

Surveyor: _____ REF: CSI/FCI19011817/Ad302
ASSIGNMENT (Office)
 From (Person): Jim Seon of FCI Date/Time: 11/7/2019
 Estimated Cost: _____ Bill to: _____

Special Instruction:
 LE \$55,300
 Third Parties:
 Claimant: Owner
 Surveyor: PPR Automotive
 Workshop: N-51

OD/TP Re-inspection / Evaluation
 To Inspect Vehicle No: YL7011M Insured: SHB597P
 at Workshop m/s N-51 Tel: 67440510
 of 2 Kaki Bukit Ave 2 #01-18
 Policy No: _____ Claim No: D16/4076/SMRT/JW
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 1/4/2016
 (Client's Record)

H.O.D. Endorsement/Date: _____
 Date/Time: _____ Person Contacted: US Vehicle IN / OUT
 Date/Time: 26/9/2019 Confirmed with Boss Final Fig 18000/-, 12 days (Red \$37300/67%; Original 26 days)
 Date/Time: _____ Submit Final Fig _____ days (Red \$37300/67%; Original _____ days)

Date/Time	Action/Instruction
	YL7011M-X
	SHB597P-X
	- Waiting for 01 G1A photos. 12/7
	RECEIVED 20 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 : _____	Inspected/ Evaluated by:	Fee Charged	Date:
Salvage Value : _____		Basic & Add	
Nett Value : _____		Transport	
1) Date/Time 26/9 File Pass to Typist	2) Date/Time _____	Photos	
3) Date/Time _____ File Pass to _____	4) Date/Time _____	Others	
5) Date/Time _____ File Pass to _____	6) Date/Time _____	Total	

Nivitha (LKK Auto)

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Monday, 1 July 2019 6:02 PM
To: Jim Soon Jian Wen; SUR
Cc: assignments@lkkauto.com; Admin-D (LKKAuto)
Subject: RE: MSFCIL D16/4276/SMRT/JW accident between SHB597P and YL7011M on 01/04/2016
Attachments: D16,4276 For Paper Re- survey.pdf

Dear Jim,

Would like to clarify on the matter.

Paper survey is for FS4148K or YL7011M.

Dear Assignment,

FYNA

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Jim Soon Jian Wen <JimSoon@msfirstcapital.com.sg>
Sent: Monday, 1 July 2019 5:04 PM
To: SUR <sur@lkkauto.com>
Subject: MSFCIL D16/4276/SMRT/JW accident between SHB597P and YL7011M on 01/04/2016

Dear Sirs,

We refer to the above matter.

We would like to request a paper re-survey of the third party vehicle (FS4148K), based on the enclosed documents:

- 1) Both parties' accident reports
- 2) Third Party's Survey report and Photos

Please acknowledge receipt and forward the report next 7 days.

Thank You

Jim Soon
Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Tel: 6507 3848 | DID : 6507 3852 | Fax No. : 6507 3849 | Email: JimSoon@msfirstcapital.com.sg | Company Regn. No. 195000106C
A Member of **MS&AD** Insurance Group

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged. If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it. If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

PAR Automotive Consultancy

Regn. No: S2986974L

Thompson Rd Post Office PO Box 029 Singapore 915701. Tel : 645 31173, Fax : 645 36131.

Report No: 0258-17-N51

09 October 2017

ACCIDENT VEHICLE SURVEY REPORT

Lucky Construction Pte Ltd
c/o N-51 Automotive Pte Ltd
2 Kaki Bukit Ave 2 #01-18
Kaki Bukit Auto Hub
Singapore 417921

VEHICLE INFORMATION:

<i>Vehicle Reg No.:</i>	YL7011M	<i>Odometer:</i>	167445km
<i>Make & Model:</i>	Isuzu FSR33P	<i>Colour:</i>	Yellow/Green
<i>Chassis number:</i>	JALFSR33P47000012	<i>Date of accident:</i>	01/04/2016
<i>Year of Regn.:</i>	18/05/2004	<i>Date inspected:</i>	05/04/2016
<i>Repairer at:</i>	N-51 Automotive Pte Ltd 2 Kaki Bukit Ave 2 #01-18 Kaki Bukit Auto Hub Singapore 417921	<i>Date inspected (After Repair):</i>	20/06/2016

STATIC CHECKS, where applicable:

<i>Steering :</i>	serviceable
<i>Footbrake :</i>	serviceable
<i>Handbrake :</i>	serviceable
<i>Paintwork :</i>	Good
<i>General condition :</i>	Good

TIRE CONDITION:

	<u>LH / Make</u>	<u>RH / Make</u>	
<i>Front:</i>	20mm/Linglong	20mm/Linglong	9.00-20
<i>Rear:x2</i>	12mm/Casumina	12mm/Casumina	9.00-20

POINT OF IMPACT AND DAMAGE, where applicable:

Impact on the rear portion.
Please see details as described in the Annex for parts and labour.

