

ASS. REC. BY:

REF: CS/GA1 19017743/ A13^{SR}

Special Instruction:

Surveyor: Adfan

ASSIGNMENT (Office)

From (Person): Sheng wong of GA1 Date/Time: 8.10.19 3.41p.m

Estimated Cost: Bill to:

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

To inspect Vehicle No: GBF-4980P Insured: GB B 9154X

at Workshop m/s Kai moto⁶ of BIK 3007 Ubi Rd 1701-440 Tel: 6747 4006

Policy No: Claim No: CL MOMVC 00005733

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 5.10.2019

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 8.10.19 4.00p.m Person Contacted: MS Ky m Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	GBF 4980P - RA / MSG 19017550 / h4 R.O.A. - 05/10/2019
	GBB 9154 X - RA / MSG 19017650 / h4 R.O.A. - 05/10/2019
	Part by part \$3564.32 Cred: 2834.66; 440(0)

ASS. REC. BY:

REP:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 6BF4980P Yr Regn: 2016 / Nov

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

Truck / Trailer or

Make: NISSAN NU200 cc 1461

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 109032 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSKYBAM20Z0129406

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Good / STD A/Rim or

Tyre Size: F: 185/65R14

R: 185/65R14

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

TOYO / YOKO or Maxxis

Front 06 mm Rear 06 mm

R/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 08/10/19

*Survey held at Kari Motor

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

Front ds

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

Date / Time Action / Instruction

TP Grant American

RECEIVED 20 JAN 2020

MV:

PV:

Nett:

466E

Date/Time, File Pass to?

1) PL Typist

Date/Time, File Ref to?

2)

Report Format:

TP

Lump Sum / Net: 3564.32

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Invt (\$)

Meet end (\$)

Survey Fee: 250

Transportation:

Fuel:

TOTAL

Denise Tay (LKKAuto)

From: Admin-D (LKKAuto)
Sent: Friday, 17 January 2020 4:53 PM
To: SUR
Subject: FW: Re: Our Ref:CLMOMVC000003733, Your Ref:GBF4980P on 05102019@08:40:00
Attachments: [External] Re: Re: Our Ref:CLMOMVC000003733, Your Ref:GBF4980P on 05102019@08:40:00

Wishing you a Happy and prosperous Lunar New Year



Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ng, Sharon [<mailto:sharon.ng@sg.gaig.com>]
Sent: Friday, 17 January 2020 4:50 PM
To: assignments@lkkauto.com; Admin-D (LKKAuto) <admin-d@lkkauto.com>
Subject: RE: Re: Our Ref:CLMOMVC000003733, Your Ref:GBF4980P on 05102019@08:40:00

Hi LKK

Please let us have surveyors' advice whether there were one or two impact damages, the latter as reported by the insured driver that "TP sped up and hit rear of Ol veh". This was not captured in the video.

TP LOD is attached.

Regards
Sharon
Great American

From: Ng, Sharon
Sent: 17 January 2020 4:09 PM
To: 'Kai Motor' <kaimotor@gmail.com>
Subject: RE: [External] Re: Our Ref:CLMOMVC000003733, Your Ref:GBF4980P on 05102019@08:40:00

WITHOUT PREJUDICE

Dear Ms Kim

Summer Lee (LKK Auto)

From: Motor Claims <motorclaims@sg.gaig.com>
Sent: Tuesday, 8 October, 2019 3:41 PM
To: kaimotor@gmail.com; assignments@lkkauto.com; Admin-D (LKKAuto)
Cc: Ng, Sharon
Subject: Re: Our Ref:CLMOMVC000003733, Your Ref:GBF4980P on 05102019@08:40:00

Without Prejudice

Dear Ms Kim

Noted on your request. Our client has not reported the accident, we will survey on a without prejudice basis.

Aside to LKK,

Kindly conduct PRI on a without prejudice basis. Thank you.

