

10/1/2019

ASS. REC. BY:

REP:

083/MSG19003091/Csd3-07

1st Instruction:

SURVY/OT

ASSIGNMENT (Office)

From (Person):

Koh Ming Shao

of

MS/G

Date/Time:

7/08/2019

Estimated Cost:

Bill to:

OD (T) / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

FZ 418SR

Insured:

SL8 4369T

at Workshop n/s:

Gp Motoring

Tel:

07 464240 / 9061 3091

of

282 Macpherson Road

Policy No:

290272/7SMF

Claim No:

584168

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

6/2/19

CA / REV / REP. / REV 24 HRS

20/2/19

Date/Time:

1.08pm 19/8/19

Person Contacted:

Kent

Vehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate

FZ 418SR - X

SL8 4369T - X

\$1000, 1 Day

(\$ 5,300/- Red - 84%)

Do Not Finalise

RECEIVED 20 AUG 2019

80

80

PPS
XAL.

REF: MBG

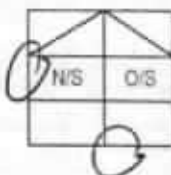
ASSIGNMENT

(-2024)

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s GP Motoring
 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. o-Market Value: _____
 IDAC Accident Rpt.: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: P84185 R Yr Regn: 07 J4/2005
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda CB 400SF c.c. 399
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 207752 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JH2NC3999 YAM 020169
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Insured / Jammed / Leaked / Burnt or
 Brake: Insured / Jammed / Leaked / Burnt or
 Mod: 11 S/Rim / STD A/Rim or _____
 Tyre Size: F: 120/60 2R17
 R: 160/60 8R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or METZELER
 Front: _____ Rear: _____
 R/Bal: 5 mm R/Bal: 5 mm
 L/Bal: _____ mm L/Bal: _____ mm
 D.O.A. _____ D.O.I. 2-02-19
 Survey held at w/s 2:30pm
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
and
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>\$2000 - \$3000</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format : PRQ

Lump Sum / I.B.I. (\$) _____

Days Of Repair: 3

Resurvey No. of Trip: -

Add Fee: ☐ Site Insp (\$) _____
☐ Interview (\$) _____
☐ Tech. Invs (\$) _____
☐ Weekend (\$) _____

Survey Fee:

Transportation:

\$ = \$100 50

Phone

Cover

TOTAL

120
10
130

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Thursday, 8 August 2019 5:38 PM
To: assignments; Celine Fong (LKKAuto)
Cc: SUR; Accounts (LKKAuto)
Subject: FW: Report Send Back Alerts - FZ4185R (TP)

Hi all
FYNA pls.

Pending for Survey Report : CS3/MSG19003091/GCD3E2

20	07 Aug 2019 15:10	Ins Send Back Adj Rpt	
21	07 Aug 2019 15:10	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due E
22	07 Aug 2019 15:10	Adj Mandate Set	Maintained.

ASSOCIATED MAIL RECEIVED

- MSIG_KMS (07/08/2019): **PAPER SURVEY**
- MSIG_SG (07/08/2019): **Report Send Back Alerts - FZ4185R (TP)**

Thanks & regards,
SweePeng

From: Do-Not-Reply <do-not-reply@merimen.com>
Sent: Wednesday, 7 August 2019 3:20 PM
To: account@lkkauto.com
Subject: Report Send Back Alerts - FZ4185R (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,
The Merimen Team



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

CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

INVOICE

Muhammad Afiq Bin Rasid
C/o: GP Motoring Pte Ltd
282 Macpherson Road,
Singapore 348607

Invoice No: CL/190334

Ref No: GPM/02/1903/TP

Date: 19 March 2019

DESCRIPTION

AMOUNT

OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. FZ 4185 R
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES
(INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

GRAND TOTAL

SS 567.00

E & O. E

All cheque payment should be "Crossed" and made payable to "CL APPRAISER PTE LTD"

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd



GP Motoring Pte Ltd

282 Macpherson Road,
Singapore 348607

T : 65-6746 4240 F : 65-6746 4596
Email : gpmotoring@gmail.com

INVOICE

Accident Date : 06 February 2019

Invoice Date : 19 March 2019

Vehicle Reg No. : FZ 4185 R
Model : Honda CB400

Owner : Muhammad Afiq Bin Rasid
C/o: GP Motoring Pte Ltd
282 Macpherson Road,
Singapore 348607