REMARKS:

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.

Parts and Labour Assessment

PARTS

Description of part	Qty	Condition	Repairer's estimate	Our adjustment
ENGINE MOUNTING LH	1	fractured	84.00	84.00
ENGINE MOUNTING RH	1	fractured	84.00	84.00
GEAR BOX MOUNTING REAR	2	fractured	130.00	130.00
REAR NUMBER PLATE LAMP	1	crushed	88.00	88.00
Subtotal before discount			S\$ 386.00	S\$ 386.00
Percentage discount	15% and 15%		S\$ 57.90	S\$ 57.90
Sub-total 1			S\$ 328.10	S\$ 328.10
ELECTRO HYDRAULIC PUMP	1	shorted	1,750.00	1,750.00 ✓
HYDRAULIC PUMP CYLINDER	1	distorted/leak	1,525.00	1,525.00 ✓
REAR CARGO CARRIER WOODEN CHASSIS FRAME BOLT & NUT L/R	10	necessary	1,200.00	1,200.00 300
REAR CARGO CARRIER WOODEN CHASSIS FRAME L/R	2	bent/fractured	1,600.00	1,600.00 ✓
REAR CARGO CARRIER WOODEN CROSS MEMBER BOLT & NUT L/R	10	bent/fractured	2,500.00	2,500.00 2000
REAR CARGO CARRIER WOODEN CROSS MEMBER BOLT & NUT L/R	20	necessary	500.00	500.00 200
REAR WOODEN CHASSIS FRAME 'U' BOLT L/R	8	necessary	1,200.00	1,200.00 400
REFLECTIVE STICKER RED / WHITE	1	necessary	50.00	50.00
SCORPION TRUCK MOUNTED ATTENUATOR	1	distorted	47,000.00	47,000.00 Local Rq 12000
Subtotal before discount			S\$ 57,325.00	S\$ 57,325.00
Sub-total 2			S\$ 57,325.00	S\$ 57,325.00
Parts-total			S\$ 57,653.10	S\$ 57,653.10

LABOUR

To remove, reinstall electrical wiring harness, check lighting. (to FR)	100.00	80.00 50
To replace engine mounting, engine cross member bracket, gear box mounting and etc.	200.00	150.00 X
To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.	1,250.00	1,000.00 600
To provide labour, workmanship to change the above damaged bodyparts, repair, reconstruct and re-align body structure, body alignments and damaged consistent to the accident.	2,000.00	1,800.00 1300
To apply anti-rust chemical on repaired and replaced panel.	120.00	0.00 2650
To lift rear cabin (to FR)	800.00	800.00 700
Labour Total	S\$ 4,470.00	S\$ 3,830.00
Parts & Labour Total	S\$ 62,123.10	S\$ 61,483.10

Results of inspection of the accident vehicle are as shown above.

We have taken into consideration the age and condition of the vehicle in our recommendation.

Hence, the recommended cost of repairs based on Lump Sum repairs is : S\$ 55,300.00 and the recommended number of working days for the repairs is within 26 day(s).


B J Loi (I Eng., MIMI, AIRTE)
Automotive Appraiser

total 22475
L/S: 18K,
12 Days.

Enquire Vehicle & Owner Information (Vehicle No. SHB597P As At 01 Apr 2016 / 02:30:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: N63-MISC-16

Current Owner Details

Owner ID Type: Company
Owner ID: 198905369K
Owner Name: SMRT TAXIS PTE LTD
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 60
Registered Street Name: WOODLANDS INDUSTRIAL PARK E4
Registered Unit No.: -
Registered Building Name: -
Registered Postal Code: 757705

Current Vehicle Details

Vehicle No.: SHB597P
Make Description/Model: TOYOTA / PRIUS TAXI (SMRT)
Insurance Company Name: FIRST CAPITAL INS LTD



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 ONE.MOTORIZING
 Your Fast Track To Complete Motoring

Thank you



Ng Ching Boon Eric has successfully logged out.

Your last login date and time was 01 Apr 2016, 11:16:18.

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

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

Session Transaction History

<u>S/No.</u>	<u>Asset Type</u>	<u>Asset ID</u>	<u>Asset Owner ID</u>	<u>Transaction Type</u>	<u>Transaction Amount(S\$)</u>	<u>Log Date/Time</u>
1	Vehicle	SHB597P	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	5.35	01 Apr 2016 / 11:17:08

LandTransport  Authority

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N-51 AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub
7 Kaki Bukit Ave 2
#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27
Singapore 417921 Tel No. : +65 6842 0051 Fax No. : +65 6741 0510
E-Mail : sales@n51.com.sg
Company Reg. No. : 200616038C
GST Registration No. : 200616038C

