

Surveyor

REF: CS3/ASM18014627/E1d3-1

Special Instruction:

Lis: \$10,100.00

From (Person): Xin Yi of Seahong Date/Time: 27/6/19

Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: Prestige Appraiser

Workshop: Nakanin Auto

OD: UP Re-inspection / Evaluation

To Inspect Vehicle No: GZ 9001 T Insured: WC 7342D

at Workshop m/s: Nakanin Auto Tel: 160 Sin Ming Drive # 08-12

Policy No: Claim No: 18-25882 PD-0

Sum Insured: Excess:

Make of Veh: D.O.A. 2/8/2018

(Client's Record)

02/9/19 @ 7.30pm

H.O.D. Endorsement/Date

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig. days (Red \$ / %; Original 8 days)

Date/Time: 5/9/2019 Submit Final Fig. 5350/-, 5 days (Red \$ 4750.47 %; Original 8 days)

Date/Time	Action/Instruction
	GZ 9001 T - CS3/ASM18014627 / G2abc2
	WC 7342D - CS3/ASM18014627 / G2abc2
27/6/19	Pending RI Appointment from xin yi.
4/8/19	Cheer Kiong Instruction to do paper survey.
29/8/19	Receive instruction from xin yi to conduct RI
	Inspection: Double - Trans Rte LTD 4 Sungei Bedat Street 2
	Sungei Industrial Estate Singapore 74226
2/9/19	Store Survey Reinspection
	RECEIVED 05 SEP 2019

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:

700

700

1) Date/Time: 5/9/2019 File Pass to: Typist

3) Date/Time: File Pass to:

5) Date/Time: File Pass to:

2) Date/Time: File Return to:

4) Date/Time: File Return to:

6) Date/Time: File Return to:

12/04/2018

ASS. REC. BY:

REF: CS3 / ASM18014627 / G24627

Special Instruction:

UTUP/OT

ASSIGNMENT (Office)

smart claim

From (Person):

Johnny Yong

of

ASM

Date/Time:

10082018 4:01pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GZ4001T

Insured:

WC 73420

at Workshop m/s:

Tel:

626 2307

of

160 Sin Ming Drive #08-12

Policy No:

Claim No:

S8M0062L

Sum Insured:

Excess:

Make of Veh:

D.O.A.

0208 2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'top'

Date/Time:

13082018 13:00pm

Person Contacted:

Doreen

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time

Action/Instruction (X) (Signature)

13082018 X

13082018 X

ASS. REC. BY:

Steve

REF:

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:

(Policy Condition)

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

X	X
N/S	O/S

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: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: G2 9001T

Yr Regn: 01/11/06

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: OPEL Combo

C.C. 1686

Colour: Black

A/C: Insured / Std / NI / NA

Sp Reading 36650

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WV0LOXCF9S63069302

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F:

185/60R15

R:

1

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. 5 mm

L/Bal. 5 mm

D.O.A. 2/8/18

D.O.I. 2/9/19

Survey held at Double - Trans

Des. of Damages (Ft) / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee: ☐ : Site Insp (\$)

S + FS \$

☐ : Interview (\$)

Photos

☐ : Tech. Insp (\$)

Other

☐ : Wind and (\$)

TOTAL

Report Format:

Lump Sum / L&L (\$)

4/9/2019

WIC
KRL

REF

AXA

C1888 E -

ASSIGNMENT

(2021)

68900M

01 Nov 2006

Form

Estimated Cost

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

To inspect Vehicle No

At Workshop

At Autocity 08-12

Insured

Policy No

Claims No

Sum Insured

Excess

(Client's Record)

Make of Veh

(Policy Condition)

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

Ball or Market Value

\$18k

IDAC Accident Report Consistent? Yes or No

GIA / FR Seen Consistent? Yes or No

Est Repairs days Res. Yes or No

Lump Sum % 3 Val Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Date Time Action / Instruction

20/11/06 Autocity 08-12 Report

Vehicle

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

opel combo

Colour

Black

Sp Reading

347552

Eng No

City

woloxcf256 3069 302

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size

F: 185 / 65 R15
R: "