DESCRIPTION

AMOUNT (\$\$)

Lump sum repair cost as per
surveyor report recommendation :

\$ 6,300.00

Singapore Dollars: Six Thousand And Three Hundred Only

CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Muhammad Afiz Bin Rasid
C/o: GP Motoring Pte Ltd
282 Macpherson Road,
Singapore 348607

Date : 19 March 2019
Our ref : GPM/02/1903/TP

Accident Date : 06 February 2019
Inspection Date : 14 February 2019
Repairer Name : GP Motoring Pte Ltd
282 Macpherson Road,
Singapore 348607

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No : FZ 4185 R
Make / Model : Honda CB400
Chassis No : JH2NC39994M020169
Engine No : NC23E2066807

Year / Capacity : 2005 / 399 cc
Colour : Blue / White
Mileage : 207752

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front	: Metzeler	120/60 R17	5 mm	Sport
Rear	: Metzeler	160/60 R17	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

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

Enclosed number of photographs: 67 copies

REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis
and we have not given authorization and instruction to the repairer to proceed with the repair

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$ 6,300.00** on a contractual basis.

Under normal circumstances, the repair period would be about 7 (Seven) working days.

SCL APPRAISER PTE LTD

Vehicle Registration No: FZ 4185 R

Our Ref No: GPM/02/1903/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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SPARE PARTS - LIST ITEMS

1	Headlamp	Damage	\$	380.00	\$	X 380.00	} Jan
1	Front n/s footrest	Damage	\$	75.00	\$	X 75.00	
1	Front n/s footrest bracket	Intact	\$	245.00		NN	} NN
1	Gear pedal	Intact	\$	95.00		NN	
1	Rear n/s footrest	Damage	\$	70.00	\$	X 70.00	} NN
1	Rear wheel rim	Damage	\$	850.00	\$	X 850.00	
1	Rear brake disc	Damage	\$	385.00	\$	X 385.00	
1	Front exhaust pipe header	Damage	\$	955.00	\$	X 955.00	
1	Exhaust pipe bracket	Damage	\$	55.00	\$	/ 55.00	
1	Swing arm	Damage	\$	910.00	\$	X 910.00	} Jan
2	Rear absorbers	Damage	\$	1,920.00	\$	X 1,920.00	
2	Rear signals	Damage	\$	170.00	\$	170.00	85
1	Rear fender	Damage	\$	95.00	\$	X 95.00	NN
			\$	6,205.00	\$	5,865.00	140
			Less 10%	\$	620.50	\$	586.50
Total Cost - List Items			\$	5,584.50	\$	5,278.50	126

SPECIAL NETT ITEMS

1	Side slider (1 set)	Damage	\$ 120.00	\$ X 120.00	
1	Rear number plate	Damage	\$ 18.00	\$ X 18.00	
1	"YOSHIMURA" exhaust pipe	Damage	\$ 1,850.00	\$ 1,850.00	950
1	Exhaust pipe protector	Damage	\$ 85.00	\$ 85.00	40
Total Cost - Special Nett items			\$ 2,073.00	\$ 2,073.00	990

Total cost of parts

\$ 7,657.50 \$ 7,351.50

SCL APPRAISER PTE LTD

Vehicle Registration No: FZ 4185 R

Our Ref No: GPM/02/1903/TP

S/No	Description	Repairer's Estimate	Revised Amount
	Total cost of parts c/f	\$ 7,657.50	\$ 7,351.50

LABOUR

1	To provide towing service.	\$ 50.00	\$ 50.00 40
2	To check electrical system, wire harness and focus headlamp.	\$ 80.00	\$ 50.00 20
3	To provide labour charges, workmanship to dismantle above damaged parts ; re-align body structure and damaged consistent to the accident.	\$ 480.00	\$ 400.00 100

160

GRAND TOTAL

\$ 8,267.50	\$ 7,851.50
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1276

20% : 1000

1 Day

C L APPRAISER PTE LTD

Vehicle Registration No: FZ 4185 R

Our Ref No: GPM/02/1903/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 6,300.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	07/02/2019 18:29
Date Of Accident	06/02/2019 19:20
Exact Location Of Accident	JUNCTION OF LOYANG AVE & PASIR RIS DR 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4369T
Insured/Policyholder	
Name Of Registered Owner	WANG XIANG JUN
NRIC No	S8902430G
Email Address	KENNYWXJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91477884
Alternative Phone No	Others-91477884

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA S
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S 29027217 SMF
Cover Note Number	

Driver

Name of Driver	WANG XIANG JUN
NRIC No	S8902430G
Date Of Birth	17/01/1989
Occupation	INDOOR
Date Of Driving Pass	05/03/2010

Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91477884
Fax Number	
Contact Number	OTHERS-91477884
EMail Address	KENNYWXJ@GMAIL.COM
Address	BLK 467A FERNVALE LINK #05-507
Postcode	791467
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

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	FZ4185R
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD AFIQ BIN RASID
NRIC/Passport Number	S9404396D
Contact Number	90407757
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 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.