LUCKY JOINT CONSTRUCTION PTE LTD
10 TUAD DRIVE 2
SINGAPORE 638645

Contact : 90176789 83197950

TAX INVOICE

Date : 03/11/2017

Date in : 04/04/2016

Vehicle Num. : YL7011M

Make/Model : ISUZU FSR33P-2004

Chassis/Eng# : JALFSR33P47000012/6HH1322757

Accident Date : 01/04/2016

Claim No : CLM13456

Reference : APR-01/2016

Policy No. : 2015-V0084139-VCV-R004 (29/05/2017)

LUMPSUM REPAIR BILL
AS PER SURVEYOR REPORT
REF : 0258-17-N51 DATED 09/10/2017
BY PAR AUTOMOTIVE CONSULTANCY

Amount S\$

55,300.00



E. & O.E. Sub S\$: 55,300.00

Add GST (7 %) S\$: 3,871.00

Total Amount S\$: 59,171.00

for N-51 AUTOMOTIVE PTE LTD



bizSAFE₃

For Customer Service please visit
1 Pickering Street
#01-01 Great Eastern Centre
Tel: (65) 6248 2888 Fax: (65) 6327 3088

Certificate of Insurance



ORIGINAL

[Faint, illegible text at the top of the certificate, likely a header or reference information.]

FORM 12/2007

Policy No. : 2015-VC084139-VCV-0004 Risk# : 0025
Policy Type : Commercial Vehicle Cover : Third Party Only

DESCRIPTION OF VEHICLES:
Vehicle Registration : YL7011M
Vehicle Make & Model : ISUZU

陳保險經紀私有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Aljunied Street Chuan Leong Building
Singapore 190906
www.tib.com.sg
Tel: (65) 6742 6765 Fax: (65) 6742 6669

Name of Insured : LUCKY JOINT CONSTRUCTION PTE LTD
Period of Insurance : 30-05-2015 10000HRS to 29-05-2017

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *
Any person who is driving on the Policyholder's 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.

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 cancelled at the time of the accident loss or damage.

LIMITATIONS AS TO USE

- (1) Use in connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic and pleasure purposes.
- The policy does not cover:-
- (1) Use for racing, speed-making, reliability trial or speed-testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - (3) Use for the carriage of passengers for hire or reward.

Limitations read-rog imperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

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)

Signed for and on behalf of the Corporation

Authorized Signature

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Company
 Owner ID: 0882E

Vehicle Details

Vehicle No.: YL7011M
 Vehicle to be Exported: No
 Intended De-registration Date: 01 Apr 2016
 Vehicle Make: ISUZU
 Vehicle Model: FSR33P
 Primary Colour: Blue
 Manufacturing Year: 2004
 Engine No.: 6HH1322757
 Chassis No.: JALFSR33P47000012
 Maximum Power Output: -
 Open Market Value: \$40,967.00
 Original Registration Date: 18 May 2004
 First Registration Date: 18 May 2004
 Transfer Count: 1
 Actual ARF Paid: \$2,049.00

Intended PARF Rebate Details

PARF Eligibility: No
 PARF Eligibility Expiry Date: -
 PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 17 May 2019
 COE Category: C - Goods Vehicle & Bus
 COE Period(Years): 5
 PQP Paid: \$24,707.00
 COE Rebate Amount: \$15,448.00
Total Rebate Amount: \$15,448.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 01 Apr 2016

OK



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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	01/04/2016 11:16
Date Of Accident	01/04/2016 02:30
Exact Location Of Accident	CTE - CITY AFTER ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL7011M
Insured/Policyholder	
Name Of Registered Owner	LUCKY CONSTRUCTION PTE LTD
Co Reg No	19820082E
Email Address	SGRAMESH@JUCKYJOINT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-90176789

Vehicle Particulars

Manufacturer	ISUZU
Model	FSR33P
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	OVERSEAS ASSURANCE CORPORATION LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2015-V0084139-VCV-R004
Cover Note Number	

Driver

Name of Driver	CHOO CHUN SHIN
Passport No/FIN	F7679133M
Date Of Birth	22/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/08/2008
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83197950
Fax Number	
Contact Number	
E Mail Address	SGRAMESH@JUCKYJOINT.COM.SG

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 (TP HIT INSURED)
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 Was there any video captured by Car Camera? 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 ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address **ROAD:** 81 ANG MO KIO AVE 3 , **POSTCODE:** 569929 , **COUNTRY:** SINGAPORE
 Police Station Contact **TEL NO:** 1800-4519999 - **FAX NO:** 65535679
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT
 Are accident photos available for attachment? YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB597P
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver NA
 NRIC/Passport Number
 Contact Number NA
 Address NA
 NA
 Postcode NA
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name NA
 Phone Number NA
 Email Address NA

Accident 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 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.
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.