Regards

Shery Wong, Executive, Claims | P. +65 68046077 | F. +65 62353354 | shery.wong@sg.gaig.com



Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190



A+ (Superior)
Affirmed August 17, 2018

Moody's
A1 (Good)
Published December 2018

Standard & Poor's
A+ (Strong)
Affirmed February 23, 2018

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: Kai Motor <kaimotor@gmail.com>
Sent: 08 October 2019 3:18 PM
To: Motor Claims <motorclaims@sg.gaig.com>
Subject: [External] Re: Our Ref:CLMOMVC000003733, Your Ref:GBF4980P on 05102019@08:40:00

Hi Sir,

We choose 5. LKK Auto Consultants

👉 Have a nice day w thanks.

Ms Kim

On Tue, 8 Oct 2019 at 08:59, Motor Claims <motorclaims@sg.gaig.com> wrote:

Without Prejudice

Dear Ms Kym,

Our client has not reported accident.

We append the following list of our panel surveyors:-

1. AJAX Adjusters & Surveyors Pte Ltd
2. A-PAC Adjusters & Surveyors Pte. Ltd.
3. Priority Services
4. RT Appraisal Pte Ltd
5. LKK Auto Consultants

Kindly let us know which SJE is selected and furnish the estimates for the survey to be carried out.

Regards

Shery Wong, Executive, Claims | P. +65 68046077 | F. +65 62353354 | shery.wong@sg.gaig.com



Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190



A+ (Superior)
Affirmed August 17, 2018

Moody's
A1 (Good)
Published December 2018

Standard & Poor's
A+ (Strong)
Affirmed February 23, 2018

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: Kai Motor <kaimotor@gmail.com>

Sent: 07 October 2019 5:29 PM

To: Motor Claims <motorclaims@sg.gaig.com>

Subject: [External] ACCIDENT INVOLVING VEHICLE NO No GBF 4980 P & GBB 9154 X on 05102019@08:40:00

KAI MOTOR TRADING

BLK 3007 UBI ROAD 1

#01-440, SINGAPORE 408701

TEL: 67474006 FAX:67437591

E-mail : kaimotor@gmail.com

REG NO: 44223100L

Date : 07/10/2019

Attn: The Motor Claims Department

Your Insured veh no : GBB 9154 X

Great American Insurance Company

Address: 3 Temasek Ave, Singapore 039190,

Phone: 6804 6000 68047845 sharon

motorclaims@sg.gaig.com

WITHOUT PREJUDICE

(By Email Only)

Dear Sir / Madam

ACCIDENT INVOLVING VEHICLE NO No GBF 4980 P & GBB 9154 X on 05102019@08:40:00

We are writing on behalf of Natural Plastic & Mould Industries the registered owner of GBF 4980 P which was involved on the above mentioned accident between GBB 9154 X.

Investigation reveals that the motor vehicle number GBB 9154 X. was insured with you at the material time of the said accident.

As a result of the accident was caused solely and completely by the negligence of your insured vehicle number GBB 9154 X.. Therefore, our client is holding you liable for the repair costs and other consequential loss which was sustained by him/her/them.

Kindly arrange your representative to survey our client's vehicle at **KAI MOTOR TRADING** Blk 3007, Ubi Road 1, #01-440, Singapore 408701 within two (2) days from the date hereof as to avoid further losses incur.

We enclosed hereby the GIA report of GBF 4980 P for your kind attention.

Failing which, our client have no alternative but to proceed with the necessary repairs and the will be forward to you for reimbursement.

Yours faithfully,

--

Have a nice day w thanks.

Ms Kym

Kai Motor Trading

Blk 3007 Ubi Rd 1 #01-440
Singapore 408701
Telephone: 6747 4006

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

--

Have a nice day w thanks.

Ms Kym

Kai Motor Trading

Blk 3007 Ubi Rd 1 #01-440
Singapore 408701
Telephone: 6747 4006

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

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	05/10/2019 11:09
Date Of Accident	05/10/2019 08:40
Exact Location Of Accident	WEST COAST HWY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4980P
Insured/Policyholder	
Name Of Registered Owner	NATURAL PLASTIC & MOULD INDUSTRIES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94500052

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORK
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28857570 MKC
Cover Note Number	

Driver

Name of Driver	HO KAH LENG
NRIC No	S1393807E
Date Of Birth	29/08/1953
Occupation	OUTDOOR
Date Of Driving Pass	28/12/1971
Driving Experience	47 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94500052
Fax Number	
Contact Number	
EMail Address	NOEMAIL

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 wilful misrepresentation or withholding of material facts may allow insurance companies to regulate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

NATURAL PLASTIC & MOULD INDUSTRIES
 Blk 3007, Ubi Road 1,
 #03-42B Singapore 408701
 HP: 9450 0052 Fax: 6841 4014
 Co. Reg. No: 53101466E

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.:

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	09/10/2019 15:47
Date Of Accident	05/10/2019 09:30
Exact Location Of Accident	ALONG WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9154X
Insured/Policyholder	
Name Of Registered Owner	MENCAST SUBSEA PTE LTD
Co Reg No	199606632K
Email Address	SISCA@MENCAST.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65461823

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 5MT ABS 2DR 2WD EURO 5 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20181374

Driver

Name of Driver	MUHAMMAD SAID BIN KAMARUDIN
NRIC No	S8327276G
Date Of Birth	15/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87508894
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	SINGAPORE
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 - CHANGE/CROSS LANE
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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On the 05/10/2019, at 0930Hrs I was driving back from office heading towards Seah Im to have breakfast. I was overtaking vehicle B(GBF4980P) which was ahead of my vehicle in the middle lane. I changed lanes to the right, and signalled left to change lanes back to the middle lane. While trying to enter the middle lane, vehicle B sped up and collided into the rear left portion of my vehicle. We stopped at the next shoulder lane to examine and exchange particulars. No one was injured in this incident.

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	GBF4980P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HO KAH LENG
NRIC/Passport Number	S1393807E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 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.

B. 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: 07/07/19, 15:00 hrs



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

I am fully aware that my insurer may have a 14-day period for me to decide on filing an Own Damage Claim.



凱摩哆服務

KAI MOTOR TRADING

BLK 3007 UBI ROAD 1 #01-440, SINGAPORE 408701.
 TEL: 6747 4006 FAX: 6743 7591 EMAIL: kaimotor@gmail.com
 BUS. REG. NO: 44223100L GST NO: M90371531Y

專業服務：汽車意外保險賠償·拖車·汽車修理及維修服務·打嗎呷·噴漆。

Specialist in: Accidents Insurance Claim, Towing Service, Motor Vehicle Repairing, Panel Beating, Spray Painting.

Date : 07/10/2019

Denise

Attn: The Motor Claims Department
 Your Insured veh no : GBB 9154 X
 Great American Insurance Company
 Address: 3 Temasek Ave, Singapore 039190,
 Phone: 6804 6000 68047845 sharon
motorclaims@sg.gaig.com

WITHOUT PREJUDICE

(By Email Only)

LKK Adrian

Dear Sir / Madam

Estimate Cost Repair Bill To Nissan NV200 No GBF 4980 P & GBB 9154 X on 05102019@08:40:00

To Supply :-

1pc	Front door RH <i>dent repair</i>	\$1,289.50	nett	+
1pc	Front door side mirror RH <i>cut</i>	\$ 375.30	nett	✓
1pc	Front door hinge top <i>?</i>	\$ 60.00	nett	+
1pc	Front hinge lower <i>green</i>	\$ 60.00	nett	+
1pc	Front inner rubber	\$ 284.50	nett	+
1pc	Front fender RH <i>dent</i>	\$ 555.20	nett	✓
1pc	Front fender inner cowling <i>green</i>	\$ 188.40	nett	+
5pcs	Front fender inner cowling clip	\$ 25.00	nett	+
1pc	Front head lamp RH <i>could</i>	\$ 648.00	nett	✓
1pc	Front head lamp lower garnish RH <i>dent</i>	\$ 394.30	nett	✓
1pc	Front head lamp lower garnish side bracket <i>re</i>	\$ 23.40	nett	✓
1pc	Front bumper <i>dent</i>	\$ 655.20	nett	✓
1pc	Front bumper side bracket <i>re</i>	\$ 23.40	nett	✓
10pcs	Front bumper clips <i>re</i>	\$ 50.00	nett	30
		\$4,632.20		
	less	10%	\$ 463.22	
			\$4,168.98	

To dismantle & replace damage parts, panel beat where necessary, either of the following:
 To putty, apply primer & spray paint on the affected portion.
 To check wiring functions.

