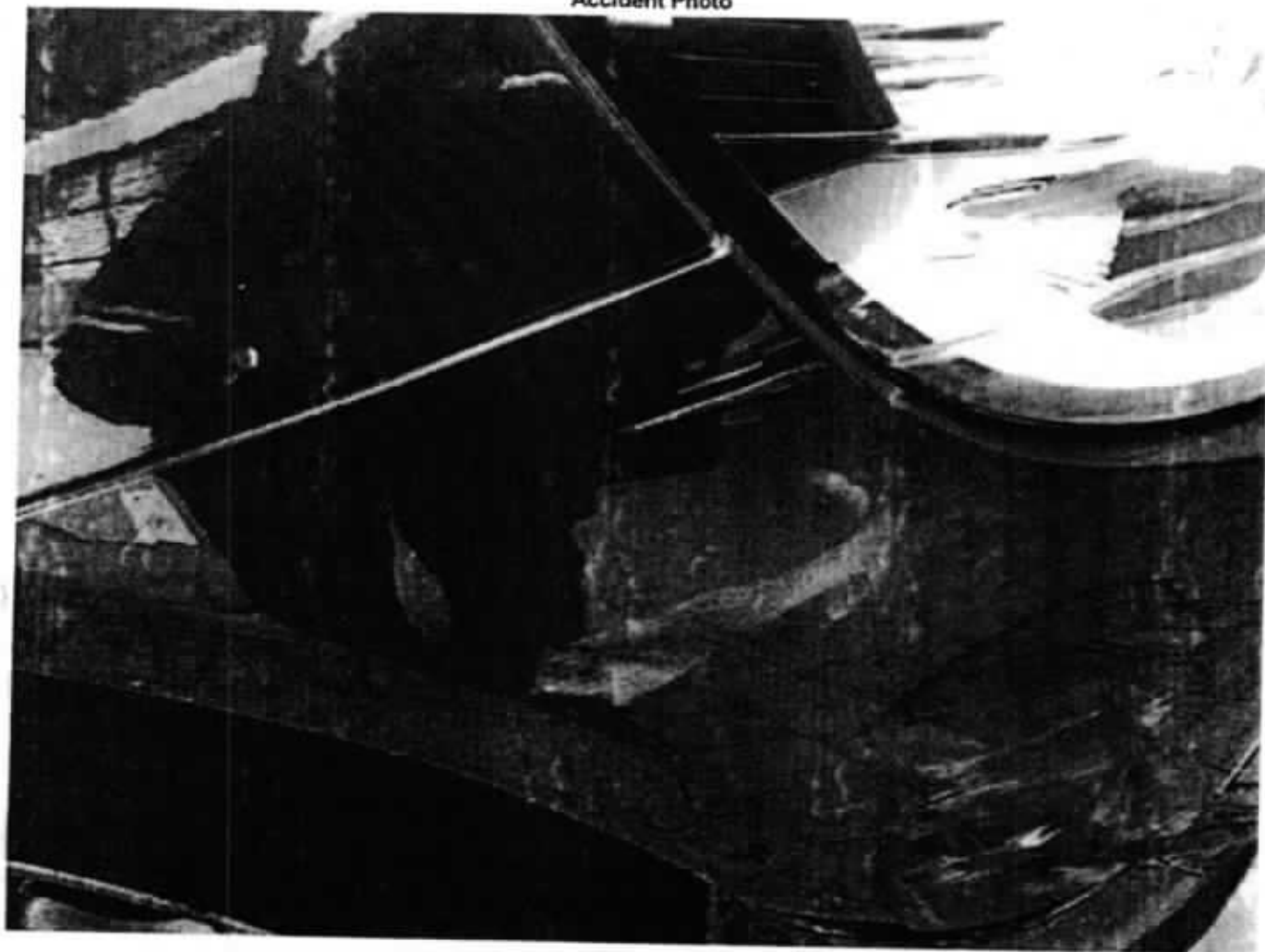




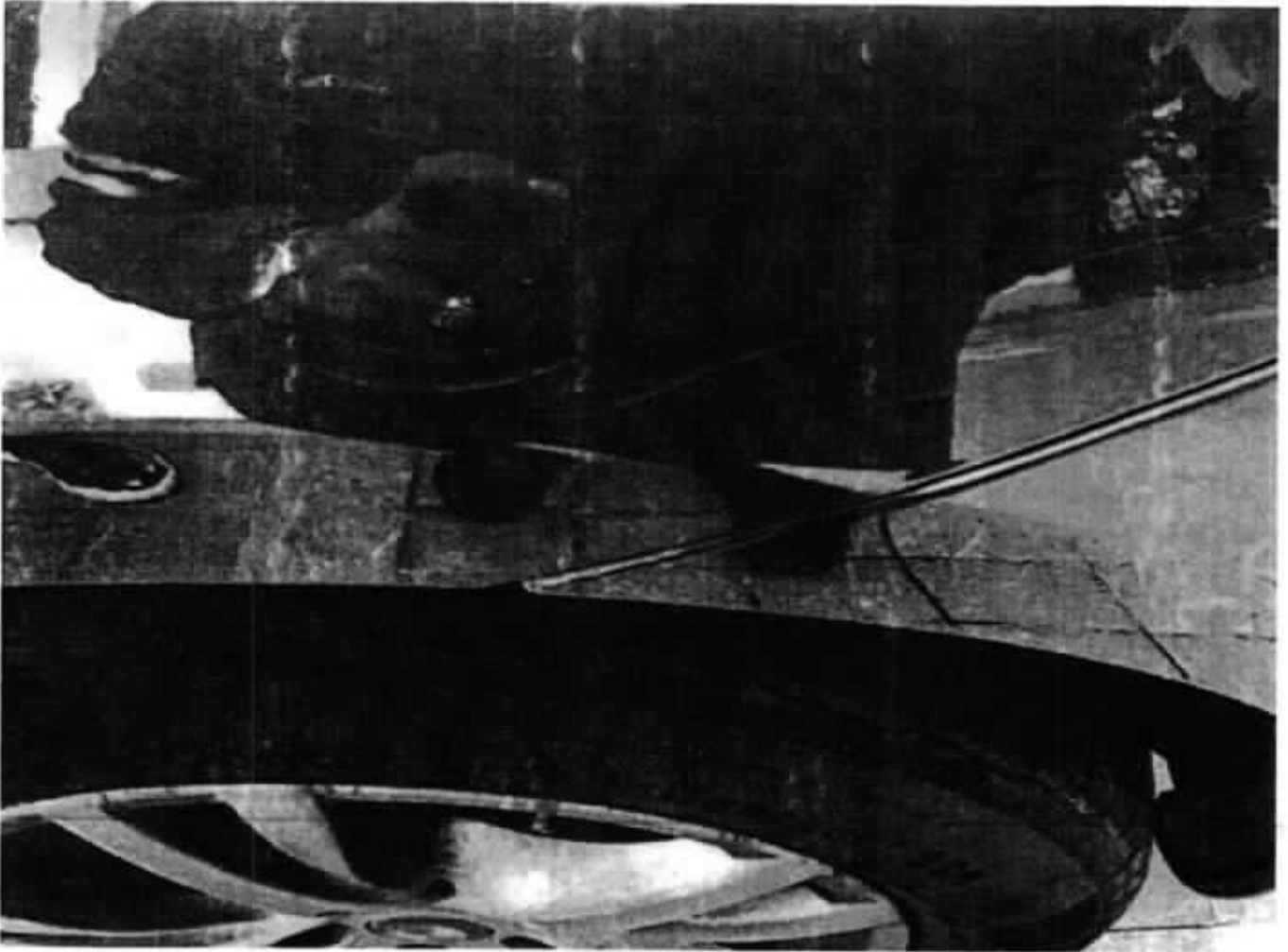
Accident Photo



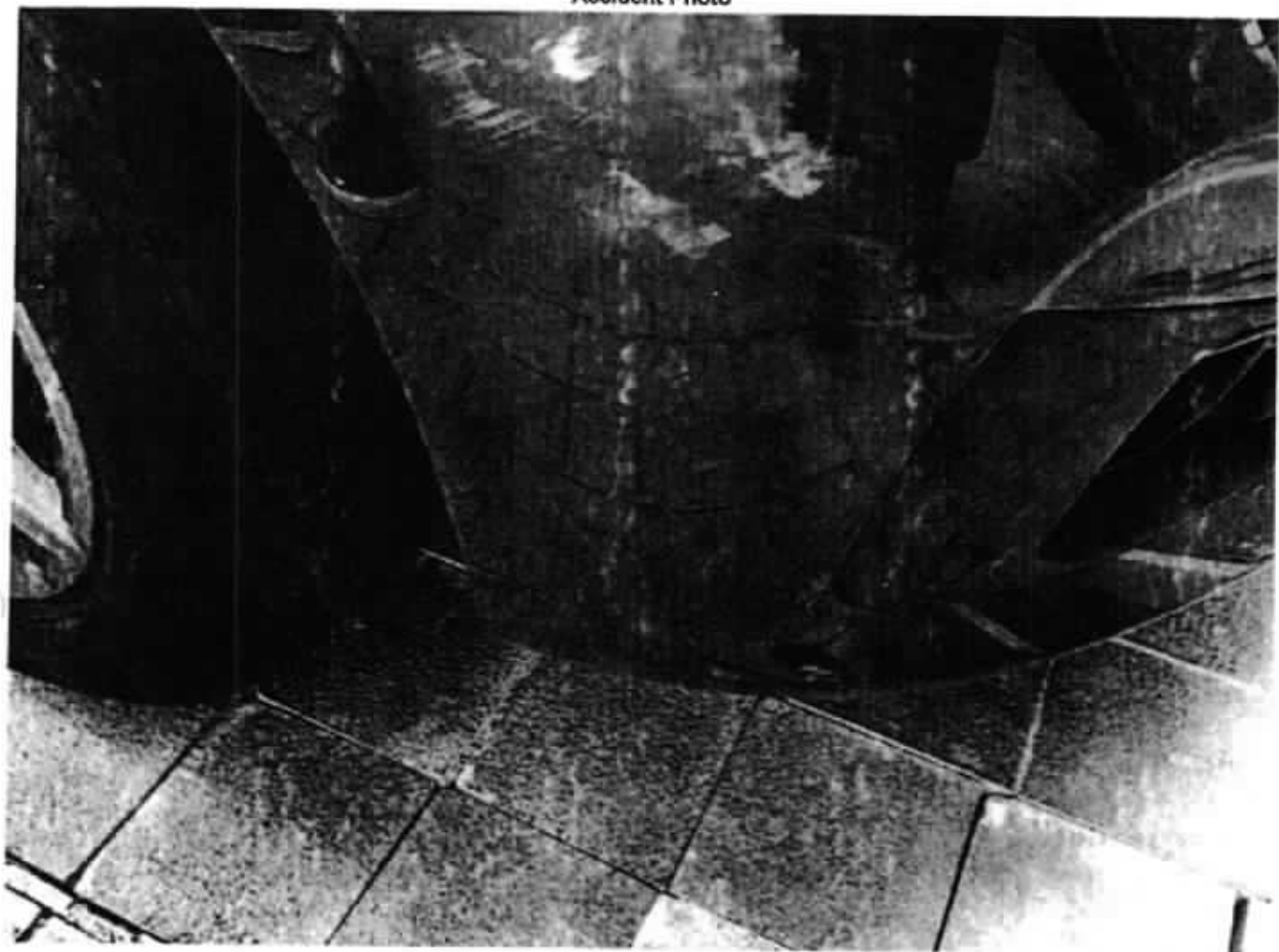
Accident Photo



Accident Photo



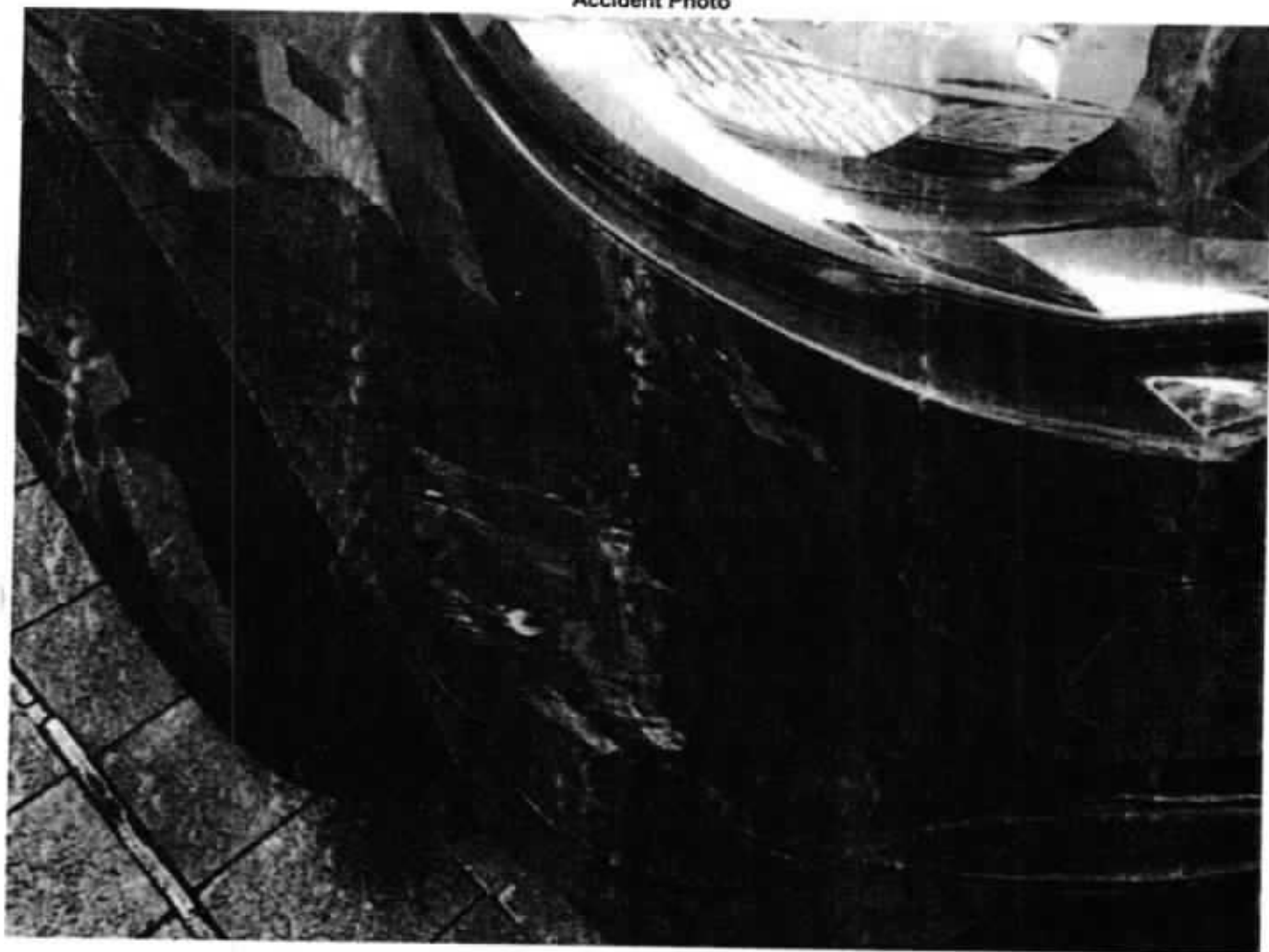
Accident Photo



Accident Photo