Policyholder's Signature / Date & Time

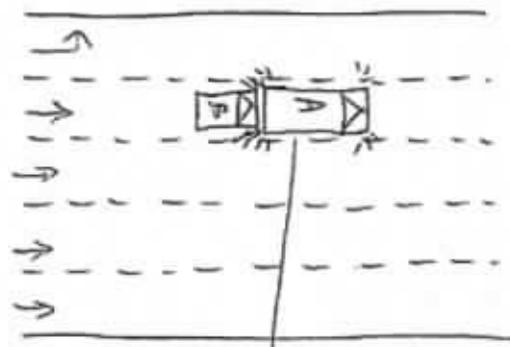
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan CTE TOWARD CITY APRAH AVE MO KIO AVE 3

MO KIO AVE 3

MO KIO AVE 1



A - YL 7011 M
B - SHB 597 P

VEHICLE (A) PARKED DUE TO ROAD WORKS

Describe Circumstances of the Accident

AS PER POLICE REPORT NO. 7/20160401/2014. A-YL 7011 M
B-SHB 597 P

[Large empty area for describing the accident circumstances, with a faint curved line drawn across it.]

Insurance Co.	_____
Vehicle No.	_____
Date of Accident	_____
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	
<input checked="" type="checkbox"/> Other Workshop	NSI Automotive

Declaration

We declare the foregoing particulars are true in every respect.


LUCKY POINT CONSTRUCTION
This Check will be used to pay any claim report
12-2-2014

Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20160401/2014

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20160401/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2016 05:12	Vide Report No.: F/20160401/0027	Station Diary No.: 11
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: Choo Chun Shin		Address:	
ID Type / ID No.: FIN NO / F7679133M		Contact No.: Home/Office:	Mobile: 83197950
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 39	Date of Birth: 22/01/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3,4,5	Date of Expiry: 14/03/2018

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/04/2016 02:30	Type of Location: Expressway
Location: Along Road 1 CENTRAL EXPRESSWAY From Ang Mo Kio Ave 3 to Ave 1				
Weather: Hazy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHB597P	Car				Seriously Damaged	0
YL7011M	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20160401/2014

2 of 3

Report No. T/20160401/2014

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Brief Details.

On the 01/04/2016 at about 0230hrs at CTE, Ang Mo Kio Ave 3 to Ave 1, my lorry was parked at lane 4 doing some cable work. After completing the work, while 8 of my colleague and I were keeping the cable. Suddenly a taxi dashed at the expressway at lane and crash on to the rear of my lorry. The taxi driver was conveyed by ambulance and police were present on the ground.

I wish to state that my 8 colleagues and I were not injured.

Police report



**SINGAPORE
POLICE FORCE**



T/20160401/2014

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20160401/2014

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: F / LUBIS RATNO BIN REDWAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2016 05:12
Officer In Charge Of Case: TP / GIT / KHOO CHEONG YEOW, WAYZIK Contact No.: 65476187 	Classification Of Case: S11015
Authentication Stamp NP168	

UNDER WRITING LETTER



Policy Number: 2015-V0084137-VCV-R004

Date: 1/4/2016

(By Hand)

Dear Sir / Madam,

Accident Involving YL 7011 M on 1/4/16 Reported at 

Thank you for reporting the accident at our One-Stop Service Center which offers services for accident reporting, damage survey and repairs all at one location. In addition, the Centre offers third party recovery services.

Our One-Stop Service Center is set up with the sole aim to save you precious time, and the unnecessary trouble to move the vehicle from the reporting center to another repair workshop thus ensuring no further unforeseen damage to your vehicle can occur.

We note that you have elected to claim against the responsible Third Party and have your vehicle repaired by a non-authorized workshop instead of using the services and facilities offered to you by our Center.

As we do not have commercial or contractual dealings with non-authorized workshops, should there be any issues or dispute arising from the repairs done by such non-authorized workshops, we will not be able to assist. Further, we cannot be responsible for any liabilities arising from the repairs.

We are appealing for your co-operation to allow our authorized workshop where you have just filed the accident report to repair your vehicle and handle your recovery claim against the Third Party.

You will have the peace of mind knowing that your insurer, The Overseas Assurance Corporation Ltd (OAC), is firmly behind you whilst you deal with our authorized workshop.

We trust you will accept our appeal and recommendation. We urge you to approach our authorized workshop now for immediate assistance and further advice.

Thank you for insuring with OAC.

Yours faithfully,

Please Chop Sign & Return

General Insurance (Claims)
The Overseas Assurance Corporation Limited



Life is great!

Great Eastern Holdings Limited (Reg No 199501014M)
The Great Eastern Life Assurance Company Limited (Reg No 199501014M)
The Overseas Assurance Corporation Limited (Reg No 199501014M)

Address: 100, North Bridge Road, The Great Eastern Centre, Singapore 079101
Tel: 65 6339 1111 Fax: 65 6339 1112

DRIVER NRIC & LICENCE

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
LUCKY JOINT CONSTRUCTION PTE. LTD.