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

TOYO / YOKO or

westlake

Front

Rear

R/Bal

6 mm

R/Bal

6 mm

L/Bal

6 mm

U/Bal

6 mm

D.O.A

D.O.I

13-08-18
5pm

Survey held at

w/s

Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date Time File Path

II

Date Time File Path

Report Format

Lump Sum / L.B.L. /

☐

Prel. Report

☐

Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site trap 15

☐

Interview 15

☐

Tackling 15

☐

Photography 15

Survey Fee

Inspector

Vehicle /

1. Price

2. Time

3. Other

100

100

Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Thursday, 27 June 2019 12:16 PM
To: 'Admin-D (LKKAuto)'; 'Admin A'
Cc: 'Chee Kiong'; 'samson'; amanda@seahong.com.sg
Subject: SOP file ref: 18.25882 PD-O | GZ 9001T
Attachments: 80706 survey report.pdf; 80706.colour photos.pdf; WC7342D INSD GIA REPORT.PDF; GZ9001T TP GIA REPORT.PDF

Dear Nivitha

CLAIMANT :	DOUBLETRANS PTE. LTD
VEHICLE NUMBER :	GZ 9001T
ALLEGED ACCIDENT DATE :	02.08.2018
AXA VEHICLE NUMBER :	WC 7342D

1. We act for AXA Insurance Pte Ltd for the above matter.
2. We understand that you were engaged to survey the claimant's vehicle.
3. The Plaintiff's claim is as follows:-

a.	Cost of repairs	\$10,100.00
b.	Loss of use	1,350.00
	5 days pre-repair survey loss of use	750.00
	TOTAL	<u>\$12,200.00</u>
4. The Plaintiff's surveyor's report with the coloured photographs as well as the GIA reports by the parties, are attached.
5. We have requested for RI of the Plaintiff's vehicle and will liaise with you thereafter. Thanks!

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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Nivitha (LKK Auto)

From: cheekiong@seahong.com.sg
Sent: Sunday, 4 August 2019 9:17 AM
To: 'Admin-D (LKKAuto)'; 'Xin Yi'; 'assignments'
Cc: 'samson'; amanda@seahong.com.sg
Subject: RE: URGENT - SOP file ref: 18.25882 PD-O | GZ 9001T

Dear Nivitha

Thanks for your email below. The Plaintiff is not responding to our request for RI.

In order not to delay the court proceedings further, please let us have your survey report in lieu of the RI. May we hear from you urgently ? Thanks !

Yours
Chee Kiong

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Thursday, 27 June, 2019 2:20 PM
To: 'Xin Yi' <xinyi@seahong.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Chee Kiong' <cheekiong@seahong.com.sg>; 'samson' <samson@seahong.com.sg>; amanda@seahong.com.sg
Subject: RE: SOP file ref: 18.25882 PD-O | GZ 9001T

Dear Xin Yi,

Thank you for the assignment.

Kindly assist to arrange for the Re-Inspection appointment.

Best Regards,

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: Xin Yi [<mailto:xinyi@seahong.com.sg>]
Sent: Thursday, 27 June 2019 12:16 PM
To: 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>; 'Admin A' <admin-a@lkkauto.com>
Cc: 'Chee Kiong' <cheekiong@seahong.com.sg>; 'samson' <samson@seahong.com.sg>; amanda@seahong.com.sg
Subject: SOP file ref: 18.25882 PD-O | GZ 9001T

Dear Nivitha

CLAIMANT :
VEHICLE NUMBER :

DOUBLETRANS PTE. LTD
GZ 9001T

ALLEGED ACCIDENT DATE : 02.08.2018
AXA VEHICLE NUMBER : WC 7342D

1. We act for AXA Insurance Pte Ltd for the above matter.
2. We understand that you were engaged to survey the claimant's vehicle.
3. The Plaintiff's claim is as follows:-

a	Cost of repairs	\$10,100.00
b	Loss of use	1,350.00
	5 days pre-repair survey loss of use	750.00
	TOTAL	<u>\$12,200.00</u>

4. The Plaintiff's surveyor's report with the coloured photographs as well as the GIA reports by the parties, are attached.
5. We have requested for RI of the Plaintiff's vehicle and will liaise with you thereafter. Thanks!