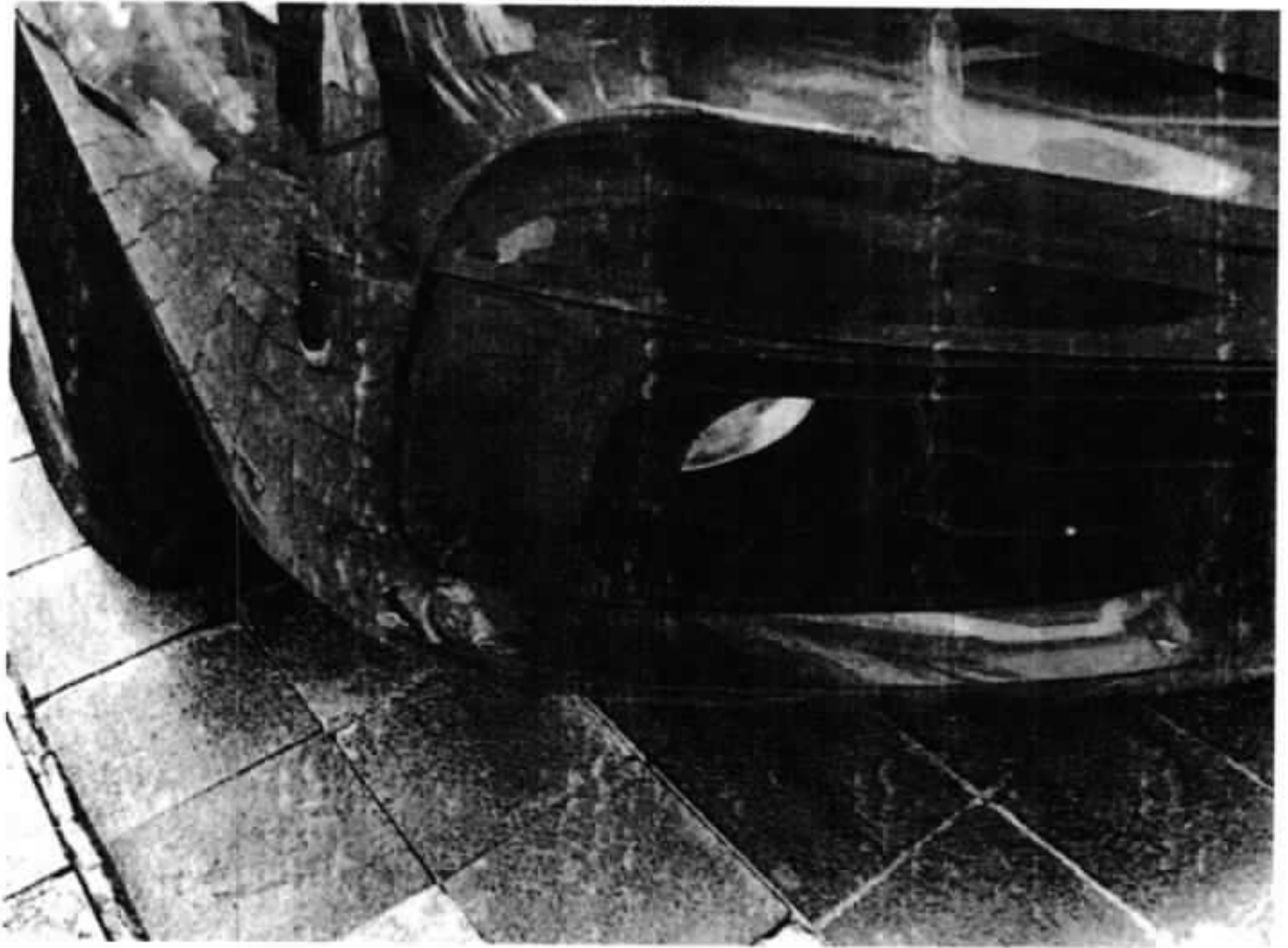
Accident Photo



Accident Photo

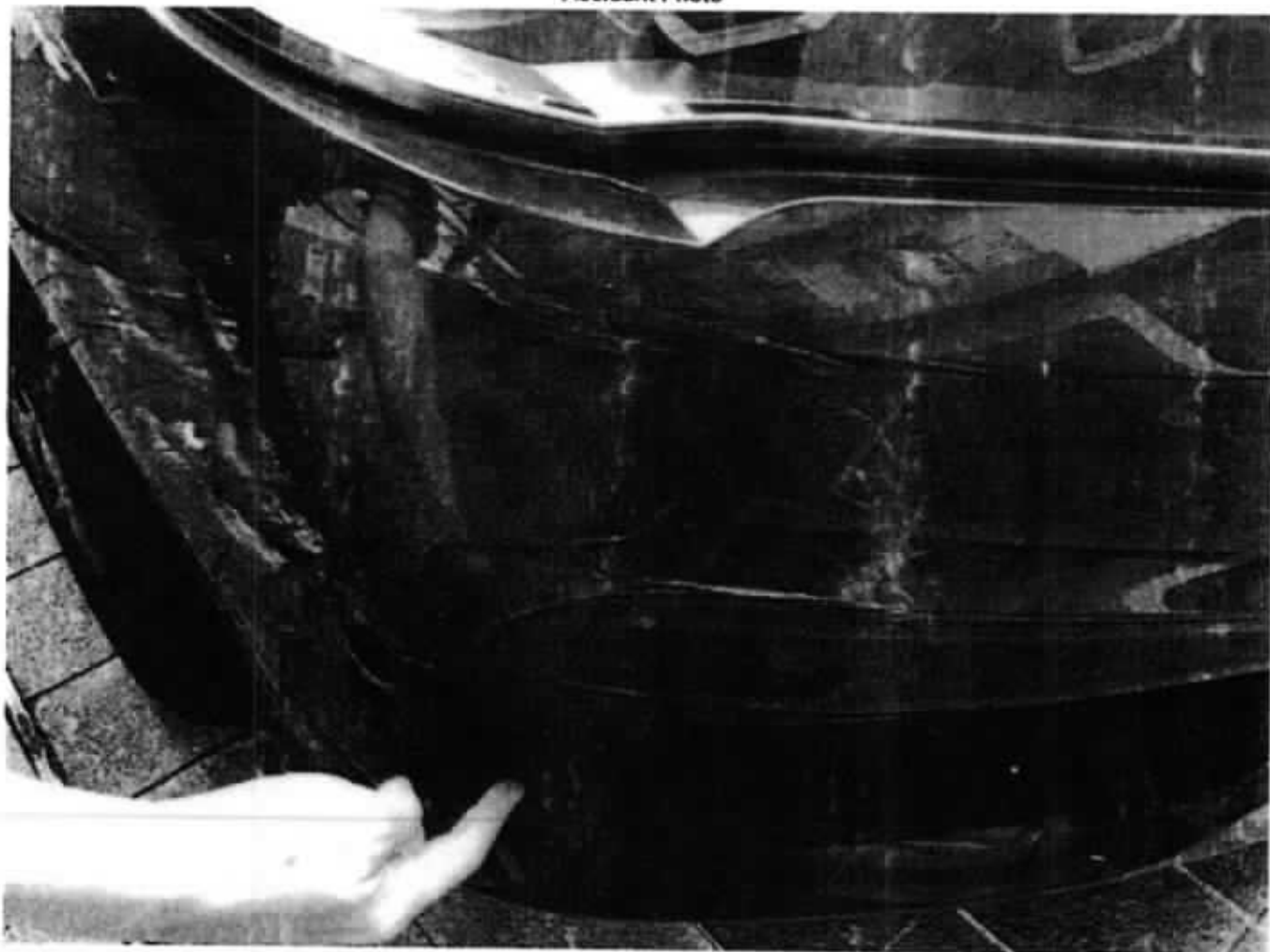


Accident Photo





Accident Photo



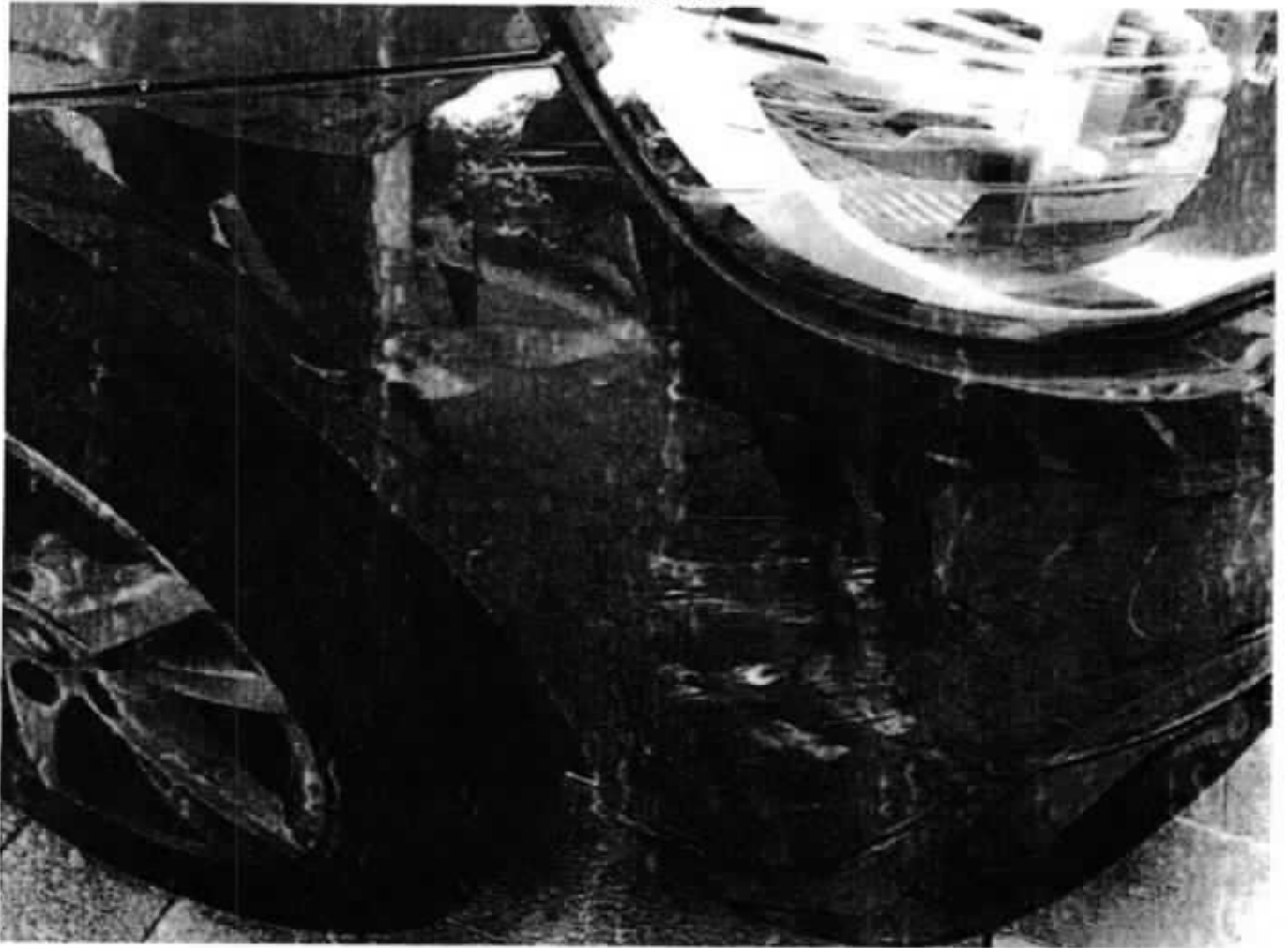
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Driving License



# Driving License





Aviva Ltd., 4 Shenton Way, #01-01 SGX Centre 2, Singapore 068807. Tel: (65) 6827 9966 www.aviva.com.sg

## CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 188 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION  
(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

CERTIFICATE NUMBER, 10824901

**1) VEHICLE REGISTRATION NO.**

SFQ8787A

**2) NAME OF INSURED**

FAMILY NAME  
GIVEN NAME

NEO  
TJIN WHA ALVIN

**3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE  
PURPOSE OF THE ACT**

10-Apr-2018 12:15hours

**4) DATE OF EXPIRY OF INSURANCE**

09-Apr-2019 23:59hours

**5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE**

Any driver aged 30 or over

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been canceled at the time of accident or loss.