Policyholder's Signature
Date & Time:

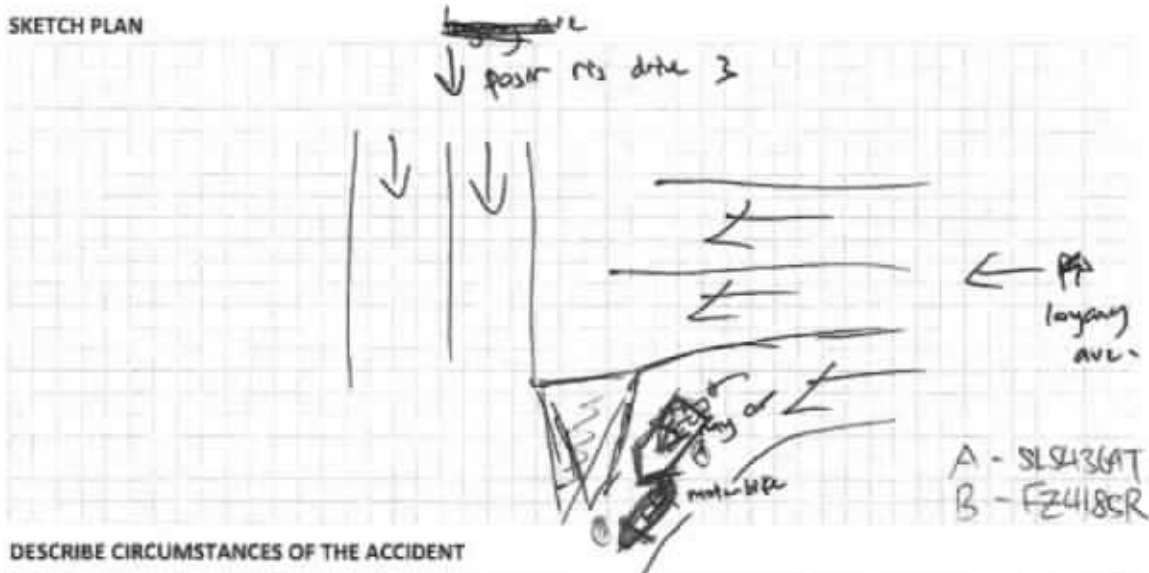
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning ~~into~~ left into Passer Res Dr 3 and was waiting to turn left at behind motorcycle FZ 418SR. As I checked the main road and it was clear to turn, I saw the motorcycle accelerate and anticipating it to turn left, I followed and accelerated slightly. However, the motorcycle suddenly stopped and I could not brake in time. I knocked onto the rear end of his bike and there was a slight ~~stop~~ jerk. However, the motorcyclist was still stable on his bike and was not knocked off his bike. We then proceeded to inspect the damage after making sure there were no injuries from both parties. Upon inspection, his exhaust was dented and his right rear signal light was damaged. There were no other significant damage to other parts. My car front left bumper fell off and ~~was~~ together with my daylight to lamp. There was also a dent on my bonnet at the impact spot.

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:


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

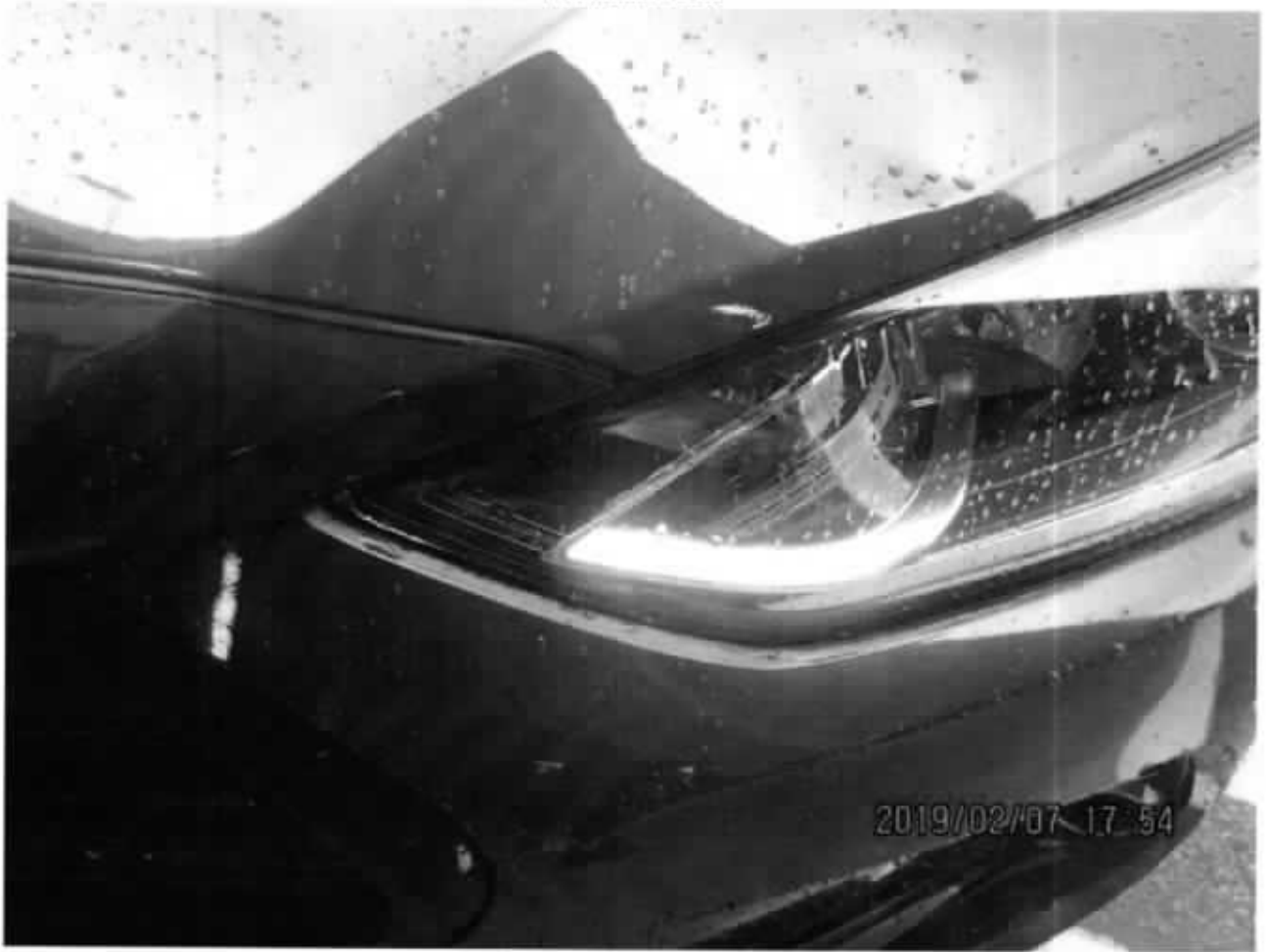
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



2019/02/07 17:54

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 liability.
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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	13/02/2019 11:42
Date Of Accident	06/02/2019 19:20
Exact Location Of Accident	LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ4185R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AFIQ BIN RASID
NRIC No	S9404396D
Email Address	AFIQ72743@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90407757
Alternative Phone No	OTHERS-90407757

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096347380-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AFIQ BIN RASID
NRIC No	S9404396D
Date Of Birth	23/01/1994
Occupation	INDOOR
Date Of Driving Pass	24/07/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90407757
Fax Number	
Contact Number	OTHERS-90407757

Address	BLK 757 #04-162 PASIR RIS STREET 71
Postcode	510757
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	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

AS PER POLICE REPORT No.T/20190210/7006;

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	SLS4369T
Vehicle Make/Model/Colour	HYUNDAI ELANTRA AD 1.6 GLS AT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG XIANG JUN
NRIC/Passport Number	S8902430G
Contact Number	91477884
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AFIQ BIN RASID
Approximate Age	25
Injuries Sustain	
Injured person in which vehicle?	FZ4185R
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 757 #04-162 PASIR RIS STREET 71
Postcode	510757

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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.

