

2/13/2011

ASS. REC. BY

REF

Signature

Special Instruction

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Nazalya Bte Ibrahim of INC Date/Time: 22/7/2019

Estimated Cost: _____ Bill to: _____

OD: TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBF 9152 E Insured: SLU 7622 Gat Workshop m/s EG 98 Motor Tel: 64524898of Blk 4001 AMK #101-21Policy No: _____ Claim No: MT/1049915

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 6/6/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 22/7 Person Contacted: Vera Vehicle IN/OUT

Date/Time	Action/Instruction
	<u>Tolung!! (✓)</u>
	<u>FBF 9152 E - X</u>
	<u>SLU 7622 G - X</u>

JOH/11/13
ASS. REC. BY:

REF:

ASSIGNMENT

CDE Jan 2022

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: * _____

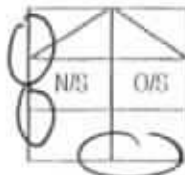
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

3

days

Res.: Yes or No

Lump Sum: _____

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: _____

FBF 9152 E

Yr Regn: Jan 2012

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

Truck / Trailer or

Make: _____

Yamaha FZ16

C.C

153

Colour: _____

Red

A/C:

Insured / Std / NI / NA

Sp. Reading: _____

88131

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

21C7017827

C/No: _____

ME12K07BB 2017685

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: ☒ Nil / STD / STD A/Rim or

Tyre Size: _____

F:

100/80 R17

R:

100/80 R17 - 130/70 R17

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

TOYO / YOKO or

Metzeler

Front

Rear

R/Bal. _____

2

mm

R/Bal. _____

2

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

06/06/2019

D.O.L. _____

22/07/2019

Survey held at _____

SG 98 Motor AMK 2pm

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

N/S Pattern y Rn

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

Date / Time

Action / Instruction

Income HTUC SLU 7622 G

22/11/19

Invoice with Rose 1/5 1500/- with 3 days of rev
check \$ 2297.70, 61%

RECEIVED 22 NOV 2019

Date/Time, File Pass to?



: Prel. Report

1) 22/11/19



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

3

Resurvey No. of Trip: _____

1

Add Fee: _____



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee: _____

Transportation: _____

D + RD, or

Photos

Others

TOTAL

250

Report Format: _____

TP

Lump Sum / L.D.I. (\$

1500

Nivitha (LKK Auto)

From: Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>
Sent: Monday, 22 July 2019 9:36 AM
To: assignments; Admin-D (LKKAuto)
Cc: Hazalysa Binte Ibrahim
Subject: TP CASES FARMED OUT TO LKK ON 22/7/2019

Dear LKK,

Please assist to survey the following vehicles as per Mr Teng's instruction :-

SN	OIC	Claim No.	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
11		MT/1049915-002	22/7/2019	FBF9152E	SG 98 MOTOR PTE LTD	BLK 4001 #01-21ANG MO KIO INDUSTRIAL PARK 1	LEENA / 64524898				
12			22/7/2019	SHD8582T	SOON HOCK MOTOR PTE LTD	10 ANG MO KIO IND PK 2-A #01-05/06 AMK AUTOPOINT SINGAPORE 568047	MS LYNN / 65425119				
15		MT/1054108-001	22/7/2019	SMG9397E	VERMOGEN ACE PTE LTD	60 JALAN LAM HUAT #03-35/36 SINGAPORE 737869	Ezel Tejano / 69044596				

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Warmest Regards

Hazalysa Bte Ibrahim
Admin Assistant
Motor Department
T +65 6430 7902
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
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inwi
yo

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Dear LKK,

Please assist to survey the following vehicles as per Mr Teng's instruction :-

SN	OIC	Claim No.	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
1	Azhari	MT/1049915-002	22/7/2019	FBF9152E	SG 98 MOTOR PTE LTD	BLK 4001 #01-21ANG MO KIO INDUSTRIAL PARK 1	LEENA / 64524898		SLU7622G	06/06/19	
2	Wo Jessie	MT/1054159-002	22/7/2019	SHD8582T	SOON HOCK MOTOR PTE LTD	10 ANG MO KIO IND PK 2-A #01-05/06 AMK AUTOPOINT SINGAPORE 568047	MS LYNN / 65425119		SJY5657Y	18/07/19	
3	Eric Tang	MT/1054108-001	22/7/2019	SMG9397E	VERMOGEN ACE PTE LTD	60 JALAN LAM HUAT #03-35/36 SINGAPORE 737869	Ezel Tejano / 69044596		SMK4087L	18/07/19	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Warmest Regards