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

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#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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AVG

This email has been checked for viruses by AVG antivirus software.
www.avg.com

Date . . . No.

Date : 02/08/2018

Time : 13:25

We came from sungei kadut loop and we just drive towards sungei kadut st 1 to my office. Exactly 15 sungei kadut st 3. In front of me concrete mixture (vehicle no = WCT3420) suddenly slow down in the middle of Rd and started reversing. At that point of time I hon him But he didn't notice and continue reversing and he hit my van (G1Z9001T). Mr. Kalaiyarasu driver of (WCT3420) accept and acknowledge his mistake that he reverse and hit our vehicle.

Kalaiyarasu,
J. Kalai

Witness by, V. G. OPT

(V)

Co Reg No. 1594063182

TO :

INVOICE NO. : NA/A/8194/18
DATE : 23RD AUG 2018
VEHICLE NO. : GZ 9001 T
MAKE/MODEL : OPEL COMBO

MILEAGE :
TERMS : CASH

Cheques should be crossed "A/C Payee only" and
make payable to **NAKARIN AUTO SALES PTE LTD**
and mail it to : 160 Sin Ming Drive #08-12
Sin Ming AutoCity Singapore 675722.

NAKARIN AUTO SALES PTE LTD

Workshop / Office : 160 Sin Ming Drive, #08-05 Sin Ming AutoCity Singapore 575722 Tel: 6266 2307 Fax: 6266 2306

PRESTIGE APPRAISER SERVICES

Insurance Loss Adjusters and Licensed Appraisers Regn.52868584L
Blk 131 Rivervale Street #05-872 S'pore 540131 Tel:65528323
Fax:64574321

No.

22994

INVOICE

Customer

To M/s Double-Trans Pte Ltd
c/o 160 Sin Ming Drive
#08-12 Sin Ming Auto City
Singapore 575722

Date 20-Aug-18
Our ref PS/008/08/18
Your Ref

VEHICLE REGISTRATION NO : GZ 9001 T

VEHICLE MAKE/MODEL : Opel Combo

INSPECTION REPORT FEES
(inclusive of photographs & transport charges)

\$530.00

DOLLARS: Six Hundred And Thirty Only

○
E. & O. E.

for PRESTIGE APPRAISER SERVICES



PRESTIGE APPRAISER SERVICES

Insurance Loss Adjusters and Licensed Appraiser Regn. 652868584L

Blk 131 Rivervale Street #05-872 S'pore 540131 Tel:65528323 Fax:64574321

Our ref : PS/008/08/18

Date : 20th August 2018

M/s Double-Trans Pte Ltd
c/o 160 Sin Ming Drive
#08-12 Sin Ming Auto City
Singapore 575722

Dear Sir,

Re : **THIRD PARTY CLAIM**

We refer to your instruction to appraise the vehicle **GZ 9001 T** on 10th August 2018.

A static inspection was conducted during our survey and our report is enclosed for your perusal. The estimated repair cost submitted by **Messrs. NAKARIN Auto Sales Pte Ltd** for **\$16,520.00** as per our attached schedule have been inspected thoroughly each and every item and revised by us against the actual damages found on the vehicle which have been recommended by us accordingly.

The repairer has agreed to undertake repairs at our revised amount of **\$10,100.00 lump sum** corresponding to supply of parts, labour charges and spray-painting. However, we have not given instruction to authorize the repairs.

Under normal circumstances, the estimated period of repairs would be **EIGHT (8) days**. Photographs of the damaged vehicle taken by us during our inspection are enclosed.

We are reverting the matter to you for a decision.

Please do not hesitate to contact us if you need any clarification.

Assuring you of our best services.

Yours faithfully,

PRESTIGE APPRAISER SERVICES


LOUIS S C NG CAE AMIMI
Dip. MTM. Automotive Engineer
Licensed Appraiser

Encl.