Please refer to the policy document for full terms and conditions.

**6) LIMITATIONS AS TO USE\***

Use only for social, domestic and pleasure purposes and for the insured's business. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

NAMED DRIVER

**7) FINANCE COMPANY**

DBS BANK LTD

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia), or any amendment, act or acts passed in substitution thereof.

Issued in Singapore: 10-Apr-2018 at 12:15hours

Aviva Ltd.

**IMPORTANT NOTE:**

- If you want to cancel your policy at any time, you will need to return the certificate to us.
- You MUST report all accidents to us within 24 hours of the occurrence regardless of whether you intend to claim on your own policy or not, or whether your car is damaged or not. Should you fail to do so, your No Claims Discount could be affected and your claim may be prejudiced.

Nishit Majmudar  
Chief Executive Officer

In case of vehicle breakdown, accident or windscreen damage, please call 6333 2222 (24 hours) immediately.

ORIGINAL

**Enquire Vehicle & Owner Information ( Vehicle No. SHD3103B As At 22 Jan 2019 / 21:40:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: \GCN.RQ.50133.19.YLM

**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.: SHD3103B  
Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR  
Insurance Company Name: INDIA INT'L INS PTE LTD



## Invoice

SFQ8787A  
NEO TJIA WHA ALVIN  
21 NEWTON ROAD  
#06-02  
S(307954)

Invoice No : GPLIN0001225  
Invoice Date : 16/3/2019  
Due Date : 16/3/2019  
VHA No : 1100  
Referral ID : Y021

Description :	Amount
Rental for 5 Day/s @ \$200 per Day \$	1,000.00

Vehicle No : SMF8901L

Vehicle Description : Camry 2.0 A

Rental Period : 11/03/2019 to 16/03/2019

Total Amount Payable : \$ 1,000.00

# GOOD WAY RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875  
Tel: 6315 8479 H/P: 9833 0807

VHA No: 1100

Invoice No: GPLIN 1225

Hirer's Vehicle No:

UEN: 201505120D

## VEHICLE RENTAL AGREEMENT

### HIRER'S PARTICULARS

Name: (as in I/C) Mr. Tan Wai Aun

NRIC / FIN No: 7905140C

Address (Res): 21 Newton Road

7905140C 8307954

Name & Address of Employer:

Occupation: Driving Exp:

Singapore Driving Licence No:

Issue Date: Date of Birth:

Tel: (O) (R) HP: 96815717

### ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C)

NRIC / FIN No:

Address (Res):

Occupation: Driving Exp:

Singapore Driving Licence No:

Issue Date: Date of Birth:

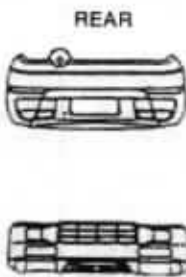
Tel: (O) (R) H/P:

### VEHICLE CHECK LIST

INDICATE:  
D - DENTS  
A - ACCIDENTS  
S - SCRATCHES



RIGHT



FRONT



TOP



LEFT

### MISSING / FAULTY ACCESSORIES / PARTS

REMARKS:

Vehicle No: SMF8901L Replace Veh No:

Mileage Out: 6363 Mileage Out:

Make & Model: TOYOTA CAMRY 2.0A Auto/ Manual

Out: Date 11/3/2019 Time: 12:30pm

HIRE / PERIOD EXPIRY Time:

NON-WAIVER EXCESS=\$ 3000

### CHARGES

Daily 5 @ \$ 2000 per day 1000

Weekly @ \$ per week

Monthly @ \$ per month

Hours @ \$ per hour

Extension @ \$

Delivery/Collection Service

SUB-TOTAL \$

### PETROL LEVEL

Out E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

In E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

Fuel

Traffic / Parking Fines

TOTAL CHARGES \$

Hirer's Signature

Additional Driver's Signature

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given GOOD WAY RENT-A-CAR PTE LTD in connection with this agreement is true.

### \*IMPORTANT

1. VEHICLE IS STRICTLY PROHIBITED FOR "HIRE FOR REWARDS" USAGE SUCH AS UBER / GRABCAR / GRABSHARE ETC.
2. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
3. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
4. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PN WHERE APPLICABLE.
5. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY, IF THERE IS BODILY INJURIES. A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
6. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY GOOD WAY RENT-A-CAR PTE LTD.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO GOOD WAY RENT-A-CAR PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
16/3/19	10.00	6679			



# YAP LEE MOTOR

Reg. No. 52910085A

1 Kaki Bukit Ave 6 #01-26 Autobay@Kaki Bukit Singapore 417883  
Tel : 6844 1555 Fax: 6844 1311 Email : yap\_lee\_motor@singnet.com.sg