13 FEB 2019

Policyholder's Signature

Date & Time: 13/02/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

Reporting Centre 23 Kaki Bukit Ave 4

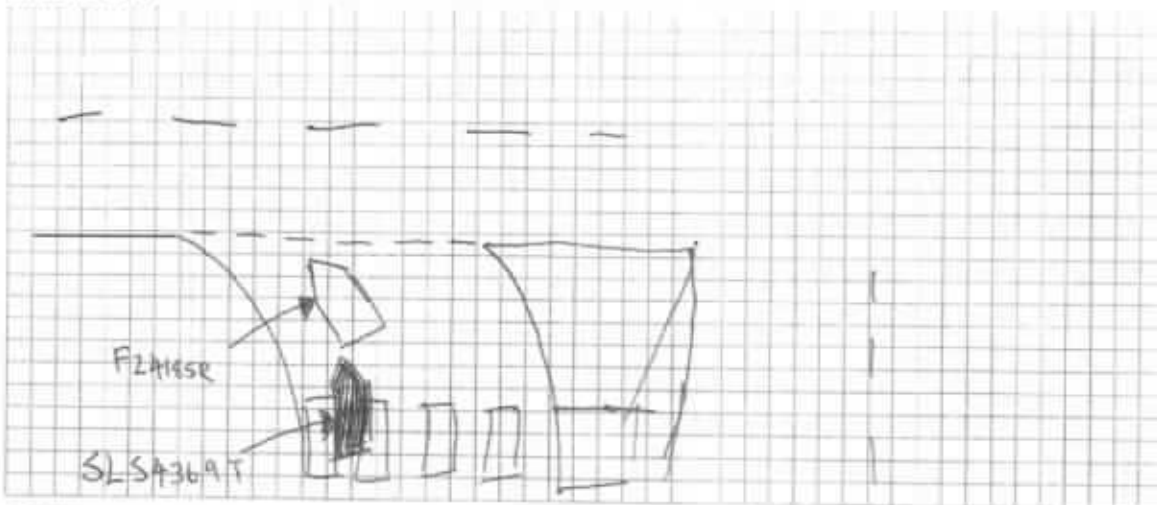
Name: Singapore 415933

NRIC/Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policyholder's Signature

Date & Time: 13/02/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

13 FEB 2019

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Reporting Centre Personnel's Signature

Name:

NRIC/ID No:

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190210/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190210/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2019 17:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD AFIQ BIN RASID			Address: APT BLK 757 PASIR RIS STREET 71 #04-162 SINGAPORE 510757		
ID Type / ID No.: NRIC NO / S9404396D			Contact No.: Home/Office: Mobile: 90407757		
Nationality: SINGAPORE CITIZEN			Email: afiq72743@gmail.com		
Sex: Male	Age: 25	Date of Birth: 23/01/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Manufacturing engineering technician (general)			Driving Licence Information: Class: 2B,2A,2		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 06/02/2019 19:20	Type of Location: Bend
Location: LOYANG AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FZ4185R	Motorcycle	HONDA	CB400SF	Blue	Slightly Damaged	0
SLS4369T	Car	HYUNDAI	Elantra	Black	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190210/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190210/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ4185R	NTUC Income Insurance Co-Operative Limited	5096347380-01	12/12/2018	11/12/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD AFIQ BIN RASID		ID No.	S9404396D
Related Vehicle	FZ4185R (Motorcycle)		Contact No.	90407757
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	07/02/2019		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Wang Xiang Jun		ID No.	S8902430G
Related Vehicle	SLS4369T (Car)		Contact No.	91477884
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.

I, FZ4185R, was at the filter lane of Loyang Avenue turning left towards Pasir Ris Drive 3, Loyang point to my left and shell petrol station to my right, i slowed down approaching to a stop to check for incoming traffic when i was hit from the rear by a car ,SLS4369T. I managed to balance my motorcycle and come to a stop at the curb about 5 meters from impact.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190210/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190210/7006

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:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65472076

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

Date/Time:
10/02/2019 17:54

Classification Of Case:

Authentication Stamp

NP168

Accident Sketch Plan Pg. 1

HEALTHWAY MEDICAL CLINIC

BLK 625 #01-322 ELIAS ROAD, ELIAS MALL SINGAPORE 510625 TEL: 6584 6822 FAX: 6584 6883



HEALTHWAY
MEDICAL

MEDICAL CERTIFICATE

Date : 7/2/2019

Ref No. 013069658

This is to certify that MUHAMMAD AFIO (NRIC S9404396D) is UNFIT FOR DUTY for 2 day(s) from 7/2/2019 to 8/2/2019 inclusive.