PRESTIGE APPRAISER SERVICES

VEHICLE INSPECTION REPORT

To: M/s Double-Trans Pte Ltd
c/o 160 Sin Ming Drive
#08-12 Sin Ming Auto City
Singapore 575722

Date : 20th August 2018
Our Ref : PS/008/08/18
Policy No :
Sum Insured :
Excess : T/P Claim

Assigned By : M/s Double-Trans Pte Ltd
Assignment Date : 10th August 2018
Accident Date : 02nd August 2018
Inspection Date : 10th August 2018
Workshop Name : Nakarin Auto Sales Pte Ltd
Survey Conducted At : 160 Sin Ming Drive
#08-12 Sin Ming Auto City
Singapore 575722

PARTICULARS OF VEHICLE

Registration No	: GZ 9001 T	Mileage	: 347552km
Make/Model	: Opel Combo	Engine No	: Z17DTH01514043
Type Of Body	: Van	Chassis No	: W0L0XCF2563069302
Year Of Manu./Regn.	: 2006	Max. Laden Wt.	: 1780kg
Colour	: Black	Others	: -

CONDITION OF TYRES

R/H SIDE

L/H SIDE

Front Tyre	: 6mm 185/65R15 Westlake	6mm 185/65R15 Westlake
Rear Tyre	: 6mm 185/65R15 Westlake	6mm 185/65R15 Yokohama

The above represent the estimated remaining life of the tyre treads.

PRE-ACCIDENT CONDITION (Static tests only)

Handbrake	: Serviceable	Body Work	: Good
Footbrake	: Serviceable	Paint Work	: Good
Steering	: Serviceable	Others	: -

POINT OF IMPACT

The vehicle sustained an impact on the front portion.

GENERAL DESCRIPTION OF DAMAGES

The front support panel, bumper assy, fenders, bonnet, radiator, aircon condenser were dented/distorted.

For details of damages please refer to schedule attached.

REMARKS :

This survey was conducted strictly without prejudice.

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 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	03/08/2018 13:52
Date Of Accident	02/08/2018 13:25
Exact Location Of Accident	ALONG SUNGEI KADUT ST 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ9001T
Insured/Policyholder	
Name Of Registered Owner	DOUBLE-TRANS PTE. LTD.
Co Reg No	199001888E
Email Address	ADMIN@SAMCO.COM.SG
Mobile Phone No	(LOCAL) +65-86123163
Alternative Phone No	OFFICE-64812518

Vehicle Particulars

Manufacturer	OPEL
Model	COMBO VAN AZ
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5076808613-02
Cover Note Number	

Driver

Name of Driver	VEDIYAPPAN GOPI
Passport No/FIN	G3363749M
Date Of Birth	10/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83816008
Fax Number	
Contact Number	
EMail 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 COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles 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) 2
 Passenger 1
 NAME: : KANNAN
 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

REFER 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 WC7342D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver JAYARAMAN KALAIYARASU
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

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 regulate 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.



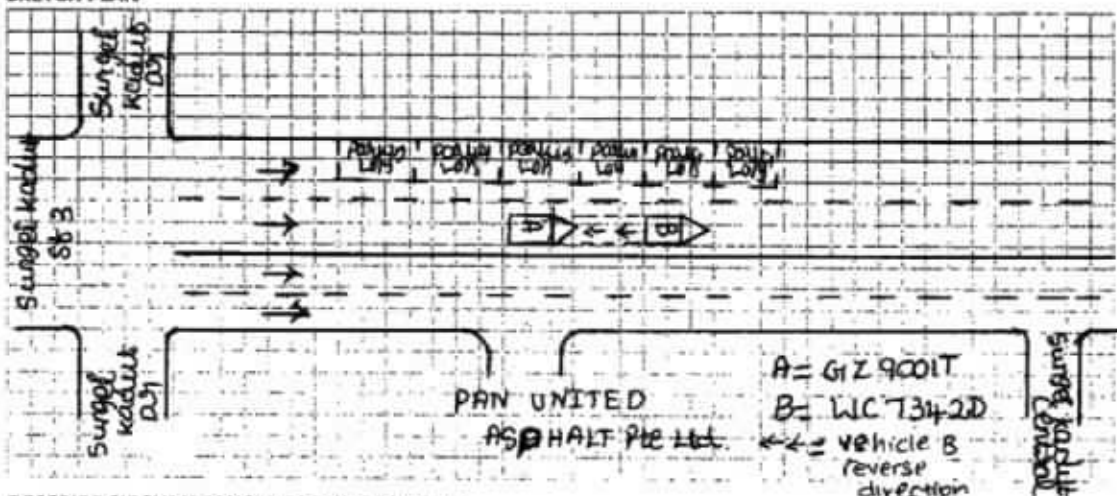
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 21 Aug/18 1325pm