Owner : Neo Tjin Wha Alvin  
Address : C/o: 1 Kaki Bukit Ave 6  
#01-26 Autobay  
Singapore 417883

Date: 25-Mar-19

Veh No: SFQ 8787A

Model: BMW 216D

## Final Repair Bill

<u>Serial No</u>	<u>Description</u>	<u>Amount</u>
1	Lump sum repair costs	\$ 8,100.00

Grand total: \$ 8,100.00

# CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440

Email: [clappraiser@yahoo.com](mailto:clappraiser@yahoo.com) Hp: 9068 8689 Fax: 6452 9783

Reg No: 201000228E

## INVOICE

Neo Tjin Wha Alvin  
C/o: Yap Lee Motor  
No. 1 Kaki Bukit Ave 6 #01-26  
AutoBay, Singapore 417883

Invoice No: CL/190325

Ref No: YL/03/1901/TP

Date: 18 March 2019

DESCRIPTION	AMOUNT
<b>OUR SERVICE FEE CHARGES:</b>	
<ul style="list-style-type: none"><li>SURVEY INSPECTION FOR VEHICLE NO. <u>SFQ 8787 A</u></li><li>RESURVEY INSPECTION</li><li>DIGITAL PHOTOGRAPHS SERVICES (INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)</li><li>TRANSPORTATION</li></ul>	
<b>GRAND TOTAL</b>	<b>S\$ 628.00</b>

E & O. E

All cheque payment should be "Crossed" and made payable to " C L 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 Peshurst Place, Singapore 556440  
Email: [clappraiser@yahoo.com](mailto:clappraiser@yahoo.com) Hp: 9068 8689 Fax: 6452 9783  
Reg No: 201000228E

## VEHICLE INSPECTION REPORT

To: Neo Tjin Wha Alvin  
C/o: Yap Lee Motor  
No. 1 Kaki Bukit Ave 6 #01-26  
AutoBay, Singapore 417883

Date : 18 March 2019  
Our ref : YL/03/1901/TP

Accident Date : 22 January 2019  
Inspection Date : 11 March 2019  
Repairer Name : Yap Lee Motor  
No. 1 Kaki Bukit Ave 6 #01-26  
AutoBay, Singapore 417883

Type of Survey : Third Party

### PARTICULARS OF VEHICLE

Registration No	: SFQ 8787 A	Year / Capacity	: 2018 / 1496 cc
Make / Model	: BMW 216D	Colour	: Grey
Chassis No	: WBA2B32020V926370	Mileage	: 25233
Engine No	: 32395262B37C15A		

### CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Continental	205/60 R16	5 mm	Sport
Front Offside	: Continental	205/60 R16	5 mm	Sport
Rear Nearside	: Continental	205/60 R16	5 mm	Sport
Rear Offside	: Continental	205/60 R16	5 mm	Sport

### GENERAL DESCRIPTION OF DAMAGE VEHICLE

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

Enclosed number of photographs: 58 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 \$ 8,100.00** on a contractual basis.

Under normal circumstances, the repair period would be about 6 (Six) working days.

Vehicle Registration No: SFQ 8787 A

Our Ref No: YL/03/1901/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
-----	-------------	------------	---------------------	----------------

## SPARE PARTS - LIST ITEMS

1	Front o/s headlamp	Damage	\$ 2,600.00	\$ 2,600.00 ✓
1	Front bumper	Damage	\$ 1,578.90	\$ 1,578.90 ✓
1	Front bumper o/s fog lamp	Damage	\$ 245.00	\$ 245.00 ✓
1	Front bumper o/s fog lamp cover	Damage	\$ 135.00	\$ 135.00 ✓
1	Front bumper inner sponge	Damage	\$ 165.00	\$ 165.00 ✓
1	Front bumper reinforcement	Intact	\$ 719.00	
3	Front bumper PDC sensors <i>1 piece damaged</i>	Necessary	\$ 945.00	\$ 945.00 <i>280</i>
1	Front o/s fender <i>Repair</i>	Damage	\$ 1,055.80	\$ 1,055.80 <i>x</i>
1	Front o/s fender inner shield <i>not new</i>	Damage	\$ 132.50	\$ 132.50 <i>x</i>
1	Front o/s alloy wheel rim	Damage	\$ 1,274.70	\$ 1,274.70 ✓
			<b>\$ 8,850.90</b>	<b>\$ 8,131.90</b>
			<i>Less 5%</i>	<i>\$ 442.55</i>
<b>Total Cost - List Items</b>			<b>\$ 8,408.36</b>	<b>\$ 7,725.31</b>

## SPECIAL NETT ITEMS

1	Front bumper clip (1 set)	Necessary	\$ 60.00	\$ 60.00 <i>30</i>
1	Front fender inner shield clip (1 set) <i>3 not</i>	Necessary	\$ 65.00	\$ 65.00 <i>x</i>
1	Front o/s tyre (Depreciation) <i>1 set</i>	Damage	\$ 600.00	\$ 300.00 <i>x</i>
<b>Total Cost - Special Nett items</b>			<b>\$ 725.00</b>	<b>\$ 425.00</b>

**Total cost of parts**

**\$ 9,133.36 \$ 8,150.31**

Vehicle Registration No: SFQ 8787 A

Our Ref No: YL/03/1901/TP

S/No	Description	Repairer's Estimate	Revised Amount
<b>Total cost of parts c/f</b>		<b>\$ 9,133.36</b>	<b>\$ 8,150.31</b>

## LABOUR

1	To check wiring , lighting and resetting headlamps focussing.	\$ 80.00	\$ 50.00 <sup>30</sup>
2	To remove and refit front sensor.	\$ 150.00	\$ 120.00 <sup>60</sup>
3	To conduct wheel alignment.	\$ 150.00	\$ 120.00 <sup>80</sup>
4	To apply undercoating on repaired and replaced panel.	\$ 90.00	\$ 30.00 <sup>X</sup>
5	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 1,080.00	\$ 750.00 <sup>400</sup>
6	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,000.00	\$ 660.00 <sup>500</sup>
7	To diagnose erase fault memory after repair.	\$ 250.00	\$ 250.00 <sup>100</sup>

## GRAND TOTAL

<b>\$ 11,933.36</b>	<b>\$ 10,130.31</b>
---------------------	---------------------

1170

Vehicle Registration No: SFQ 8787 A

Our Ref No: YL/03/1901/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 : \$ 8,100.00**

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

total : 7164.67.  
h/s: 5.7K.  
05Days.

## 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	23/01/2019 11:44
Date Of Accident	22/01/2019 21:40
Exact Location Of Accident	NEWTON CIRCUS TWDS CLEMENCEAU AVE NORTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3103B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	REPORTING ONLY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	JUAN CHIN LOON
NRIC No	S0038366Z
Date Of Birth	20/01/1949
Occupation	OUTDOOR
Date Of Driving Pass	30/07/1969
Driving Experience	49 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98109815
Fax Number	
Contact Number	
Email Address	LOONJUAN@GMAIL.COM

Address	BLK 71 CAVENAGH ROAD #10-334
Postcode	229623
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

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

#### Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFQ8787A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO TJIN WHA ALVIN
NRIC/Passport Number	S7905140C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RIGHT FRT
No. Of Passenger (Including Driver)	



**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the 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/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 199203921R

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.:

23/1/19  
Jackson Heng  
CSO

## Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/01/2019 at about 2146 hrs, I, vehicle H was driving my taxi along Newton Circus toward Clementine Ave north. While I was at the roundabout switch to the left lane. Suddenly I felt a impact from my left rear panel.

## DECLARATION

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

SEAWAY TRANSPORTATION, INC. LTD.  
CO REG NO 199203821R

Policyholder's Signature  
Date & Time:

Copyright © 2004 John Wiley & Sons, Inc.

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

23/1/19  
Jackson Heng Jackson

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

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





# 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/III19001714/Avd3e2-1

64 CECIL STREET  
#05-02 IOB BUILDING SINGAPORE 049711

Date : 24-04-2019



Code : III2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 3103B	Veh. Inspected	SFQ 8787A
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT19010665	Excess (\$)	0.00
Assign From	STANLEY LAI	Assign Date	09/04/2019

## 2. Vehicle Particulars & Condition

Make & Model	B.M.W. 216D	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	WBA2B32020V926370	Colour	GREY
Odometer	25234	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	CONTINENTAL	6 mm
L/H Front Tyre	205/60 R16	CONTINENTAL	6 mm
R/H Rear Tyre	205/60 R16	CONTINENTAL	6 mm
L/H Rear Tyre	205/60 R16	CONTINENTAL	6 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.  
DAMAGES SEE DETAILS.

## 5. General Information

Accident Date	22/01/2019	Inspection Date	11/03/2019
Survey held at	YAP LEE MOTOR BLK 1 KAKI BUKIT AVE 6 #01-26 AUTOBAY@KAKI BUKIT SINGAPORE 417883		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.  
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: 5 Working Days



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.: 1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SFQ 8787A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT O/S HEADLAMP	DAMAGED	2,600.00	2,600.00
1	FRONT BUMPER	DAMAGED	1,578.90	1,578.90
1	FRONT BUMPER O/S FOG LAMP	DAMAGED	245.00	245.00
1	FRONT BUMPER O/S FOG LAMP COVER	DAMAGED	135.00	135.00
1	FRONT BUMPER INNER SPONGE	DAMAGED	165.00	165.00
1	FRONT BUMPER REINFORCEMENT	INTACT	719.00	-
3	FRONT BUMPER PDC SENSORS	DAMAGED-1PC ONLY	945.00	280.00
1	FRONT O/S FENDER	TO REPAIR SEE LABOUR	1,055.80	-
1	FRONT O/S FENDER INNER SHIELD	NOT NECESSARY	132.50	-
1	FRONT O/S ALLOY WHEEL RIM	DAMAGED	1,274.70	1,274.70
	LESS 5% DISCOUNT		-442.55	-313.93
			8,408.35	5,964.67
<b>SPECIAL NETT ITEMS</b>				
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	60.00	30.00
1	SET FRONT FENDER INNER SHIELD CLIP (SN)	NOT NECESSARY	65.00	-
1	FRONT O/S TYRE (SN)	NOT NECESSARY	600.00	-
			725.00	30.00
<b>LABOUR</b>				
	TO CHECK WIRING, LIGHTING AND RESETTING HEADLAMPS FOCUSING.		80.00	30.00
	TO REMOVE AND REFIT FRONT SENSOR.		150.00	60.00
	TO CONDUCT WHEEL ALIGNMENT.		150.00	80.00
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.	NOT NECESSARY	90.00	-
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF FRONT O/S FENDER.		1,080.00	400.00

Report Ref No. CS3/III19001714/Avd3e2-1



## 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 (\$)
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,000.00	500.00
	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR.		250.00	100.00
			2,800.00	1,170.00
GRAND TOTAL			11,933.35	7,164.67
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,700.00

Report Ref No. CS3/III19001714/Avd3e2-1

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.