Hazalya Bte Ibrahim

Admin Assistant

Motor Department

T +65 6430 7902

www.income.com.sg



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Disclaimer

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Name of Driver	MOHAMED BIN ANSARI
NRIC No	S1241945G
Date Of Birth	03/09/1957
Occupation	INDOOR
Date Of Driving Pass	06/08/1981
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84098254
Fax Number	
Contact Number	OFFICE-84098254
Email Address	NOEMAIL

Address	206 BUKIT BATOK ST 21 #02-78
Postcode	S650206
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO: 64715299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT

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	SLU7622G
Vehicle Make/Model/Colour	TOYOTA SIENTA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LOW KIM HAN
NRIC/Passport Number	S7722405Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMED BIN ANSARI

Approximate Age

Injuries Sustain

REFER TO POLICE REPORT

Injured person in which vehicle?

FBF9152E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

10 JUN 2019

IDAC BUKIT BATOK (ACC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3313 Fax: 6569 0722
Email: vacbbs@sin-jnet.com.sg



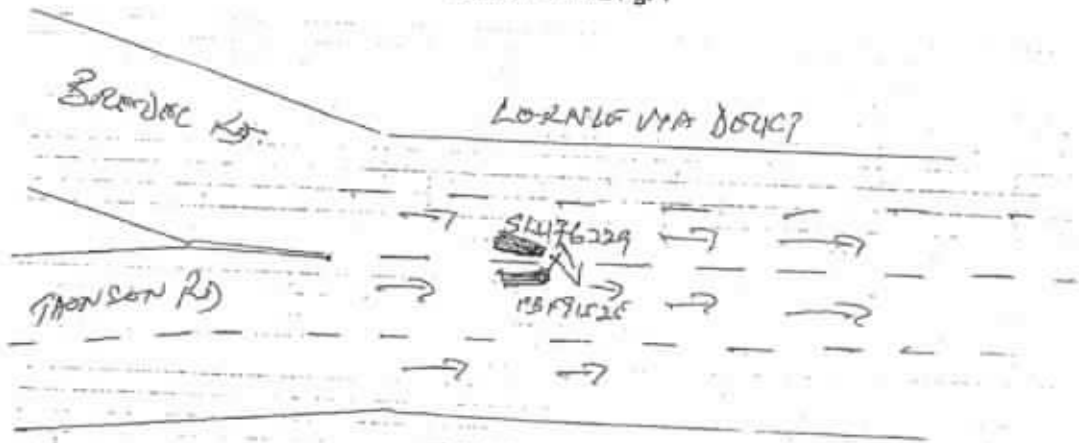
Policyholder's Signature
Date & Time:



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

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

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for describing the circumstances of the accident. A diagonal line is drawn across the entire area, indicating it is unused.

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)
Date & Time:

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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



SINGAPORE POLICE FORCE



T/20190607/2018

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190607/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2019 04:14	Vide Report No.:	Station Diary No.: 15
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MOHAMED BIN ANSARI			Address: APT BLK 206 BUKIT BATOK STREET 21 #02-78 SINGAPORE 650206		
ID Type / ID No.: NRIC NO / S1241945G			Contact No.: Home/Office: Mobile: 84098254		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 03/09/1957	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: PART TIME GRAB DRIVER			Driving Licence Information: Class: 2B,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/06/2019 23:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 UPPER THOMSON ROAD LORNIE ROAD Along Lornie Viaduct towards Lornie Highway lane 2 near to lamp post 14V1F, beside Mount Alvernia Hospital Lamp Post Number: 14V1F				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF9152E	Motorcycle	YAMAHA	FZ 16	Red	Seriously Damaged	0
SLU7622G	Car	TOYOTA	SIENTA	Red	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20190607/2018

2 of 4

Report No. T/20190607/2018

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF9152E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19394605	30/01/2019	29/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMED BIN ANSARI		ID No.	S1241945G
Related Vehicle	FBF9152E (Motorcycle)		Contact No.	84098254
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	07/06/2019		Date Discharge	07/06/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	LOW KIM HAN		ID No.	S7722405Z
Related Vehicle	SLU7622G (Car)		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

Brief Details.

