

12062019

ASS. REC. BY:

REF: CS3/ASM/9009147/T14B-1

Special Instruction:

SUBJECT: TUNGLA

ASSIGNMENT (Office)

22.10.19

From (Person) Shwily Tain

of Am (AKA)

Date/Time: 24-5-19 9:34:00

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SKS 67045

Insured: SMF 46202

at Workshop m/s MJE motor

Tel: 92251391

of BIK 7 Sin ming Sector C #01-94

Policy No:

Claim No: SAMOIQDA

Sum Insured:

Excess:

Make of Vch:

D.O.A 21-5-2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 24-5-19 9:52:17

Person Contacted: YY

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction ( X ) / Remarks
	SKS 67045 - X
	SMF 46202 - X
	Dismantle: 24/5/2019
	After repair: 28/5/2019
RECEIVED 08 NOV 2019	

L/S \$8300/- 7 days. (Red \$4900/-, 37%) / 59 8300 7 days  
8/11/19 Typist

190

  
7/11/2019

**ASSIGNMENT**

From: \_\_\_\_\_ Date: 24.5.2019

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: SFS 6744S

at Workshop m/s MJE Motor

of BLK 7 SA MING SATOR C #01-94

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

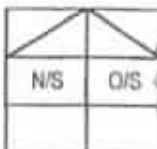
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Est. or Market Value: 957K.

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS yes

Vehicle: IN / OUT

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Veh No: SKS6744S Yr Regn: 2015, April

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

Truck / Trailer or

Make: Volkswagen Jetta cc 1320

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

Sp. Reading: 103558 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WWZEE/6ZF.M028543

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R14

R: 7

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

TOYO / YOKO or

Front

Rear

R/Bal. 0 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. \_\_\_\_\_

D.O.I. 24/5/19 1210pm

Survey held at MJE Motor

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

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

Date / Time Action / Instruction

Estimate repair range \$5,000 - \$6,000.

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 7

1)

☐ : Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee: 100

Transportation: 5 + RS 50

Photos

Others

TOTAL

100

Report Format : PRS

Lump Sum / I.B.I: (\$ \_\_\_\_\_)



## Service Request Details

Claim

S9M01ODA

Reference

None 

Loss Date

May 21, 2019

Report Date

May 23, 2019 11:57:37 AM

Request Date

October 10, 2019

Due Date

October 10, 2020

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Re-inspection

### Actions

Next Step

Finish the work

Complete Work

More ▾

### Vehicle Information

Incident Vehicle Registration #

SKS6744S

Model

JETTA

Service Address

84 ARAB STREET, , 199780

Primary Contact/Insured

ROYAL FABRICS PTE.LTD.

84 ARAB STREET, 199780, Singapore

JEUNESSE@VIRTUALINVEST.BIZ

Claim Handler

TAN Shirley

6568804834

chaigeok.tan@axa.com.sg

Additional Instructions

Please do paper survey

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

Document Type

Document SubType

[+ Upload Documents](#)

NAME

 SMF4620Z - INSD GIA Report.PDF

TYPE

Reports &amp; Statement

SUB-TYPE

GIA Report

AUTHOR

TAN Wancong

DATE UPLOADED

October 14, 2019

NAME

 TP LOD LITIGAIONI - LIM HWEE SEH.pdf

TYPE

Legal

AUTHOR	VISHNU BATHAM Shekhar
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DATE UPLOADED	June 24, 2019
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NAME	 SK56744S TP GIA REPORT.PDF
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TYPE	Reports & Statement
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SUB-TYPE	GIA Report
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AUTHOR	DHAKAL Raghav
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DATE UPLOADED	May 23, 2019
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# Cheonghoh Law Corporation

3019750974 - - -

60154594

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053  
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply please quote our Reference Number  
Our Ref: LCH.lg/SJEM-90390.19

19 June 2019

WITHOUT PREJUDICE

BY HAND

CERTIFICATE OF POSTING

CSU

AXA Insurance Singapore Pte Ltd  
8 Shenton Way #27-01  
AXA Tower  
Singapore 068811

Royal Fabrics Pte Ltd  
84 Arab Street  
Singapore 199780

Abdul Samad S/o Abdul Karim  
Blk 512 Bedok North Ave 2  
#02-283  
Singapore 460512

Attn: Motor Claims Dept.  
(Vehicle No. SMF 4620 Z)

Dear Sirs

**TRAFFIC ACCIDENT INVOLVING YOUR/YOUR INSURED'S VEHICLE SMF 4620 Z AND SKS 6744 S ON 21 MAY 2019 AT 1:00 PM ALONG/AT MEYER ROAD TOWARDS AMBER ROAD**

We act for the claimant Lim Hwee Seh, the owner of the above said motor vehicle no. **SKS 6744 S**.