HEALTHWAY MEDICAL CLINIC
BLK 625 ELIAS RD #01-322
ELIAS MALL S'PORE 510625
TEL: 6584 6822 FAX: 6584 6883

DR TIM WEI LUN
Doctor

Not Valid for Absence from Court Attendance

HEALTHWAY MEDICAL CLINIC

BLK 625 #01-322 ELIAS ROAD, ELIAS MALL SINGAPORE 510625 TEL: 6584 6822 FAX: 6584 6883



HEALTHWAY
MEDICAL

MEDICAL CERTIFICATE

Date : 9/2/2019

Ref No. 013073925

This is to certify that MUHAMMAD AFIO (NRIC S9404396D) is UNFIT FOR DUTY for 1 day(s) from 9/2/2019 to 9/2/2019 inclusive.

HEALTHWAY MEDICAL CLINIC
BLK 625 ELIAS RD #01-322
ELIAS MALL S'PORE 510625
TEL: 6584 6822 FAX: 6584 6883

LOCUM
Doctor

Not Valid for Absence from Court Attendance

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Feb 2019		18 Feb 2019 15:43 Edit Adj Rpt	S\$1,000.00 Edit Estimates	S\$1,000.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by Insurer]									
Insured: WANG XIANG JUN , ID: S8902430G, Tel: +6591477884, Email: kennywxj@gmail.com									
Main Claimant: MUHAMMAD AFIQ BIN RASID , ID: S9404396D									
Vehicle Reg. No.:	FZ4185R	Date of Loss:	06/02/2019 19:00 - :59 [162 Months and 30 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 584468	Policy/Cover Note No.:	29027217SMF (Comprehensive) Coverage: 25/09/2018 - 24/09/2019						
Vehicle Reg. No. (Insured):	SLS4369T	Policy No. (Claimant):							
		Excess:	S\$500.00						
Repairer:	GP MOTORING PTE LTD (HQ) 282 Macpherson Road, 348607 Macpherson - Tel: 67464240								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Fievel Foo Wenyao - 6643 1316]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 13/08/2019]								
Driver/Custodian (Insured):	WANG XIANG JUN (30 / Male), NRIC: S8902430G, Tel: +6591477884 Email: kennywxj@gmail.com								
Adj Asg. Remarks:	on WP. Liability 100%. SJE disagree - assign LKK. Contact : Mr Shawn Tan at HP 9748 9940								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> MSIG_KMS (07/08/2019): PAPER SURVEY MSIG_SG (07/08/2019): Report Send Back Alerts - FZ4185R (TP) 									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*FZ4185R (584468)
[SLS4369T]
TP
MUHAMMAD AFIQ BIN RASID
Feb 6 2019 7:00PM
[WANG XIANG JUN]
GP MOTORING PTE LTD

Upload Documents			Upload Photos			Compose New Letter			View			View in Browser		
Assessment Reports									1 per page		<input type="button" value="v"/>	<input checked="" type="checkbox"/>		
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)								Thumbnail	Print			
1	18/02/19 09:08	Accident Statement <small>From: OO - Reg. No: SLS4369T, Claimant: WANG XIANG JUN</small>							1	Load HTML				
									3 per page		<input type="button" value="v"/>	<input checked="" type="checkbox"/>		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)								Thumbnail	Print			
1	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
2	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
3	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
4	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
5	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
6	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
7	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
8	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
9	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
10	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
11	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
12	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
13	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
14	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
15	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
16	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
17	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
18	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
19	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
20	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
21	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
22	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
23	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
24	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
25	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
26	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
27	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
28	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
29	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
30	23/02/19 16:07	General View							1	Load JPG	<input checked="" type="checkbox"/>			
									1 per page		<input type="button" value="v"/>	<input checked="" type="checkbox"/>		
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)								Thumbnail	Print			
1	18/02/19 09:08	FZ4185R E -File & Police report							1	Load PDF				