Sector: **CONSTRUCTION**

Name:
CHOO CHUN SHIN

Occupation:
LORRY/ TRUCK DRIVER

Work Permit No: **S 2879305-**

Date of Application: **04-05-2015**

Date of Issue: **05-05-2015**

Date of Expiry: **04-05-2017**

L5590740



REPUBLIC OF SINGAPORE DRIVING LICENCE

F7879133M

CHOO CHUN SHIN

Date of Birth: **22 Jan 1977**

Issue Date: **15 Feb 2015**

Valid Till: **14 Mar 2018**

0021511900



VISIT PASS
Immigration Regulations

Name:
CHOO CHUN SHIN

Date of Birth: **22-01-1977** Sex: **M** Nationality: **MALAYSIAN**

FR: **7378133M** Date of Issue: **05-05-2015** Date of Expiry: **04-05-2017**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	30 Mar 2001
Class 3 Motor Cars <= 3500kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	30 Mar 2001
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	27 Aug 2008
Class 5 Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	13 Dec 2011
Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

NP 428A

Licence No: **F7879133M**



For Customer Service please visit
1 Pickering Street
#01-01 Great Eastern Centre
Tel: (65) 6248 2888 Fax: (65) 6227 3080

Certificate of Insurance



ORIGINAL

此保險單及一切條款均受馬來西亞
1997年(第三)方權利及賠償法所管轄。此保險單亦受1997年(第三)方權利及賠償法所管轄。
The Motor Vehicle Third Party Risk and Compensation Act, Chapter 185 of the Road Transport Act, 1987 (Malaysia) is the relevant statute. The Act is the relevant statute. The Motor Vehicle Third Party Risk and Compensation Act, 1987, Chapter 185 of the Road Transport Act, 1987 (Malaysia) is the relevant statute.

FORM 101/15

Policy No. : 2015-Y0084139-VCV-0004 Risk : 0025
Policy Type : Commercial Vehicle Cover : Third Party Only

DESCRIPTION OF VEHICLES:
Vehicle Registration : YL1011M
Vehicle Make & Model : ISUZU

聯保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/SA Aljunied Street, Chuan Leon Building
Singapore 190106
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6859

Name of Insured : LUCKY JOINT CONSTRUCTION PTE LTD

Period of Insurance : 30-05-2015 (00000000) to 29-05-2017

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Policyholder's 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.

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 cancelled at the time of the accident loss or damage.

LIMITATIONS AS TO USE

- (1) Use in Connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic and pleasure purposes.
- The policy does not cover :-
- (1) Use for racing, pace-making, reliability trial or speed-testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - (3) Use for the carriage of passengers for hire or reward.

Limitations rendered imperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 185) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 185) and Part IV of the Road Transport Act, 1987 (Malaysia).