We are instructed to claim damages against you/your driver/your insured in connection with the above-captioned accident involving our client's vehicle registration number **SKS 6744 S** and vehicle registration number **SMF 4620 Z** driven by you/your driver/your insured at the material time.

We are instructed that the accident was caused by you/your driver's/your insured's negligent driving and/or management of motor-vehicle **SMF 4620 Z**. As a result, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as stated in Part 1 of the Annexure.

A copy each of the supporting documents as stated in Part 2 of the Annexure is enclosed.

We have on 23 May 2019 notified your insurer (abovenamed addressee) of the accident and a pre-repair inspection of our client's vehicle was carried out by your insurer on 24 May 2019.

Please note that:

- (a) if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer;
- (b) you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your/your insurer receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer;
- (c) if you have a counterclaim against our client arising out of this accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

For the avoidance of doubt, unless otherwise indicated, this letter of claim is sent to the abovenamed addressees.

Yours faithfully



Lee Cheong Hoh  
Cheonghoh Law Corporation

enc.: supporting documents in paragraph 4 enclosed in covering letter to insurers only  
cc: client (via email /fax only) - SKS 6744 S



## ANNEXURE

### Part 1 - particulars of loss and expense

Cost of repairs	\$13,200.00
Loss of use @ 8 days	800.00
Survey Report	860.00
GIA Reports/LTA, RCB searches	39.00
Incidentals	0.00
Costs Contribution	50.00
	900.00
<b>TOTAL</b>	<b><u>\$15,849.00</u></b>

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### Part 2 - list of supporting documents enclosed in the letter of claim.

LTA search

GIA reports/Police reports & type-written transcripts

repairer's bill and evidence of payment (if any)

surveyor's report

the insurer has been notified of the accident and allowed to carry out a pre-repair inspection of claimant's vehicle

supporting documents for all other expenses claimed (if any)

correspondence with the potential defendant's insurer relating to pre-repair survey and/or post repair inspection of the claimant's vehicle

$C^4$ 

Invoice	00406
Date	15 Jun 2019

[illegible]

Received the serviced vehicle in good condition and tested satisfactory. Any queries or defects relating to the items in this invoice must be notified within 5 days upon testing of the vehicle by MJE Motor, otherwise, claims will not be entertained.

MJE Motor

GH

A sincere commitment to quality service...





**ABSOLUTE APPRAISAL SERVICES PTE LTD**  
**LOSS ADJUSTERS & MOTOR APPRAISERS**  
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722  
Mobile: 9688-0413 Fax: 6266-7396  
Email: absolute.app.svcs@gmail.com

**Invoice**

Customer: Lim Hwee Seh  
C/o: 7 Sin Ming Industrial Estate Sector C #01-94  
Singapore 575642

Date: 12.06.2019

Invoice No: NS-2019-244

Description		Amount
Vehicle No:	SKS6744S	
Make & Model:	Volkswagen Jetta TSI (A)	
Our reference:	AAS/2019/244	
<b>Services rendered for appraiser / inspection report</b>		
Survey Fee		
Photographs		
Transport Fees		
Re-inspection Fees		
SGD Dollar : Eight hundred and sixty dollar only	Total:	SGD \$ 860.00

**Notes:**

All cheques payment should be crossed and made payment to "Absolute Appraisal Services Pte Ltd"

Please indicate our "Invoice No." on the reverse side of the cheque.

Please do not hesitate to contact us should you have any enquires.



Absolute Appraisal Services Pte Ltd



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### Vehicle Inspection Report

To: Lim Hwee Seh  
C/o: 7 Sin Ming Industrial Estate Sector C #01-94  
Singapore 575642

Date of report: 12.06.2019  
Date of request: 21.05.2019  
Date of inspection: 21.05.2019  
Date of accident: 21.05.2019  
Claim type: Third Party Claim

Report No: AAS/2019/244

#### Particulars of affected vehicle:

Registration no: SKS6744S  
Make/Model: Volkswagen Jetta TSI (A)  
Year of registration: 2015  
Colour: Metallic Brown

Odometer: 103558 km  
Engine Capacity: 1390 cc  
Engine no: CAXF52700  
Chassis no: WVWZZZ16ZFM028343

#### Condition of tires:

Front Left: 6mm  
Make: Pirelli  
Rear Left: 6mm  
Make: Pirelli

Front Right: 6mm  
Make: Pirelli  
Rear Right: 6mm  
Make: Pirelli

Type of road wheel: Alloy (The above represent the remaining life of the tire thread)

#### Pre-accident condition (Static tests only)

General Bodywork	: Good
Paintwork	: Good
Handbrake	: In order
Footbrake	: In order
Steering	: In order
Apparent engine modification	: Nil

#### The Assignment

The inspection was conducted at M/s. MJE Motor  
7 Sin Ming Industrial Estate Sector C #01-94  
Singapore 575642

(Subsequent inspection was conducted)

#### Assessment

Repairer's estimate:	\$ 20,466.31
Revised estimate:	\$ 16,513.66
Recommended reserve:	\$ 13,200.00 (Lump sum)

Estimated normal duration of repairs : 8 Working days



**ABSOLUTE APPRAISAL SERVICES PTE LTD**  
**LOSS ADJUSTERS & MOTOR APPRAISERS**

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle No: SKS6744S

Report No: AAS/2019/244

**W/O PREJUDICE**

**Point of impact**

At the RHS portion.