Accident Location: Sungai Kadut 313

I was driving straight along the mentioned.
Vehicle B suddenly stopped, so I stopped too.
Then, vehicle B started to reverse & collided
onto my vehicle.

No injury was involved in this accident

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (ODR)

DECLARATION

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

*** IMPORTANT NOTE:**

We had been advised by the reporting firm in the event that you wish to state against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of .

Policyholder:
Date & Time:

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

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

Accident Photo



Accident Photo



Accident Photo



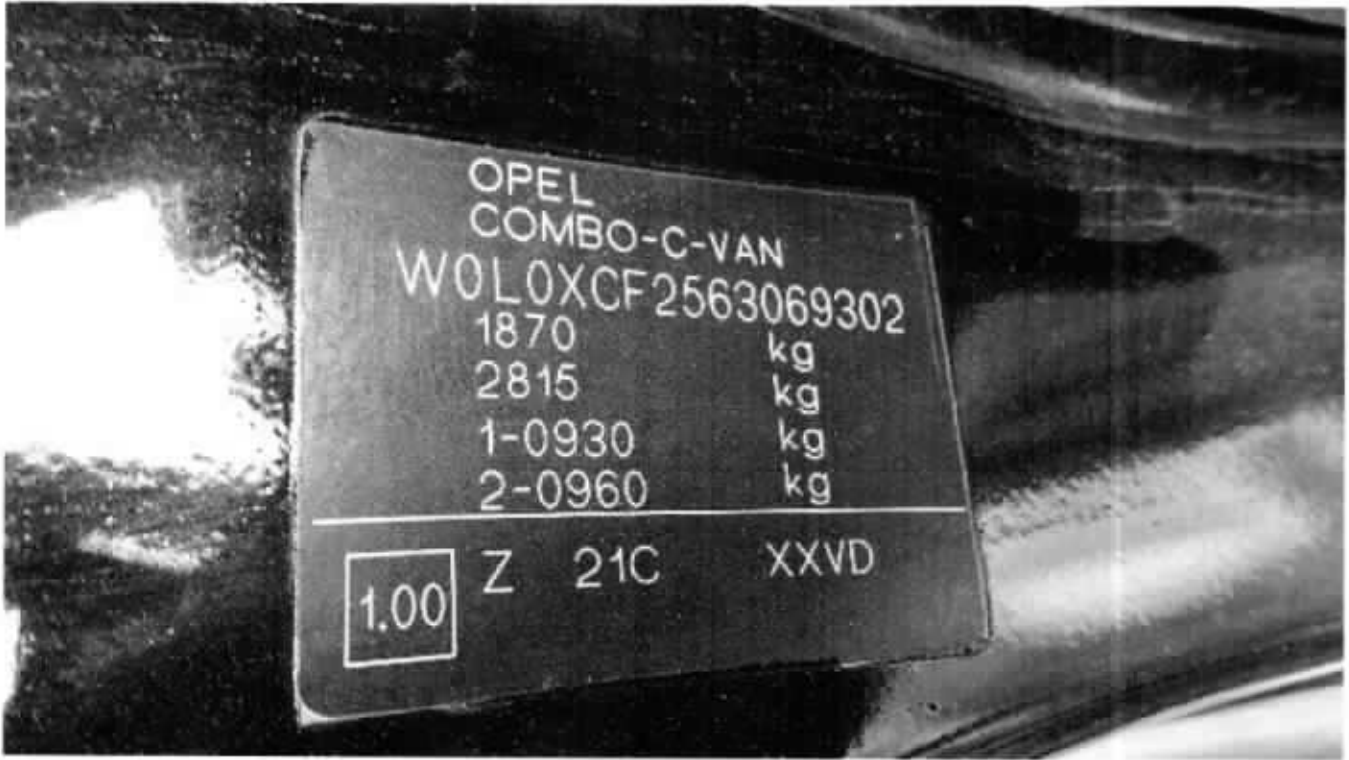
Accident Photo



Accident Photo



Accident Photo



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 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 03/08/2018 16:17
 Date Of Accident 02/08/2018 13:30
 Exact Location Of Accident SUNGAI KADUT ST 3
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number WC7342D
Insured/Policyholder
 Name Of Registered Owner GRM BUILDERS PTE. LTD.
 Co Reg No 201006608R
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-84043941

Vehicle Particulars

Manufacturer ISUZU
 Model CYH52S
 Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE
 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 GOODS VEHICLE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy YES
 Policy Number VSX/P2129070
 Cover Note Number

Driver

Name of Driver JAYARAMAN KALAIYARASU
 Passport No/FIN F7696297U
 Date Of Birth 01/06/1975
 Occupation OUTDOOR
 Date Of Driving Pass 27/08/2014
 Driving Experience 3 YEARS AND 11 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-84043941
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	999D SEARANGOON RD
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

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	GZ9001T
Vehicle Make/Model/Colour	OPEL COMBO VAN AZ
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 willful 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.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: J. K. A.
NIC/FIN No.: 123456789

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

Policyholder's Signature _____

Date & Time:

Driver's Signature _____

(If driver is not the policyholder)