Signed for and on behalf of the Corporation

Authorised Signature

0201/03

05-07-2015

Accident Photo



Accident Photo



Accident Photo



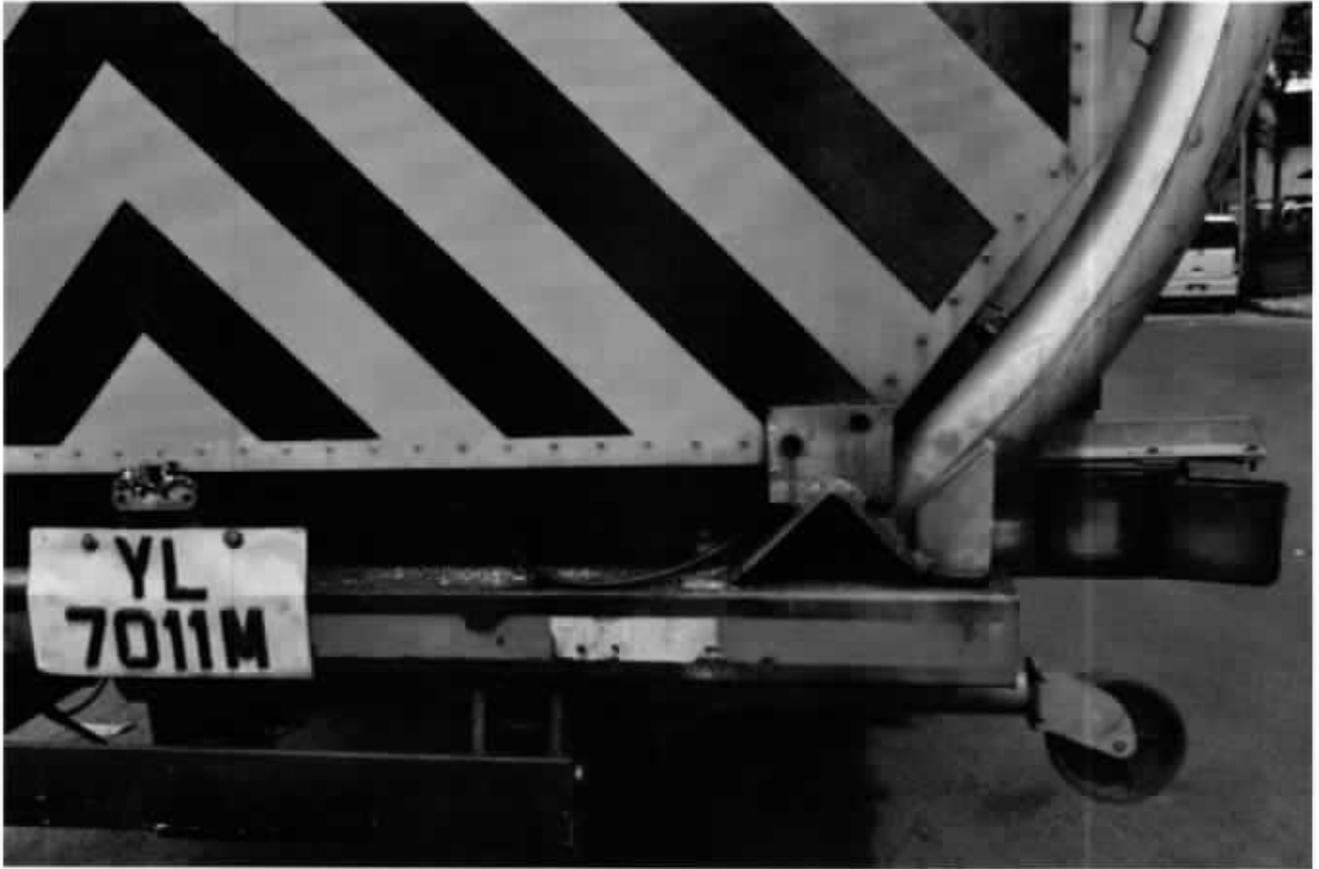
Accident Photo



Accident Photo



Accident Photo



Accident Photo



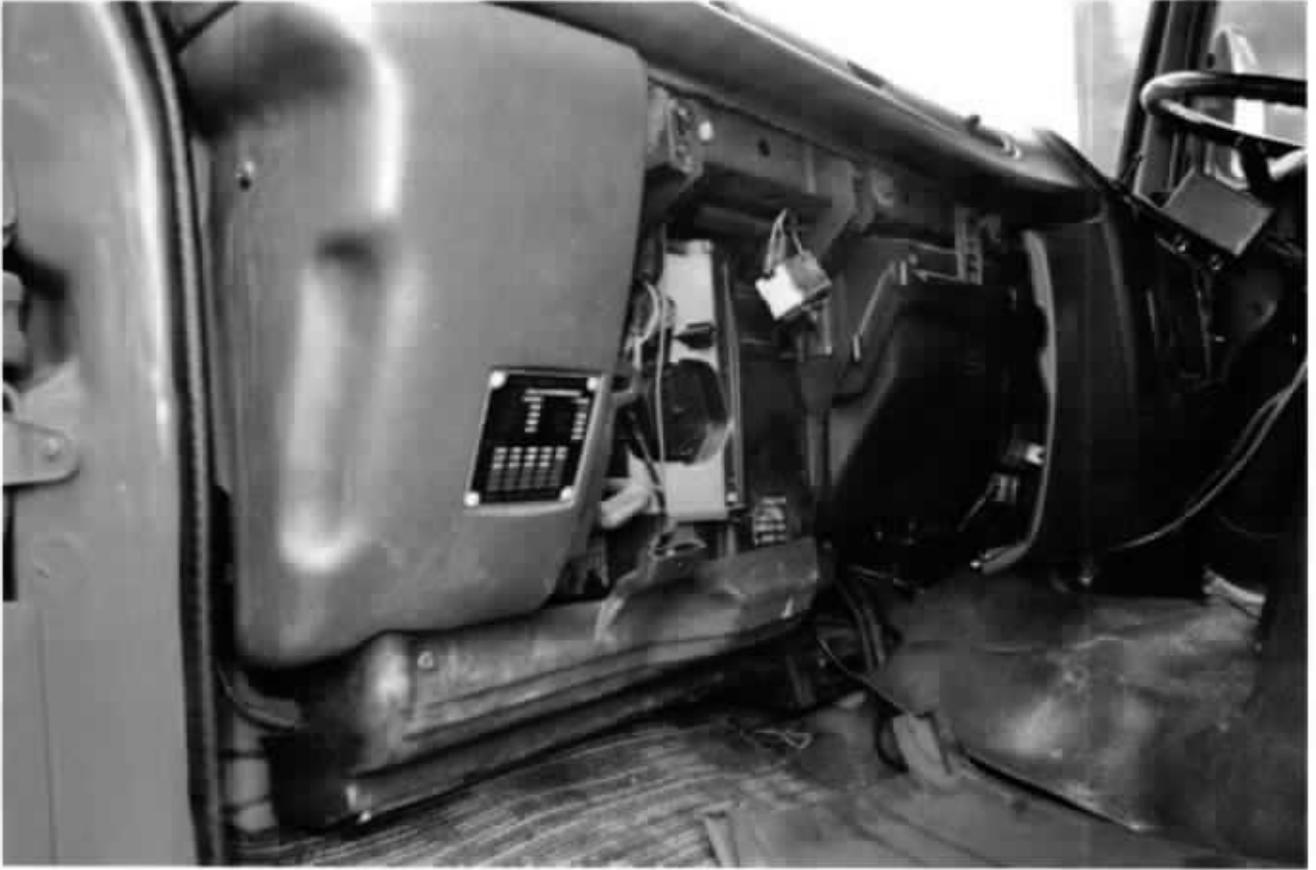
Accident Photo



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 willful 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	27/04/2016 15:25
Date Of Accident	01/04/2016 02:30
Exact Location Of Accident	CTE TOWARDS BUKIT TIMAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB597P
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-80000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-IIO27591MFSH
Cover Note Number	

Driver

Name of Driver	SUGIMAN BIN IBRAHIM
NRIC No	S7904241B
Date Of Birth	16/02/1979
Occupation	Outdoor
Date Of Driving Pass	18/07/2009
Driving Experience	6 Years And 8 Months
Gender	Male
Mobile Number	
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 (Insured Hit TP)
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
Was there any video captured by Car Camera? 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 Traffic Police Division Hq
Police Station Address ROAD: 10 Ubi Avenue 3 , POSTCODE: 408865 , COUNTRY: Singapore
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20160402/7000

Are accident photos available for attachment? Not available due to circumstances of accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver UNKNOWN
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 SUGIMAN BIN IBRAHIM
Approximate Age
Injuries Sustain

Injured person in which vehicle?

SHB597P

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg.2

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 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.
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.



Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

POLICE REPORT

Police Station Of Origin
 Traffic Police Division HQ
 10 Ulu Aechie 3 SINGAPORE 408065
 Tel No: 65470000



T/2016002/000

1 of 1

Report No: T/2016002/000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2016 00:00	Vide Report No.	Station Diary No.
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Informant's Particulars

Name of Informant SUGIMAN BIN IBRAHIM		Address APT BLK 608 JURONG WEST STREET 65 #10-554 SINGAPORE 640908	
ID Type: ID No. NRIC NO: S7904241B		Contact No.: Home Office: Mobile: 91744045	
Nationality SINGAPORE CITIZEN		Email sugiman.ibrahim@gmail.com	
Sex Male	Age 37	Date of Birth 16/02/1979	Type of Informant Driver