**General description of damages**

The bonnet, front bumper, RH headlamp, RHF fender, RH wing mirror, RHF door, RHR door, RH sill panel, RHF road wheel, RHF undercarriages, etc.

Other parts were also found damaged. (See schedule for details)

**Recommendation**

The estimate cost of repair submitted by M/s MJE Motor as per schedule attached have been revise and scrutinize. We list the breakdown of our findings and recommendation as per attached.

Our adjusted amount for the cost of repair is SGD \$16,513.66

**Conclusion**

The repairer has agreed to undertake the repair at a lumpsum of SGD \$13,200.00

Under normal circumstances, the repair of the damaged vehicle should be completed within a reasonable period of 8 working days.

We have **Not Authorised** and/or instruction to the repairer to proceed with the repairs. This inspection was conducted entirely on a '**Without Prejudice**' basis.

We are pleased to advise that the inspection was carried out accordingly and hereby submit our appraisal report which includes 65 photographs.

Your Faithfully

Absolute Appraisal Services Pte Ltd



Nicky Seah  
Automobile Appraiser  
MSAAA / MSMCTA



**ABSOLUTE APPRAISAL SERVICES PTE LTD**  
**LOSS ADJUSTERS & MOTOR APPRAISERS**  
 160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575729  
 Mobile: 9688-0413 Fax: 6266-7396  
 Email: absolute.app.svcs@gmail.com

Vehicle No: SKS6744S

Report No: AAS/2019/244

**Appraisement Schedule**

S/N	Parts Description	Qty	Condition	Repairer's Est	Revised Est
1	Front bumper	1	Dented/Cut	\$ 1,080.31/	\$ 1,080.31
2	Front bumper bracket RH	1	Dented	\$ 46.38/	\$ 46.38
3	Headlamp RH	1	Loop Cracked	\$ 4,418.68/600	\$ 4,418.68
4	RHF fender	1	Dented	\$ 871.76/	\$ 871.76
5	RHF fender inner shield	1	Serviceable	\$ 90.27 X	-
6	RHF shock absorber	1	Bent	\$ 492.86 X ND	\$ 492.86
7	RHF wheel hub	1	Distorted	\$ 576.34/	\$ 576.34
8	RH knuckle arm	1	Distorted	\$ 740.47/	\$ 740.47
9	RH lower arm	1	Distorted	\$ 651.14/	\$ 651.14
10	RH lower arm balljoint	1	Distorted	\$ 130.51 X ND	\$ 130.51
11	RH driveshaft	1	Serviceable	\$ 1,551.71 X	-
12	RH stabilizer link	1	Serviceable	\$ 80.68 X	-
13	RH wing mirror	1	Grazed/Cracked	\$ 662.86/	\$ 662.86
14	RHF door	1	Dented	\$ 1,559.72/	\$ 1,559.72
15	RHF door seal	1	Necessary	\$ 160.19/	\$ 160.19
16	RHF door lock	1	Serviceable	\$ 299.40 X	-
17	RHF door glass regulator	1	Serviceable	\$ 256.60 X	-
18	RHR door	1	Dented	\$ 1,464.25 RX	\$ 1,464.25
19	RHR door seal	1	Necessary	\$ 160.19 X ND	\$ 160.19
20	RHR door lock	1	Serviceable	\$ 255.39 X	-
21	RHR door glass regulator	1	Serviceable	\$ 256.60 X	-
List total:				\$ 15,806.31	\$ 13,015.66
1	RHF sport rim	1	Dented/Grazed	\$ 600.00	\$ 450.00
2	RHF tyre	1	Cut	\$ 220.00	\$ 190.00
Special nett total:				\$ 820.00	\$ 648.00
Parts Total:				\$ 16,626.31	\$ 13,663.66