Cheng & Turner

Reporting Centre Personnel's Signature

Name: John A.

NHC/FIN No.: J 04-01774

CHASSIS NO : JALCYH52SE7000020

U/W : 13500KG

M/L/W : 34000KG

PASS CAP : 02

TYRE SIZE : F 295-80R22-5(S)x2

: R 295-80R22-5(D)x2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

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

		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 250 CC	11 Dec 2008
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	11 Dec 2008
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 3500 KILOGRAMS	27 Aug 2014
Class 5	MOTOR VEHICLES WHICH ARE NOT CONSTRUCTED THEMSELVES TO CARRY ANY LOAD AND THE WEIGHT OF WHICH UNLADEN EXCEEDS 7250 KILOGRAMS	26 Aug 2015

F7696297U

S / No. 9000223206

NP 428A

Licence No: F7696297U

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **F7696297U**

Name: **JAYARAMAN KALAIYARASU**

Birth Date: **01 Jun 1975**

Issue Date: **06 Dec 2013**

Valid Till: **10 Dec 2018**

 002253222D

Insurance policy

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: (65) 63367268 Fax: (65) 63367522
Website: www.axa.com.sg
GST Registration Number: 199003512M
customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

• Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 183) • Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 • Road Transport Act, 1987 (Malaysia) • Motor Vehicles (Third-Party Risks) Rules, 1954 (Malaysia)

CERTIFICATE NO.	: VEX/P2129070	Account No. : 03936
Coverage	: Third Party Only	
Sum Insured	: NIL	
Name of Policy Holder	: GRM BUILDERS PTE LTD	
Vehicle Registration No.	: WC7342D	
Period of Insurance	: From 31/05/2018 To 30/05/2019 (Both Dates Inclusive)	

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person provided he is in the Policyholder's employ and/or is driving on their order or with their permission

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 reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

Use in connection with the Policyholder's business
Whilst the Motor Vehicle is being so used, the carriage of passengers is permitted

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing
- (b) Use for the carriage of passengers for hire or reward
- (c) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(10)

EXCESS :

Sect II-Any Authorised Driver : SGD 2,000.00

(For Unnamed Driver Excess, please refer to your policy)