Race Malay	Language English		Institution - School Name
Occupation Taxi driver	Driving Licence Information Class: 3A		Date of Expiry: 18/07/2009

General Information of the Accident

Type of Accident	Injury Attended by Police	Drink Drive: No	Date/Time of Accident 01/04/2016 02:30	Type of Location:
Location CENTRAL EXPRESSWAY				
Weather		Road Surface:	Road Speed Limit:	
Traffic Flow		Traffic Control	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHB59/P	Car	TOYOTA	Pris	Red		0

Details of Person Involved

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

POLICE REPORT

Police Station Of Origin:
Traffic Police Division HQ
1011h Avenue 3 SINGAPORE 408885
Tel No: 65470000



T:20160402:900

Report No: T:20160402:900

CONTINUATION OF REPORT

Driver			
Name	SUGIMAN BIN IBRAHIM	ID No.	S7904241B
Related Vehicle	SHB59/P (Car)	Contact No.	91744045
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: 18/07/2009
Date Treatment	01/04/2016	Date Discharge	01/04/2016
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

My name is Sugiman Bin Ibrahim, IC no. S7904241B. I work as a Taxi Driver, license plate no. SHB59/P, registered with SMRT Taxis Pte Ltd.

On Friday morning, 01 Apr 16 at around 7.20am, I was driving my Taxi and had just alighted a passenger at Hougang Ave 8. I was going to make my way back to Bukit Timah via CTE. My choice of route was to travel on Hougang Ave 8, turn right onto Hougang Ave 7, turn left and enter CTE and exit via Bukit Timah.

From Hougang Ave 8, I had just turned right onto Hougang Ave 7 and noticed that I had driven 36km/h. After that I found that I had crashed onto a stationary vehicle.

There was an Aetox Officer and a Bangladeshi worker who asked if I'm ok and able to move out of the car. After a lot of effort I unbuckled my seatbelt, grabbed my phone and pouch and slowly made my way out of the Taxi with the help of the Aetox Officer.

I asked the Bangladeshi worker to call my wife and inform what had happened.

After I got out from the Taxi, I realised that the vehicle I had crashed into was a stationary lorry used as a barrier for workers during road works. There was a long line of cones lined up before the lorry and I did not seem to have knocked the cones down.

I was able to see the Ang Mo Kio Ave 1 exit sign on my left at around 50m away from me. I sat on the side of the road while waiting for SCDF paramedics who arrived shortly after. The paramedics and a police officer took down my account of what happened, did a basic assessment of my condition, asked for my particulars and I was stretchered to Tan Tock Seng Hospital.