**ABSOLUTE APPRAISAL SERVICES PTE LTD**  
**LOSS ADJUSTERS & MOTOR APPRAISERS**

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle No: SKS6744S

Report No: AAS/2019/244

S/N Labour Description

Repairer's Est

Revised Est

1 Check lightings & wirings.

\$ 40.00

\$ 30.00

2 Dismantle/transfer RHF & RHR door components.

\$ 250.00

\$ 200.00

3 Replace RHF undercarriages.

\$ 250.00

\$ 220.00

4 Replace RHF sport rim & tyre.

\$ 50.00

\$ 20.00

5 Check wheel alignment. 2x

\$ 150.00

\$ 120.00

6 Anti rust treatment on affected panels.

\$ 100.00

\$ 60.00

7 To conduct panel beating, welding, straightening of damaged panels, renew damaged parts, realign affected area.

\$ 1,500.00

\$ 1,000.00

8 Spray painting on replacement & affected parts.

\$ 1,500.00

\$ 1,200.00

Labour Total:

\$ 3,840.00

\$ 2,850.00

Grand Total:

\$ 20,466.31

\$ 16,513.66

The final adjusted lump sum amount is \$13,200.00

Under normal circumstances, the repair should be completed within a reasonable period of 8 working days.

65 Photographs were taken at the time of inspection.

10393.17

458302

7 days

**Enquire Vehicle & Owner Information ( Vehicle No. SMF4620Z As At 21 May 2019 / 13:00:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: LCH.SJEM-90390.19/LG

**Current Owner Details**

Owner ID Type: Company

Owner ID: 200102989E

Owner Name: ROYAL FABRICS PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 84

Registered Street Name: ARAB STREET

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 199780

**Current Vehicle Details**

Vehicle No.: SMF4620Z

Make Description/Model: MERCEDES BENZ / S350 DIESEL AUTO

Insurance Company Name: LIBERTY INS P L

Insurance Company Name: AXA INSURANCE PTE LTD

Your search is displaying 2 records as there is an overlap in the period covered by the insurance policies. You may wish to contact the insurance companies for more information.

## 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	22/05/2019 16:55
Date Of Accident	21/05/2019 13:00
Exact Location Of Accident	MEYER ROAD TOWARDS AMBER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6744S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM HWEE SEH
NRIC No	S0115514H
Email Address	FRIZZYMANE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93387073
Alternative Phone No	OTHERS-93387073

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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 PRIVATE CAR

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19093020MVPC
Cover Note Number	

### Driver

Name of Driver	RACHAEL CHARLENE ANG CAILIN
NRIC No	S8124067A
Date Of Birth	09/08/1981
Occupation	INDOOR
Date Of Driving Pass	13/12/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93387073
Fax Number	
Contact Number	
Email Address	FRIZZYMANE@YAHOO.COM

Address	BLK 10 AVA ROAD #13-05
Postcode	329949
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : CANDACE ANG LILING GENDER: : FEMALE
Passenger 2	NAME: : ALYSSA CHEE GENDER: : FEMALE

#### 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?	YES
Remarks/ Reasons:	VIDEO WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF4620Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL SAMMAD S/O ABDUL KAREEM
NRIC/Passport Number	
Contact Number	
Address	



Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name RACHAEL CHARLENE ANG CAILIN

Approximate Age

Injuries Sustain BODY ACHES

Injured person in which vehicle? SKS6744S

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 late 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 this judgment 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.

**Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

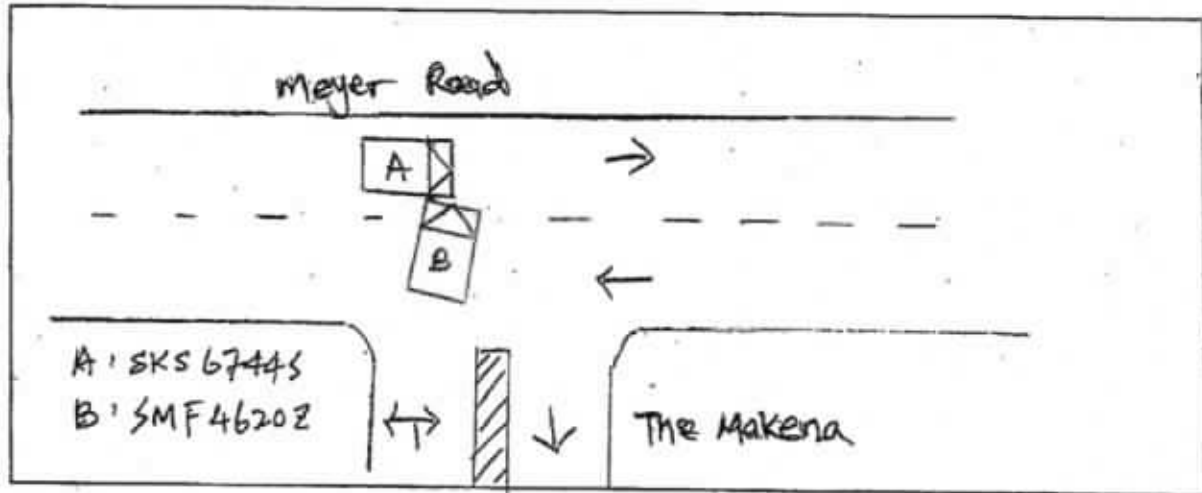
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Meyer Road towards Amber Road. While driving past the above junction, vehicle B turned out from The Makena condominium and collided into the front right of my vehicle.