On 06/06/2019, at about 2345hrs, I was riding my Red Yamaha motorcycle (FBF9152E), along Lornie Viaduct towards Lornie Highway lane 2 near to lamp post 14V1F, beside Mount Alvernia Hospital, suddenly one Red Toyota Sienta vehicle (SLU7622G), which was on the left side (lane 3) intended to change lane without signalling, and his car then moved into my lane and the side of his vehicle hit onto my motorcycle handle. I did not have any time to react and my motorcycle then overturn and skidded on the road towards the first lane.

The driver then stopped after more than 500m and as he saw from the rear mirror that I had fallen and then he stopped and rendered assistance to me. He apologized to me and mentioned that he was in the wrong for not signaling and for failing to check his blind spot. The driver then sent me back home to have a change of clothes and then he sent me to Alexandra Hospital.

My motorcycle suffered damages to the handlebar, the clutch and engine was unable to start, the compartment box was also shattered. The car suffered slight dent and scratches to the right side passenger door. The driver claimed that his mirror was damaged however when I went to take a look, it



**SINGAPORE
POLICE FORCE**



T/20190607/2018

3 of 4

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20190607/2018

CONTINUATION OF REPORT

was still intact without any damage.

I suffered scratches and abrasions to my left hand, both arms and both knees, I also needed 4 stitches to my left forearm and also abrasion to my upper lip. I sought treatment at Alexandra Hospital, and was given 5 days of medical leave (ALEX19005749). The driver has in-car camera footage. This is the first time such an incident has happened to me.



**SINGAPORE
POLICE FORCE**



T/20190607/2018

4 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190607/2018

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 3 YIP XUANYU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Date/Time:

07/06/2019 04:14

Classification Of Case:

Authentication Stamp

NP168

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

Date: 17 July 2019

To : NTUC

By Fax: 6338-1500

Attn: Motor Claims Dept

Tel:

VEHICLE NO : FBF 9152E

Yamaha FZ16

ACCIDENT DATE: 6 June 2019

Description	Qty	Quotation \$
1 Front Mudguard <i>new</i>	1	220.00 X
2 Handle Bar <i>new</i>	1	235.00 X X
3 Clutch Lever <i>cut</i>	1	125.00 ✓
4 Head Lamp Assy <i>new</i>	1	350.00 X
5 Mirror <i>LH cut</i>	1	95.00 ✓
6 Front LH Signal <i>cut</i>	1	95.00 ✓
7 Handle Grip <i>new</i>	1	98.00 ✓
8 Balancer <i>dislodged</i>	1 set	170.00 ✓
9 Tank Cover LH <i>Dental / distortion</i>	1	190.00 ✓
10 Front Rim <i>new</i>	1	450.00 X
11 Fork Tube <i>new</i>	1 set	480.00 X
12 Fork Oil Seal <i>new</i>	1	125.00 X
13 Rear LH Signal Light <i>cut</i>	1	95.00 ✓
14 Rear LH Side Tail Cover <i>cut</i>	1	185.00 ✓
15 Rider Seat <i>new</i>	1	105.00 ✓
16 Chair Guard <i>not broken</i>	1	135.00 X ✓