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 183) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 183) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOSP on 07/06/2018

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 183).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

PRESTIGE APPRAISER SERVICES

Vehicle No : GZ 9001 T

Our Ref :

PS/008/08/18

Qty	Descriptions	Conditions	Repairer's Est.	Our Revised.
	<u>LIST ITEMS</u>			
1	front bumper /	dented	\$ 950.00	\$ 950.00 850/
1	front bumper reinforcement X NAI	dented	365.00	365.00 X
2	front bumper side retainer /	dented	96.00	96.00 60/
2	front bumper bracket X NAI	dented	230.00	230.00 X
2	front bumper protector /	dented/cut	176.00	176.00 /
1	front grille /	dented/cracked	448.00	448.00 350/
1	front grille emblem /	necessary	80.00	80.00 60/
1	front top panel X R	dented	350.00	350.00 X
1	R/H headlamp /	broken	685.00	685.00 450/
1	L/H headlamp /	cracked	685.00	685.00 450/
2	headlamp panel X R	dented	420.00	420.00 X
1	aircon condenser /	dented/warped	1,180.00	1,180.00 1000/
1	radiator assy /	dented/warped	1,020.00	1,020.00 800/
1	radiator fan assy /	dented/cracked	685.00	685.00 550/
1	inter cooler X NAI	dented/warped	650.00	650.00 X
1	aircon compressor X NAI	damaged	1,185.00	1,185.00 X
1	aircon belt X NAI	cut	145.00	145.00 X
1	air duct X NAI	dented	68.00	68.00 X
1	air intake pipe X NAI	dented	105.00	105.00 X
1	alternator X NAI	serviceable	1,250.00	-
1	radiator top cover X NAI	cracked	98.00	98.00 X
1	bonnet /	dented/distorted	920.00	920.00 800/
1	bonnet hinge X NAI	dented - repair	226.00	-
1	bonnet lock X NAI	dented	168.00	168.00 X
1	R/H front fender arch garnish X NAI	dented	196.00	196.00 X
1	L/H front fender X NAI	dented - repair	643.00	-
1	L/H front fender arch garnish X NAI	missing/dislodged	196.00	196.00 X
			13,220.00	11,101.00 5546
		Less 10%	-	1,110.10 196
			\$ 13,220.00	\$ 9,990.90 4991.49
	<u>NETT ITEM</u>			
1	front number plate	dented	60.00	\$ 50.00
	<u>Labour Charges & Misc</u>			
	To dismantle & replace damaged parts, panel beat where necessary.		1,400.00	1,100.00 700/
	To putty, apply primer & spray-paint on the affected portion.		1,400.00	1,200.00 800/
	To apply rust-proofing on repaired, replaced panel.		150.00	100.00 50/
	To remove/renew aircon condenser & refill gas.		150.00	120.00 100/
	Towing charges.		80.00	60.00 /
	To check wiring functions.		60.00	50.00 30/
			\$ 16,520.00	\$ 12,670.90 1729

P- 4991.49
 L- 1729
 6711.49
 L/S - 5369.12
 = 5350

5 repair days

PRESTIGE APPRAISER SERVICES

Vehicle No : GZ 9001 T

Our Ref : PS/008/08/18

Qty	Descriptions	Conditions	Repairer's Est.	Our Revised.
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Note: The repairer has agreed to undertake the repairs at our adjusted amount of **\$10,100.00 lump sum** corresponding to supply of parts, labour and spray-painting charges.

Under normal circumstances, the estimated repair period would be **EIGHT (8)** days.

Pursuant to your instruction we have **not** authorised repairs on your behalf.