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)

Reporting Centre Personnel's Signature  
Name:

Acc dent Photo



Accident Photo



Accident Photo



Accident Photo







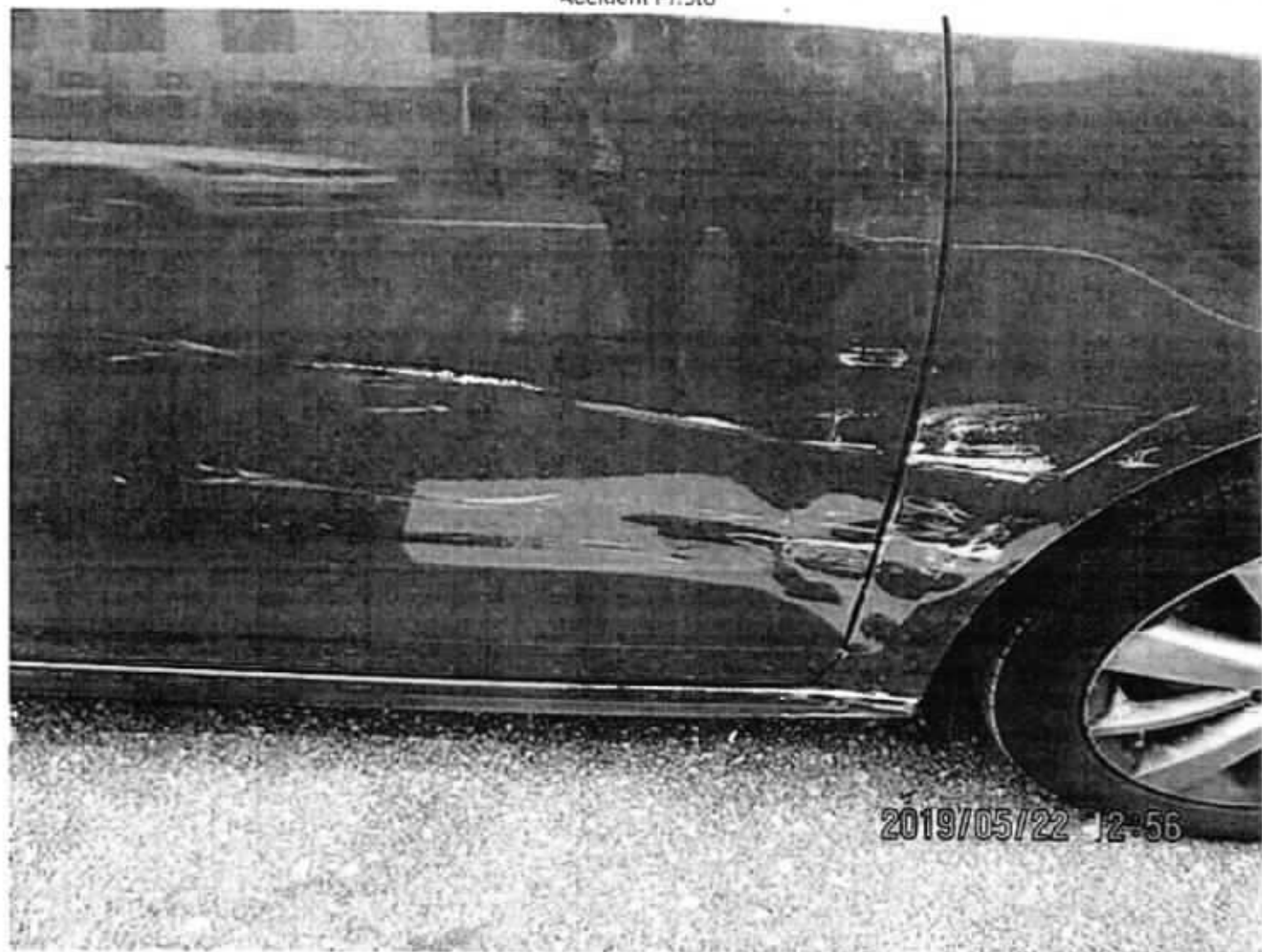
2019/05/22 12:56



Accident Photo



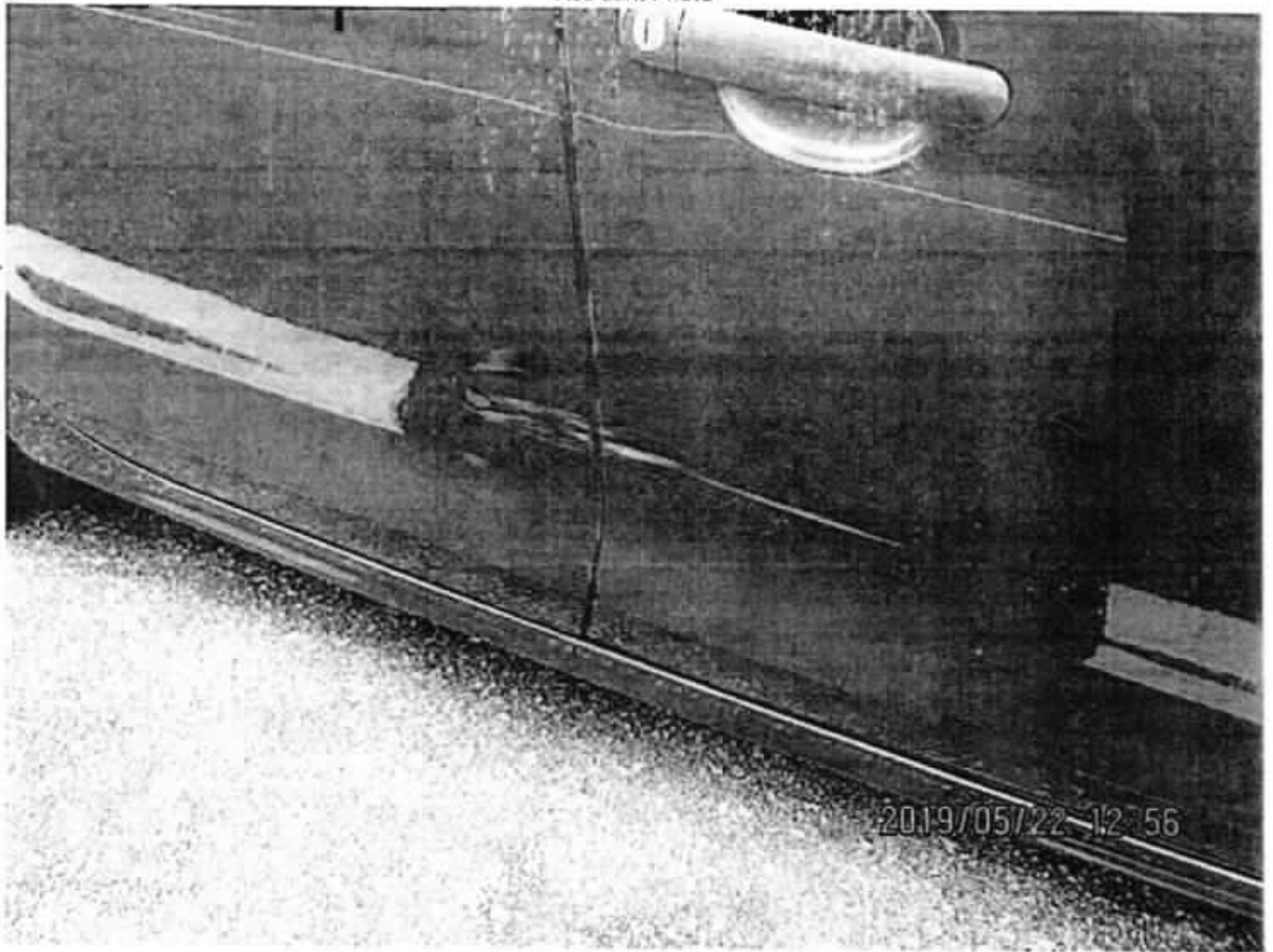
Accident Photo



Accident Photo



Acc dent Photo



Accident Photo



Accident Photo





Accident Photo



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**RECORDS MANAGEMENT CENTRE****TAX INVOICE**

Our Ref No: GR-19-097794  
Date of Request: 19/06/2019

Your Ref No: SJEM-90390.19/LG

CHEONGHOH LAW CORPORATION  
53 Chin Swee Road #03-05  
Singapore 160053

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 21/05/2019  
Place of Accident: MEYER ROAD/AMBER ROAD  
Client Vehicle No: SKS6744S

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

---

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque





# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

RECORDS MANAGEMENT CENTRE

## TAX INVOICE

\* Our Ref No: GR-19-097813  
Date of Request: 19/06/2019

Your Ref No: SJEM-90390.19/LG

CHEONGHOH LAW CORPORATION  
53 Chin Swee Road #03-05  
Singapore 160053

Dear Sir/Madam,

Date of Accident: 21/05/2019  
Vehicle No: SKS6744S  
Place of Accident: MEYER ROAD TOWARDS AMBER ROAD  
Involving Vehicle No: SMF4620Z