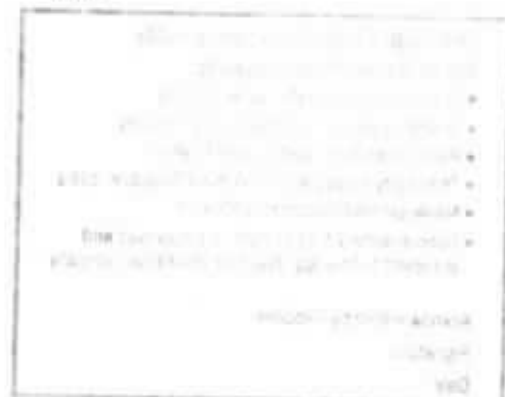
Sub-Total 3,153.00

Less 10% 315.30

Sub-Total 1443.00 2,837.70

Exhaust Guard X 1 150.00 ✓
Cut

10% 1298.70





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

DAMAGE ASSESSMENT REPORT				
NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref: CS/INC19012845/Dqf3n2		
73 BRAS BASAH ROAD		Date: 25-11-2019		
#05-01 NTUC TRADE UNION HOUSESINGAPORE				
189556				
ATTN: AZHARI		Code: INC		
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SLU 7622G	Veh. Inspected	FBF 9152E
	Policy No.		Coverage (\$)	0.00
	Claim No.	MT/1049915-002	Excess (\$)	0.00
	Assign From	HAZALYSA BTE IBRAHIM	Assign Date	22/07/2019
2. Vehicle Particulars & Condition				
	Make & Model	YAMAHA FZ 16	c.c	153
	Engine No.	HIDDEN	Year of Reg.	2012
	Chassis No.	ME121C07BB2017685	Colour	RED
	Odometer	88131 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	100/80 R17	METZELER	2 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	130/70 R17	METZELER	2 mm
	L/H Rear Tyre			mm
4. Description of Damages				
<p>THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND REAR PORTION.</p> <p>DAMAGES SEE DETAILS.</p>				
5. General Information				
	Accident Date	06/06/2019	Inspect Date / Time	22/07/2019 (02:00 PM)
	Survey held at	SG 98 MOTOR PTE LTD BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 SINGAPORE 569622		
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR: 3 Working Days				



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. FBF 9152E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT MUDGUARD	TO REPAIR SEE LABOUR	220.00	-
1	HANDLE BAR	NOT NECESSARY	235.00	-
1	CLUTCH LEVER	CUT	125.00	125.00
1	HEAD LAMP ASSY	NOT NECESSARY	350.00	-
1	MIRROR LH	CUT	95.00	95.00
1	FRONT LH SIGNAL	CUT	95.00	95.00
1	HANDLE GRIP	TORN	98.00	98.00
1	SET BALANCER	DISLODGE	170.00	170.00
1	TANK COVER LH	DENTED / DISTORTED	190.00	190.00
1	FRONT RIM	TO REPAIR SEE LABOUR	450.00	-
1	SET FORK TUBE	NOT NECESSARY	480.00	-
1	FORK OIL SEAL	NOT NECESSARY	125.00	-
1	REAR LH SIGNAL LIGHT	CUT	95.00	95.00
1	REAR LH SIDE TAIL COVER	CUT	185.00	185.00
1	RIDER SEAT	TORN	105.00	105.00
1	CHAIR GUARD	BROKEN	135.00	135.00
1	EXHAUST GUARD	CUT	150.00	150.00
	LESS 10% DISCOUNT		-330.30	-144.30
			2,972.70	1,298.70
SPECIAL NETT ITEMS				
1	REAR BOX (SN)	BROKEN	280.00	250.00
1	REAR BOX RACK (SN)	TO REPAIR SEE LABOUR	185.00	-
			465.00	250.00
LABOUR				
	TOWING FEE.	NOT NECESSARY	40.00	-
	REMOVE & REPLACE NECESSARY PARTS,ALIGN & ETC.INCLUSIVE OF THE REPAIR OF FRONT MUDGUARD,FRONT RIM AND REAR BOX RACK.		250.00	180.00

Report Ref No. CS/INC19012845/Dqf3n2



LKK Auto Consultants Pte Ltd

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE & REPLACE FORK ASSY, TOP UP FORK OIL & FRONT RIM.	NOT NECESSARY	120.00	-
	PUTTY & RESPRAY, TOUCH UP PAINT WORK.		250.00	150.00
			660.00	330.00
GRAND TOTAL			4,097.70	1,878.70
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,500.00

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ANG BRYAN TANI

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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