\$ 950.00 *600*

1130 \$1,200.00 *500*

\$ 80.00 *30*

\$6,398.98

Acknowledged by Repairer:

Signature:

Date:

total: 3564.32
(P/P)

Adrian
P/P 05/10/19
OS Pays



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile			
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI19017743/Aff3s2	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 20-01-2020	
Code : GAI			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBB 9154X	Veh. Inspected	GBF 4980P
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000003733	Excess (\$)	0.00
Assign From	SHERY WONG	Assign Date	08/10/2019
2. Vehicle Particulars & Condition			
Make & Model	NISSAN NV200	c.c	1461
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	VSKYBAM20Z0129406	Colour	GREY
Odometer	109032	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/65 R14	MAXXIS	6 mm
L/H Front Tyre	185/65 R14	MAXXIS	6 mm
R/H Rear Tyre	185/65 R14	MAXXIS	6 mm
L/H Rear Tyre	185/65 R14	MAXXIS	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	05/10/2019	Inspection Date	08/10/2019
Survey held at	KAI MOTOR TRADING BLK 3007 UBI ROAD 1 #01-440 SINGAPORE 408701		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days	



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. GBF 4980P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT DOOR RH (N)	TO REPAIR SEE LABOUR	1,289.50	-
1	FRONT DOOR SIDE MIRROR RH (N)	CUT	375.30	375.30
1	FRONT DOOR HINGE TOP (N)	NOT NECESSARY	60.00	-
1	FRONT HINGE LOWER (N)	NOT NECESSARY	60.00	-
1	FRONT INNER RUBBER (N)	NOT NECESSARY	284.50	-
1	FRONT FENDER RH (N)	DENTED	555.20	555.20
1	FRONT FENDER INNER COWLING (N)	NOT NECESSARY	188.40	-
5	FRONT FENDER INNER COWLING CLIP (N)	NOT NECESSARY	25.00	-
1	FRONT HEAD LAMP RH (N)	CRACKED	648.00	648.00
1	FRONT HEAD LAMP LOWER GARNISH RH (N)	DEFORMED	394.30	394.30
1	FRONT HEAD LAMP LOWER GARNISH SIDE BRACKET (N)	NECESSARY	23.40	23.40
1	FRONT BUMPER (N)	DEFORMED	655.20	655.20
1	FRONT BUMPER SIDE BRACKET (N)	NECESSARY	23.40	23.40
10	FRONT BUMPER CLIPS (N)	NECESSARY	50.00	30.00
	LESS 10% DISCOUNT		-463.22	-270.48
			4,168.98	2,434.32
LABOUR				
	TO DISMANTLE & REPLACE DAMAGE PARTS, PANEL BEAT WHERE NECESSARY. INCLUSIVE OF THE REPAIR OF FRONT DOOR RH.		950.00	600.00
	TO PUTTY, APPLY PRIMER & SPRAY PAINT ON THE AFFECTED PORTION.		1,200.00	500.00
	TO CHECK WIRING FUNCTIONS.		80.00	30.00
			-	-
			-	-
			-	-
			2,230.00	1,130.00
GRAND TOTAL			6,398.98	3,564.32
RECOMMENDED COST OF REPAIRS				3,564.32

Report Ref No. CS/GAI19017743/Atf3s2



Report Ref No. CS/GAI19017743/Atf3s2

A handwritten signature in black ink, appearing to read 'A. Ling Wai Ping', is written in a cursive style.

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.