PRESTIGE APPRAISER SERVICES



LOUIS S C NG CAE AMIMI (UK)

Licensed Appraiser

Dip. MTM. Automotive Engineer



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				
AXA INSURANCE PTE LTD		Ref : CS3/ASM18014627/Eld3e2-1		
C/O : SEAH ONG & PARTNERS LLP 36 ROBINSON ROAD #12-03 CITY HOUSE SINGAPORE 068877		Date : 05-09-2019		
		Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)				
Insured Veh.	WC 7342D	Veh. Inspected	GZ 9001T	
Policy No.	VSX/P2129070	Coverage (\$)	0.00	
Claim No.	18.25882 PD-O	Excess (\$)	0.00	
Assign From	XIN YI	Assign Date	27/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	OPEL COMBO	c.c	1686	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	W0L0XCF2563069302	Colour	BLACK	
Odometer	366050	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	185/60 R15	MICHELIN	5 mm	
L/H Front Tyre	185/60 R15	MICHELIN	5 mm	
R/H Rear Tyre	185/60 R15	MICHELIN	5 mm	
L/H Rear Tyre	185/60 R15	MICHELIN	5 mm	
4. Description of Damages				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.				
5. General Information				
Accident Date	02/08/2018	Inspection Date	02/09/2019	
Survey held at	4 SUNGEI KADUT STREET 2, SUNGEI INDUSTRIAL ESTATE			
Repairer	NAKARIN AUTO SALES PTE LTD			
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		



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GZ 9001T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	REPLACED	950.00	850.00
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	365.00	-
2	FRONT BUMPER SIDE RETAINER	REPLACED	96.00	60.00
2	FRONT BUMPER BRACKET	NOT NECESSARY	230.00	-
2	FRONT BUMPER PROTECTOR	REPLACED	176.00	176.00
1	FRONT GRILLE	REPLACED	448.00	350.00
1	FRONT GRILLE EMBLEM	REPLACED	80.00	60.00
1	FRONT TOP PANEL	REPAIRED SEE LABOUR	350.00	-
1	R/H HEADLAMP	REPLACED	685.00	450.00
1	L/H HEADLAMP	REPLACED	685.00	450.00
2	HEADLAMP PANEL	REPAIRED SEE LABOUR	420.00	-
1	AIRCON CONDENSER	REPLACED	1,180.00	1,000.00
1	RADIATOR ASSY	REPLACED	1,020.00	800.00
1	RADIATOR FAN ASSY	REPLACED	685.00	550.00
1	INTER COOLER	NOT NECESSARY	650.00	-
1	AIRCON COMPRESSOR	NOT NECESSARY	1,185.00	-
1	AIRCON BELT	NOT NECESSARY	145.00	-
1	AIR DUCT	NOT NECESSARY	68.00	-
1	AIR INTAKE PIPE	NOT NECESSARY	105.00	-
1	ALTERNATOR	NOT NECESSARY	1,250.00	-
1	RADIATOR TOP COVER	NOT NECESSARY	98.00	-
1	BONNET	REPLACED	920.00	800.00
1	BONNET HINGE	NOT NECESSARY	226.00	-
1	BONNET LOCK	NOT NECESSARY	168.00	-
1	R/H FRONT FENDER ARCH GARNISH	NOT NECESSARY	196.00	-
1	L/H FRONT FENDER	NOT NECESSARY	643.00	-
1	L/H FRONT FENDER ARCH GARNISH	NOT NECESSARY	196.00	-
	LESS 10% DISCOUNT		-	-554.60
			13,220.00	4,991.40
SPECIAL NETT ITEMS				
1	FRONT NUMBER PLATE (SN)	REPLACED	60.00	35.00
			60.00	35.00

Report Ref No. CS3/ASM18014627/Etd3e2-1

**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 (\$)
	LABOUR			
	TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY. INCLUSIVE OF THE REPAIR OF FRONT TOP PANEL AND HEADLAMP PANEL.		1,400.00	700.00
	TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.		1,400.00	800.00
	TO APPLY RUST-PROOFING ON REPAIRED, REPLACED PANEL.		150.00	30.00
	TO REMOVE / RENEW AIRCON CONDENSER & REFILL GAS.		150.00	100.00
	TOWING CHARGES.		80.00	60.00
	TO CHECK WIRING FUNCTIONS.		60.00	30.00
			3,240.00	1,720.00
	GRAND TOTAL		16,520.00	6,746.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			5,350.00

Report Ref No. CS3/ASM18014627/Etd3e2-1

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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