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail Print
		MSIG Insurance (Singapore) Pte. Ltd. (HQ)		
		From: DD - Reg. No: SLS4369T, Claimant: WANG XIANG JUN		
2	18/02/19 09:16	PRI from Jusequity Law		Load PDF
3	18/02/19 13:43	Survey disagree on SJE - assign LKK Auto		Load PDF
4	18/02/19 18:20	TP Workshop should be GP Motoring Pte Ltd		Load PDF
5	07/08/19 15:17	SURVEY REPORT 1		Load PDF
6	07/08/19 15:17	SURVEY REPORT 2		Load PDF
7	07/08/19 15:17	SURVEY REPORT 3		Load PDF
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	20/08/19 15:55	Colour Photo		Load PDF
2	20/08/19 15:55	PRS Invoice		Load PDF

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG19003091/GSD3E2-1

Date: 20/08/2019

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 29027217SMF

Claimant Vehicle
No : FZ4185R

Insured Vehicle No : SLS4369T

Date of Loss: 06/02/2019

Nature of Claim: TP

Claim No: 584468

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: FZ4185R

Make & Model: HONDA CB400, 399cc

Reg. Date: 07/07/2005 (Man. Year: 2005)

Colour: Blue

Engine Capacity: 399 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

Engine No: NC23E2066807

Chassis No: JH2NC39994M020169

Odometer: 207752 km

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 120/60Z R17

Rear Tyre Size: 160/60Z R17

Front Left Side: Metzeler 5 mm

Rear Left Side: Metzeler 5 mm

Front Right Side: 0 mm

Rear Right Side: 0 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	7,657.50	1,116.00	6,541.50	85.43
Miscellaneous Items	0.00	0.00	0.00	
Labour	610.00	160.00	450.00	73.77
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	8,267.50	1,276.00	6,991.50	84.57
Approved Total (Overridden) (S\$)		1,000.00		
(S\$)	8,267.50	1,000.00	7,267.50	87.90
+ GST 7.00/7.00% (S\$)	578.73	70.00	508.73	87.90
Nett Amount (S\$)	8,846.23	1,070.00	7,776.23	87.90

INSPECTION

Date of Assignment: 18/02/2019

Date Inspected: 21/02/2019 Inspected At:

GP MOTORING PTE LTD (HQ)
282 Macpherson Road
Singapore 348607

Estimated Period of Repair: 1.0 days

Adjuster: XING GUO QIANG**Manager:** Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference		
Part Source:	(Last Synchronised: 20 Aug 2019)	
Parts:	N/A	HONDA CB400 399cc (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for FZ4185R)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*HEADLAMP	Not Necessary	380.00 FL	*- FL
2	1		*FRONT N/S FOOTREST	Not Necessary	75.00 FL	*- FL
3	1		*FRONT N/S FOOTREST BRACKET	Not Necessary	245.00 FL	*- FL
4	1		*GEAR PEDAL	Not Necessary	95.00 FL	*- FL
5	1		*REAR N/S FOOTREST	Not Necessary	70.00 FL	*- FL
6	1		*REAR WHEEL RIM	Not Necessary	850.00 FL	*- FL
7	1		*REAR BRAKE DISC	Not Necessary	385.00 FL	*- FL
8	1		*FRONT EXHAUST PIPE HEADER	Not Necessary	955.00 FL	*- FL
9	1		*EXHAUST PIPE BRACKET	Damaged	55.00 FL	*55.00 FL
10	1		*SWING ARM	Not Necessary	910.00 FL	*- FL
11	2		*REAR ABSORBERS	Not Necessary	1,920.00 FL	*- FL
12	1		*REAR SIGNALS	N/S Not Necessary / O/S Broken	170.00 FL	*85.00 FL
13	1		*REAR FENDER	Not Necessary	95.00 FL	*- FL
14	1		*SET SIDE SLIDER	Not Necessary	120.00 FS	*- FS
15	1		*REAR NUMBER PLATE	Not Necessary	18.00 FS	*- FS
16	1		*YOSHIMURA EXHAUST PIPE	Damaged	1,850.00 FS	*950.00 FS
17	1		*EXHAUST PIPE PROTECTOR	Damaged	85.00 FS	*40.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	8,278.00	1,130.00
- List Item Discount on L Items 10.00/10.00% (\$\$)	620.50	14.00
Total Parts (\$\$)	7,657.50	1,116.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO PROVIDE TOWING SERVICE	New	50.00	40.00
2	TO CHECK ELECTRICAL SYSTEM, WIRE HARNESS AND FOCUS HEADLAMP	New	80.00	20.00
3	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT	New	480.00	100.00
Gross Labour Cost (S\$)			610.00	160.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >