

Sur/08

REF: CSI/LAW19006681/Klv302

Special Instruction:

ASSIGNMENT (Office)

\$7000.00

From (Person): Bonnie Kwok of LAW Date/Time: 12/1/19 @ 10:23am  
Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: Automax Survey

Workshop:

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: FBE 6658M Insured: CB 7281M

at Workshop m/s: Eng Soon Painting Tel: 6760 6271

of: BK & Yew Tee Ind. Est 393-J

Policy No: Claim No: BK-BK-1821217

Sum Insured: Excess:

Make of Veh: D.O.A.: 30/09/2017

(Client's Record)

SJE

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig days (Red S / %; Original 10 days)

Date/Time: 18/4/19 Submit Final Fig LS 1900, 4 days (Red S 5100 / 73 %; Original days)

Date/Time	Action/Instruction
	FBE 6658M - X
	CB 7281M - X

RECEIVED 17 APR 2019

*(Signature)*  
16/4/2019

Do Not Finalise

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value : \_\_\_\_\_

Salvage Value : \_\_\_\_\_

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

Fee Charged:

Basic & Add  
Transport  
Photos  
Others  
Total

Date:


- 1) Date/Time 18/4 - typist File Pass to \_\_\_\_\_ 2) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_
- 3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_ 4) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_
- 5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_ 6) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_

## **Nivitha (LKK Auto)**

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**From:** bonnie kwok <litigation@bonniekwok.com>  
**Sent:** Friday, 12 April 2019 10:23 AM  
**To:** SUR; assignments; Admin-D (LKK Auto)  
**Cc:** Tan Chin Hoe & Co; Richard Tan; mandi@tanchincoe.com.sg  
**Subject:** Your Ref: to be advised; BK Ref: BK.BK.18212.17; TanchinHoe Ref: RT/MT/59/2018/ml; MC SUIT NO. 1298/2018; ACCIDENT INVOLVING FBE 6658 M & CB 7281 M ON 30 SEPTEMBER 2017 – PROPERTY DAMAGE CLAIM  
**Attachments:** 18212.17.SyrRpt.pdf

Dear Sirs,

We are the solicitors acting for the owner of motor vehicle no. FBE 6658 M, the Plaintiff in the above matter.

Please be informed that parties have agreed to the appointment of Mr. Kalvin Ang Wei Kun of M/s LKK Auto Consultants Pte Ltd as the Single Joint Expert (SJE) of the above matter.

Kindly note that the SJE report should not be prejudiced towards any party and that both set of reports should be fairly taken into consideration in the preparation of the said SJE report.

We attach herewith a copy of the Plaintiff's survey report and the scanned colour photographs for your attention.

The Defendants' solicitors, M/s Tan Chin Hoe & Co. will be forwarding to you their re-inspection report.

We will notify you of the re-inspection date and venue.

Kindly let us have the SJE report as soon as possible.

Regards,  
ST

c.c. M/s M/s Tan Chin Hoe & Co., please forward your re-inspection report to the SJE for his consideration.

--

### **BONNIE KWOK LLC**

Advocates & Solicitors  
101A Upper Cross Street  
#08-12 People's Park Centre  
Singapore 058358  
TEL: 6536 6026  
FAX: 6536 2279  
email : [litigation@bonniekwok.com](mailto:litigation@bonniekwok.com)  
GST Reg. No.: 201203547Z

We do not accept service of documents by facsimile or email. Our business hours are from Mondays to Fridays from 9 am to 6 pm and we are closed on Saturday, Sundays and Public Holidays.

-- Email Disclaimer --

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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 ability.
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 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	03/10/2017 16:38
Date Of Accident	30/09/2017 08:45
Exact Location Of Accident	JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	FBE6658M
Insured/Policyholder	
Name Of Registered Owner	SIANTURI IAN PUTRA PANUNKUNAN
NRIC No	S9029595J
Email Address	TEOPOHLYE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81276822
Alternative Phone No	OFFICE-81276822
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	SPARK-135CC
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	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	71952970/E02
Cover Note Number	
<b>Driver</b>	
Name of Driver	KHAIRI ZUHAILI BIN ZULKILFEE
NRIC No	S9419416D
Date Of Birth	07/06/1994
Occupation	INDOOR
Date Of Driving Pass	29/10/2015
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90546867
Fax Number	
Contact Number	
EMail Address	TEOPOHLYE@GMAIL.COM

Address BLK 296A CHOA CHU KANG AVENUE 2 #07-24  
 Postcode 681296  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured PAID DRIVER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident COLLIDED INTO MOTORCYCLIST  
 Weather Conditions CLEAR  
 Road Surface WET

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? 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 CHOA CHU KANG NPC  
 Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER TO SKETCH PLAN

**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 CB7281M  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver ZHU HUI  
 NRIC/Passport Number O72243080D  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**Details of Witness**

Name  
 Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBE6658M

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode



POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20170930/2087

Police Station Of Origin:  
Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

1 of 3  
Report No. T/20170930/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2017 14:00	Vide Report No.: D/20170930/0068	Station Diary No.: 26
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Informant's Particulars			
Name of Informant: KHAIRI ZUHAILI BIN ZULKILFEE		Address: APT BLK 296A CHOA CHU KANG AVENUE 2 #07-24 SINGAPORE 681296	
ID Type / ID No.: NRIC NO / S9419416D		Contact No.: Home/Office: 87493324      Mobile: 90546867	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 07/06/1994	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Graduate		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury: Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/09/2017 08:45	Type of Location: Straight Road
Location: Along Road 1 JURONG TOWN HALL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7281M	Bus/Coach/Minibus				No Damage	0
FBE6658M	Motorcycle				Slightly Damaged	0

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

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20170930/2087

Police Station Of Origin:  
Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

2 of 3

Report No. T/20170930/2087

CONTINUATION OF REPORT

<b>Driver</b>			
Name	ZHU HUI	ID No.	G8220878Q
Related Vehicle	CB7281M (Bus/Coach/Minibus)	Contact No.	NIL
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
<b>Rider</b>			
Name	KHAIRI ZUHAILI BIN ZULKILFEE	ID No.	S9419416D
Related Vehicle	FBE6658M (Motorcycle)	Contact No.	87493324
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	30/09/2017	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious

**Brief Details.**

On the above mentioned date, time and location, I was riding along Lane 2, towards Jurong Town Hall. One bus, coming from the filter lane of the left most side of the road, cut all the way to the Lane 1 of the road, in front of my motorcycle. As the bus was coming very close to me, I swayed my motorcycle to the right to avoid collision. I managed to avoid collision to the bus however I collided with the curb of the road divider. I lost control of my motorcycle and fell. I managed to exchange particulars of the driver however I was conveyed by Ambulance and as such, I was unable to get the contact number of the driver. I received 7 days of Medical Certificate. I was informed by the doctor that I suffered abrasions and suspected hairline fracture at my right shoulder. Traffic Police was also at the location.

## 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 ability.
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 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	30/09/2017 13:13
Date Of Accident	30/09/2017 07:50
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7281M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEGENDARY TRANSPORT MANAGEMENT
Co Reg No	53132359E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92268668
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	ROSA
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	BUS
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084589583
Cover Note Number	
<b>Driver</b>	
Name of Driver	ZHU HUI
Passport No/FIN	G8220878Q
Date Of Birth	04/10/1974
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

**Address**

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident NO COLLISION

Weather Conditions CLEAR

Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? 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) 13

**Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] AYER RAJAH NPP

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident**

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. POLICE REPORT NO. T/20170930/2063 ATTENDED BY LYNDA

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WILL EMAIL IF REQUIRED

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour MOTOR

**Details Of Properties**

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name RIDER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? UNKNOWN  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance? YES  
Address  
Postcode

Sketch Plan Pg. 1

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/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.



ROAD & MOTOR VEHICLE  
51  
Tel: 6342 2212

Policyholder's Signature  
Date & Time:

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

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





**SINGAPORE  
POLICE FORCE**



T/20170930/2063

Police Station Of Origin:  
Ayer Rajah NPP  
43 Teban Gardens Road #01-388  
SINGAPORE 600043  
Tel No: 1800-5659999

1 of 3

Report No. T/20170930/2063

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/09/2017 12:29	Vide Report No.:	Station Diary No.: 7
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**Informant's Particulars**

Name of Informant: ZHU HUI		Address: APT BLK 8 MARSILING DRIVE #12-32 SINGAPORE 730008	
ID Type / ID No.: FIN NO / G8220878Q		Contact No.: Home/Office: Mobile: 92268668	
Nationality: CHINESE		Email:	
Sex: Male	Age: 42	Date of Birth: 04/10/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3,4 Date of Expiry: 28/09/2019	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/09/2017 07:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JURONG TOWN HALL ROAD AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: No collision				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7281M	Bus/Coach/Mi nibus				No Damage	12



**SINGAPORE  
POLICE FORCE**



T/20170930/2063

Police Station Of Origin:  
Ayer Rajah NPP  
43 Teban Gardens Road #01-388  
SINGAPORE 600043  
Tel No: 1800-5659999

2 of 3

Report No. T/20170930/2063

CONTINUATION OF REPORT

**Brief Details.**

On the above mentioned date and time, I was travelling along Jurong Townhall road towards AYE on the extreme right of three lanes road. I then saw from my rear view mirror that someone had fall from a motorcycle behind of my bus. I then stopped and made a check and discovered that one male had fallen from motorcycle. I was unable to communicate with him thus I sought assistance from the passenger to call for ambulance and assist him.

I wished to inform that there is no collision with his motorcycle and my bus. I do not know how he fall.



SINGAPORE  
POLICE FORCE



T/20170930/2063

Police Station Of Origin:  
Ayer Rajah NPP  
43 Teban Gardens Road #01-388  
SINGAPORE 600043  
Tel No: 1800-5659999

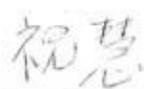
3 of 3  
Report No. T/20170930/2063

CONTINUATION OF REPORT

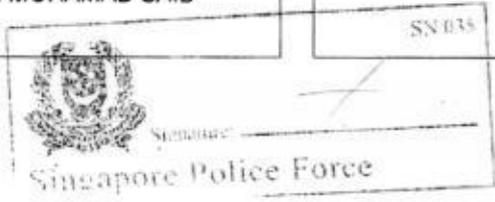
**Sketch Plan**

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 MUHAMMAD KHAIQALNIZAM BIN ZULKIFFLE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2017 12:29
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476365	Classification Of Case:  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">SN 035</div>

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





# AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110

Mobile : 9855 6879

Email : automaxsurvey@gmail.com

Registration No. 53110062J

## 3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the ALL portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 10 working days to complete
  
5. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.
  
6. Should you discover any discrepancy in the report, please kindly notify us within 1 week, or the report will be treated as correct.

### 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 vehicles and/or other accidents in other legal proceedings.

Vehicle Number : FBE 6658 M

**SPARE PARTS**

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
<i>List Items</i>				
1 pc	Headlamp top cover	deformed	\$ 130.00	\$ 130.00 ✓
1 pc	Headlamp assy with casing	electronically shocked	\$ 435.00	\$ 255.00 ✓
1 pc	Front mudguard	deformed	\$ 108.00	\$ 108.00 ✓
2 pcs	Rim X no damage	bent/distorted	\$ 500.00	\$ 500.00
1 set	Front fork cover X no damage	grazed/deformed	\$ 94.00	\$ 94.00
2 pcs	Front fork tube X no damage	bent/distorted	\$ 222.00	\$ 222.00
2 pcs	Front fork oil seal X no damage	grazed/deformed	\$ 104.00	\$ 104.00
1 pc	Handle bar X no damage	bent/distorted	\$ 208.00	\$ 208.00 ✓ Δ BT
1 set	Handle bar grip X no damage	bent/distorted	\$ 88.00	\$ 88.00
2 pcs	Handle bar balance X no	grazed/deformed	\$ 168.00	\$ 168.00
1 pc	Meter assy with casing X no damage	electronically shocked	\$ 450.00	\$ 450.00
1 pc	Horn switch X 44	grazed/deformed	\$ 70.00	\$ 70.00
1 pc	Starter switch X no	grazed/deformed	\$ 92.00	\$ 92.00
1 set	Side mirror assy X no damage	grazed/deformed	\$ 90.00	\$ 90.00
1 pc	Crankshaft cover X no damage	grazed/deformed	\$ 255.00	\$ 255.00
1 pc	Main stand	bent/distorted	\$ 128.00	\$ 128.00 ✓
1 pc	Front wheel shaft X no	bent/distorted	\$ 68.00	\$ 68.00
2 pcs	Front side cover with signal lamp 111x no damage 144	grazed/deformed	\$ 340.00	\$ 340.00 ✓ 170
1 pc	Brake pedal X no damage	bent/distorted	\$ 65.00	\$ 65.00
1 pc	Front fork bracket X no damage	bent/distorted	\$ 115.00	\$ 115.00
1 pc	Steering cone X no damage	bent/distorted	\$ 145.90	\$ 145.90
1 pc	Steering cone bearing X no damage	bent/distorted	\$ 85.00	\$ 85.00
1 pc	Exhaust pipe assy X no damage	grazed/deformed	\$ 925.00	\$ 925.00
1 pc	Kick starter X no damage	bent/distorted	\$ 86.00	\$ 86.00
1 pc	Seat assy X no damage	grazed/deformed	\$ 141.00	\$ 141.00
1 pc	Main frame cover	broken	\$ 158.80	\$ 158.80 ✓
1 pc	Rear Swing arm assy X 144	bent/distorted	\$ 328.00	\$ 328.00
1 pc	Body frame assy	bent - repair	\$ 1,880.00	\$ -

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
<u>List Items</u>				
1 pc	Rear mudguard X no Damage	grazed/deformed	\$ 88.00	\$ 88.00
2 pcs	Rear side fairing cover R/L ✓ L/R X no Damage	cracked	\$ 138.00	\$ 138.00 69
1 pc	Shift gear pedal X no Damage	distorted	\$ 68.00	\$ 68.00
1 pc	Throttle handle - ✓	distorted	\$ 62.00	\$ 62.00 ✓
1 pc	Brake lever ✓ Bent	distorted	\$ 52.00	\$ 52.00 ✓
1 pc	Clutch lever X no Damage	distorted	\$ 52.00	\$ 52.00
Parts Sub-Total			\$ 7,374.70	\$ 5,494.70
Discount 0.00%			\$ -	\$ -
			\$ 7,374.70	\$ 5,494.70

Vehicle Number : FBE 6658 M

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
<u>Special Nett Items</u>				
2 pcs	Number plate **	Necessary	\$ 70.00	\$ 70.00 X
2 blts	Fork oil **	Necessary	\$ 60.00	\$ 60.00 X
2 blts	Brake oil **	Necessary	\$ 60.00	\$ 60.00 X
1 set	Sticker **	Necessary	\$ 128.00	\$ 128.00 ✓
1 pc	Meter cable **	grazed/loose	\$ 65.00	\$ 65.00 X
1 pc	Throttle cable **	grazed/loose	\$ 65.00	\$ 65.00 X
1 set	Wiring harness **	open circuit	\$ 250.00	\$ 250.00 X
1 pc	Horn assy no Damage	open circuit	\$ 65.00	\$ 65.00 X
2 pcs	Tyre **	deformed	\$ 400.00	\$ 360.00 X
1 pc	Gasket **	Necessary	\$ 30.00	\$ 30.00 X
1 pc	Front box	wrapped	\$ 88.00	\$ 88.00 ✓
1 pc	Rear box with bracket	distorted	\$ 220.00	\$ 220.00 2.00
1 pc	Tail brake lamp no Damage	electronic shocked	\$ 120.00	\$ 120.00 X
Special Nett Sub-Total			\$ 1,621.00	\$ 1,581.00
Spare Parts Total			\$ 8,995.70	\$ 7,075.70

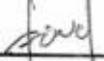
9560.70

**LABOUR COST**

S/No	JOB DESCRIPTIONS	Workshop Estimation (\$)	Our Revised Estimation (\$)
	Spare Parts Total c/f	\$ 8,995.70	\$ 7,075.70
1	Labour charges to repair and panel beat body frame structure cutting/welding and replacing the above mentioned parts.	\$ 1,600.00	<del>1,400.00</del> 600
2	Transport	\$ 100.00	<del>100.00</del> 80
3	To replace wiring harness system incl checking	\$ 240.00	<del>220.00</del> 50
4	To tuff coat affected areas	\$ 180.00	<del>150.00</del> 20
	Total	\$ 11,115.70	\$ 8,945.70
	The repairer has agreed to undertake the repair under a Sum Basis. We have further adjusted the amount to Sum Repair of:	\$ 7,000.00	

11680.70

The repairer has agreed to undertake the repair under a Sum Basis. We have further adjusted the amount to Sum Repair of:

  
 Fong Kok Heng  
 Qualified Appraiser

l/s \$1900 / 4 days



Your Ref: BK.BK.18212.17

Date: 18<sup>th</sup> April 2019

Our Ref: CS1/LAW19006681/K1vd3s2

**M/s Bonnie Kwok LLC**  
101A Upper Cross Street  
#08-12 People's Park Centre  
Singapore 058358

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO:  
FBE 6658M INSURED VEHICLE: CB 7281M ACCIDENT DATE: 30/09/2017**

We thank you for your instruction on 12/04/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of FBE 6658M from M/s AJAX Inspection Services Pte Ltd.
- b) Survey report by Automax Survey with colour photographs.
- c) Singapore Accident Statement of Vehicles FBE 6658M and CB 7281M.
- d) Colour damaged vehicle photographs of FBE 6658M.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: FBE 6658M
Make & Model	: Yamaha T135
Year of Registration	: 2010
Chassis Number	: 5YP302747
Engine Capacity	: 135 cc

2. We recommend that the repairs of the entire damage require about 4 (Four) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



## LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBE 6658M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	HEADLAMP TOP COVER	DEFORMED	130.00	130.00
1	HEADLAMP ASSY WITH CASING	ELECTRONICALLY SHOCKED	435.00	255.00
1	FRONT MUDGUARD	DEFORMED	108.00	108.00
2	RIM	NO DAMAGED	500.00	-
1	SET FRONT FORK COVER	NO DAMAGED	94.00	-
2	FRONT FORK TUBE	NO DAMAGED	222.00	-
2	FRONT FORK OIL SEAL	NO DAMAGED	104.00	-
1	HANDLE BAR	BENT	208.00	208.00
1	SET HANDLE BAR GRIP	NO DAMAGED	88.00	-
2	HANDLE BAR BALANCER	NOT NECESSARY	168.00	-
1	METER ASSY WITH CASING	NO DAMAGED	450.00	-
1	HORN SWITCH	NOT NECESSARY	70.00	-
1	STARTER SWITCH	NOT NECESSARY	92.00	-
1	SET SIDE MIRROR ASSY	NO DAMAGED	90.00	-
1	CRANKSHAFT COVER	NO DAMAGED	255.00	-
1	MAIN STAND	BENT / DISTORTED	128.00	128.00
1	FRONT WHEEL SHAFT	NOT NECESSARY	68.00	-
2	FRONT SIDE COVER WITH SIGNAL LAMP	N/S NO DAMAGED / O/S GRAZED / DEFORMED	340.00	170.00
1	BRAKE PEDAL	NO DAMAGED	65.00	-
1	FRONT FORK BRACKET	NO DAMAGED	115.00	-
1	STEERING CONE	NO DAMAGED	145.90	-
1	STEERING CONE BEARING	NO DAMAGED	85.00	-
1	EXHAUST PIPE ASSY	NO DAMAGED	925.00	-
1	KICK STARTER	NO DAMAGED	86.00	-
1	SEAT ASSY	NO DAMAGED	141.00	-
1	MAIN FRAME ASSY	BROKEN	158.80	158.80
1	REAR SWING ARM ASSY	TO REPAIR SEE LABOUR	328.00	-
1	BODY FRAME ASSY	TO REPAIR SEE LABOUR	1,880.00	-
1	REAR MUDGUARD	NO DAMAGED	88.00	-
2	REAR SIDE FAIRING COVER	O/S CRACKED / N/S NO DAMAGED	138.00	69.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SHIFT GEAR PEDAL	NO DAMAGED	68.00	-
1	THROTTLE HANDLE	CUT	62.00	62.00
1	BRAKE LEVER	BENT	52.00	52.00
1	CLUTCH LEVER	NO DAMAGED	52.00	-
	LESS 10% DISCOUNT		-	-134.08
			7,939.70	1,206.72
	<b><u>SPECIAL NETT ITEMS</u></b>			
2	NUMBER PLATE (SN)	NOT NECESSARY	70.00	-
2	BLTS FORK OIL (SN)	NOT NECESSARY	60.00	-
2	BLTS BRAKE OIL (SN)	NOT NECESSARY	60.00	-
1	SET STICKER (SN)	NECESSARY	128.00	128.00
1	METER CABLE (SN)	NOT NECESSARY	65.00	-
1	THROTTLE CABLE (SN)	NOT NECESSARY	65.00	-
1	SET WIRING HARNESS (SN)	NOT NECESSARY	250.00	-
1	HORN ASSY (SN)	NO DAMAGED	65.00	-
2	TYRE (SN)	NOT NECESSARY	400.00	-
1	GASKET (SN)	NOT NECESSARY	30.00	-
1	FRONT BOX (SN)	WARPED	88.00	88.00
1	REAR BOX WITH BRACKET (SN)	DISTORTED	220.00	200.00
1	TAIL BRAKE LAMP (SN)	NO DAMAGED	120.00	-
			1,621.00	416.00
	<b><u>LABOUR</u></b>			
	LABOUR CHARGES TO REPAIR AND PANEL BEAT FRAME STRUTURE CUTTING / WELDING AND REPLACING THE ABOVE MENTIONED PARTS. INCLUSIVE OF THE REPAIR OF REAR SWING ARM ASSY AND BODY FRAME ASSY.		1,600.00	600.00
	TRANSPORT.		100.00	80.00
	TO REPLACE WIRING HARNESS SYSTEM INCL CHECKING.		240.00	50.00
	TO TUFF COAT AFFECTED AREAS.	NOT NECESSARY	180.00	-
			-	-
			-	-
			-	-
			2,120.00	730.00
<b>GRAND TOTAL</b>			<b>11,680.70</b>	<b>2,352.72</b>



<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>1,900.00</b>
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Report Ref No. CS1/LAW19006681/K1vd3s2

**KALVIN ANG WEI KUN**

Automotive Assessor / Investigator

**ADRIAN LING WAI PING**

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

Licensed Appraiser

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