POLICE REPORT

Police Station Of Origin:
Traffic Police Division HQ
10 Ulu Avenue, SINGAPORE 409065
Tel No: 65470000



T201604027000

1 of 1

Report No: T201604027000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

Signature Of Officer Recording The Report
Not applicable

Signature Of Interpreter
Not applicable

Officer In Charge Of Case
IP - TPIH
KHOO CHEONG YIOW, WAYZIK
Contact No: 65476187

Authentication Stamp
2016/04

Signature Of Informant
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time
02/04/2016 00:09

Classification Of Case

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCMR16050527 Vehicle Registration No : SH8597P
Name(as shown in NRIC) : Sugiman Bin Ibrahim
[*Vehicle Driver / Vehicle Owner] (*) Please delete as appropriate
NRIC/Passport No : 279092415
Address : _____
Contact (Tel) : _____ (H/P) : _____
(Email) : _____
Date of Accident : 21/04/2016 Time of Accident : 12:28hrs
Place of Accident : CTE Penangas Bukit Timah
Insurance Company : First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

attached police report

[Signature]
Signature of Vehicle Owner / Driver
Date: 21/4/2016

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm



Your Ref: D16/4276/SMRT/JW

Date: 26th Sep 2019

Our Ref: CS1/FCI19011817/Atd3e2

M/s First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877
(The Motor Claims Department)

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: YL 7011M
INSURED VEHICLE: SHB 597P
ACCIDENT DATE: 01/04/2016

We thank you for your instruction on 01/07/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of YL 7011M from M/s Par Automotive Consultancy.
- b) Final Repair Bill of YL 7011M from M/s N-51 Automotive Pte Ltd.
- c) Singapore Accident Statement and Police Report of Vehicles YL 7011M and SHB 597P.
- d) Colour damaged vehicle photographs of YL 7011M.

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 : YL 7011M
Make & Model : Isuzu FSR33P
Chassis Number : JALFSR33P47000012
Year of Registration : 2004

2. We recommend that the repairs of the entire damage require about 12 (Twelve) 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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YL 7011M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	ENGINE MOUNTING LH	NOT NECESSARY	84.00	-
1	ENGINE MOUNTING RH	NOT NECESSARY	84.00	-
2	GEAR BOX MOUNTING REAR	NOT NECESSARY	130.00	-
1	REAR NUMBER PLATE LAMP	NOT NECESSARY	88.00	-
	LESS 15% DISCOUNT		-57.90	-
			328.10	-
<u>SPECIAL NETT ITEMS</u>				
1	ELECTRO HYDRAULIC PUMP (SN)	SHORTED	1,750.00	1,750.00
1	HYDRAULIC PUMP CYLINDER (SN)	DISTORTED / LEAK	1,525.00	1,525.00
10	REAR CARGO CARRIER WOODEN CHASSIS FRAME BOLT & NUT L/R (SN)	NECESSARY	1,200.00	300.00
2	REAR CARGO CARRIER WOODEN CHASSIS FRAME L/R (SN)	BENT / FRACTURED	1,600.00	1,600.00
10	REAR CARGO CARRIER WOODEN CROSS MEMBER (SN)	BENT / FRACTURED	2,500.00	2,000.00
20	REAR CARGO CARRIER WOODEN CROSS MEMBER BOLT & NUT L/R (SN)	NECESSARY	500.00	200.00
8	REAR WOODEN CHASSIS FRAME 'U' BOLT L/R (SN)	NECESSARY	1,200.00	400.00
1	REFLECTIVE STICKER RED / WHITE (SN)	NECESSARY	50.00	50.00
1	SCORPION TRUCK MOUNTED ATTENUATOR (SN) (LOCAL REPAIR)	DISTORTED	47,000.00	12,000.00
			57,325.00	19,825.00
<u>LABOUR</u>				
	TO REMOVE, REINSTALL ELECTRICAL WIRING HARNESS, CHECK LIGHTING. (TO FR)		100.00	50.00
	TO REPLACE ENGINE MOUNTING, ENGINE CROSS MEMBER BRACKET, GEAR BOX MOUNTING AND ETC.	NOT NECESSARY	200.00	-
	TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND WHERE CONSISTENT TO THE ACCIDENT.		1,250.00	600.00
	TO PROVIDE LABOUR, WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS, REPAIR, RE-CONSTRUCT AND RE-ALIGN BODY STRUCTURE, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT.		2,000.00	1,300.00

Report Ref No. CS1/FC119011817/Atd3e2



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 APPLY ANTI-RUST CHEMICAL ON REPAIRED AND REPLACED PANEL.	NOT NECESSARY	120.00	-
	TO LIFT REAR CABIN. (TO FR)		800.00	700.00
			4,470.00	2,650.00
GRAND TOTAL			62,123.10	22,475.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				18,000.00

Report Ref No. CS1/FCI19011817/Atd3e2

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.