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SMF4620Z	MEYER ROAD TOWARDS AMBER ROAD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

## 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	22/05/2019 16:55
Date Of Accident	21/05/2019 13:00
Exact Location Of Accident	MEYER ROAD TOWARDS AMBER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6744S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM HWEE SEH
NRIC No	S0115514H
Email Address	FRIZZYMANE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93387073
Alternative Phone No	OTHERS-93387073

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19093020MVPC
Cover Note Number	

### Driver

Name of Driver	RACHAEL CHARLENE ANG CAILIN
NRIC No	S8124067A
Date Of Birth	09/08/1981
Occupation	INDOOR
Date Of Driving Pass	13/12/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93387073
Fax Number	
Contact Number	
Email Address	FRIZZYMANE@YAHOO.COM

Address	BLK 10 AVA ROAD #13-05
Postcode	329949
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : CANDACE ANG LILING GENDER: : FEMALE
Passenger 2	NAME: : ALYSSA CHEE GENDER: : FEMALE

#### 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?	YES
Remarks/ Reasons:	VIDEO WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF4620Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL SAMMAD S/O ABDUL KAREEM
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	RACHAEL CHARLENE ANG CAILIN
Approximate Age	
Injuries Sustain	BODY ACHES
Injured person in which vehicle?	SKS6744S
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. The form must be completed by the Policyholder and/or the Authorized 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 like 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 submission 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.

**Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

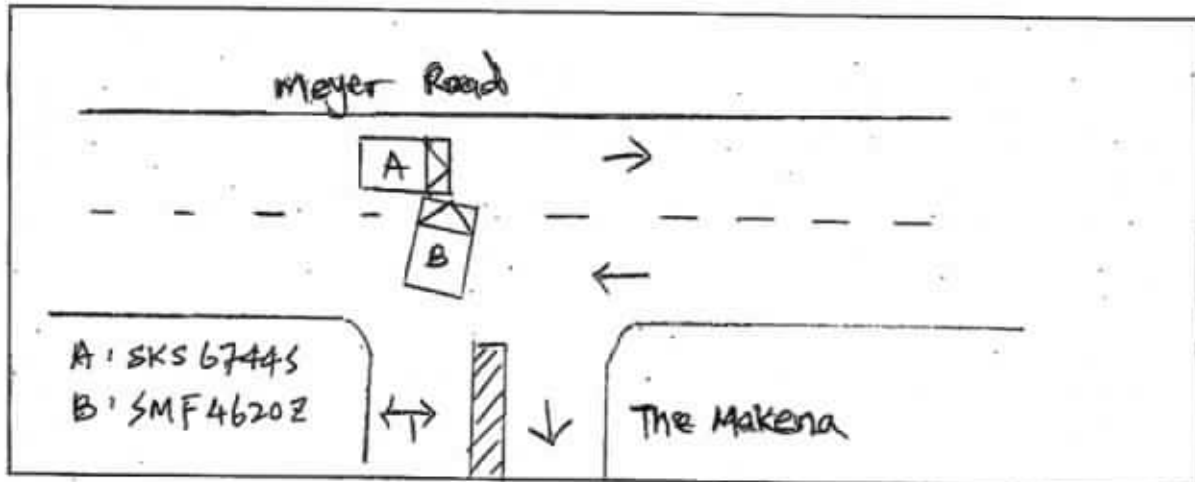
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Meyer Road towards Amber Road. While driving past the above junction, vehicle B turned out from The Makena condominium and collided into the front right of my vehicle.

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)

Reporting Centre Personnel's Signature  
Name:

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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	23/05/2019 15:37
Date Of Accident	21/05/2019 12:55
Exact Location Of Accident	MEYER ROAD OUTSIDE THE MAKENA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4620Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROYAL FABRICS PTE LTD
Co Reg No	200102989E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63963820

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S350 DIESEL AUTO
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA427821/1
Cover Note Number	

### Driver

Name of Driver	ABDUL SAMAD S/O ABDUL KARIM
NRIC No	S2173447J
Date Of Birth	15/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1988
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93900946
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 512 BEDOK NORTH AVENUE 2 #02-283 SINGAPORE
Postcode	460512
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : MR PERKAS GENDER: : MALE
Passenger 2	NAME: : MRS PERKAS GENDER: : FEMALE

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS6744S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any 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: 23/5/19 12pm

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

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

# SKETCH PLAN



VEH A: SMF 4620Z  
VEH B: SKS 6744S

"THE MAKENA"

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/5/19 around 1255 pm, I am coming out from "THE MAKENA" with my vehicle SMF 4620Z into MEYER ROAD. I stop at the junction to check for clearance. After check, I turn right. Suddenly there I saw vehicle SKS 6744S from my right. I jam brake and hit the vehicle front right tyre portion.

## DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: 23/5/19 12pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/PIN No:

Accident Scene Photo





Accident Scene Photo



Accident Scene Photo



Accident Vehicle



Accident Vehicle



Accident Vehicle



Accident Vehicle



Accident Vehicle



Accident Vehicle





Accident Vehicle



Accident Vehicle





Your Ref: S9M01ODA

Date: 12<sup>th</sup> Nov 2019

Our Ref: CS3/ASM19009147/T1yf3e2-1

**M/s Axa Insurance Pte Ltd**

8 Shenton Way #24-01

Axa Tower

Singapore 068811

(The Motor Claims Department)

Attn : Shirley Tan

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SKS 6744S**

**INSURED VEHICLE: SMF 4620Z**

**ACCIDENT DATE: 21/05/2019**

We thank you for your instruction on 22/10/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SKS 6744S from M/s Absolute Appraisal Services Pte Ltd.
- b) Singapore Accident Statement of Vehicles SKS 6744S and SMF 4620Z.
- c) Final Repair Bill of SKS 6744S from M/s MJE Motor.
- d) Colour damaged vehicle photographs of SKS 6744S.

Pre-Repair Inspection Date : 24/05/2019 at M/s MJE Motor, Blk 7 Sin Ming Ind Est Sec C #01-96 Singapore 575642.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SKS 6744S
Make & Model	: Volkswagen Jetta GP 1.4 TSI 90 A/T TL1632G5
Year of Registration	: 2015
Chassis Number	: WVVZZZ16ZFM028343
Engine Capacity	: 1390 cc

2. We recommend that the repairs of the entire damage require about 7 (Seven) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKS 6744S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER	DENTED / CUT	1,080.31	1,080.31
1	FRONT BUMPER BRACKET RH	DENTED	46.38	46.38
1	HEADLAMP RH	LOOP CRACKED	4,418.68	1,600.00
1	RHF FENDER	DENTED	871.76	871.76
1	RHF FENDER INNER SHIELD	SERVICEABLE	90.27	-
1	RHF SHOCK ABSORBER	NO DAMAGED	492.86	-
1	RHF WHEEL HUB	DISTORTED	576.34	576.34
1	RH KNUCKLE ARM	DISTORTED	740.47	740.47
1	RH LOWER ARM	DISTORTED	651.14	651.14
1	RH LOWER ARM BALLJOINT	NO DAMAGED	130.51	-
1	RH DRIVESHAFT	SERVICEABLE	1,551.71	-
1	RH STABILIZER LINK	SERVICEABLE	80.68	-
1	RH WING MIRROR	GRAZED / CRACKED	662.86	662.86
1	RHF DOOR	DENTED	1,559.72	1,559.72
1	RHF DOOR SEAL	NECESSARY	160.19	160.19
1	RHF DOOR LOCK	SERVICEABLE	299.40	-
1	RHF DOOR GLASS REGULATOR	SERVICEABLE	256.60	-
1	RHR DOOR	TO REPAIR SEE LABOUR	1,464.25	-
1	RHR DOOR SEAL	NO DAMAGED	160.19	-
1	RHR DOOR LOCK	SERVICEABLE	255.39	-
1	RHR DOOR GLASS REGULATOR	SERVICEABLE	256.60	-
			15,806.31	7,949.17
<b>SPECIAL NETT ITEMS</b>				
1	RHF SPORT RIM (SN)	DENTED / GRAZED	600.00	350.00
1	RHF TYRE (SN) (70%)	CUT	220.00	154.00
			820.00	504.00
<b>LABOUR</b>				
	CHECK LIGHTINGS & WIRINGS.		40.00	30.00



## LKK Auto Consultants Pte Ltd

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

TEL: 6256 3581 FAX: 6256 4315

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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	DISMANTLE / TRANSFER RHF & RHR DOOR COMPONENTS.		250.00	60.00
	REPLACE RHF UNDERCARRIAGES.		250.00	120.00
	REPLACE RHF SPORT RIM & TYRE.		50.00	20.00
	CHECK WHEEL ALIGNMENT 2X.		150.00	80.00
	ANTI RUST TREATMENT ON AFFECTED PANELS.		100.00	60.00
	TO CONDUCT PANEL BEATING, WELDING, STRAIGHTENING OF DAMAGED PANELS, RENEW DAMAGED PARTS, REALIGN AFFECTED AREA, INCLUSIVE OF THE REPAIR OF RHR DOOR.		1,500.00	700.00
	SPRAY PAINTING ON REPLACEMENT & AFFECTED PARTS.		1,500.00	900.00
			3,840.00	1,970.00
GRAND TOTAL			20,466.31	10,423.17
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				8,300.00

Report Ref No. CS3/ASM19009147/T1yf3e2-1

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

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.