Estimpted Co	They Word	of _	GAT	Ds	te/Time:10	101/2020
/ 11	STTP RES / OD RES / E	VA LING DEGI L	Bill to:			
To Inspect V	ehicle No:	SLS 571	9K	Incorred	sma c	7767X
of Workshop	m/s_ ∣kaki Buki	CASGamae	10	Tel	2701 /1	
Policy No:		11100 0 21		_		001050
Sum Insured;			Excess:	CLITOIS	10000	01050
Make of Veh Chent's Recor			-00000000000000000000000000000000000000	D.C	.A. 09	101/2020
CA LINE	/ Terre					
Date/Time; 1	REP. / REV 24 HRS	erson Contacted:	Sharon	H Vehir	.O.D. Endorseme	al:
Date/Time; 10	0.58am@nolon/2016		Sharon)Vehic	O.D. Endorsement	ale
Date/Time; 1	Action/Instruction	male 🖂	Sharon)Vehid	O.D. Endorseme	at:
Date/Time; 1	0.58am@nolon/2016	mall (Sharon)Vehi	O.D. Endorsements	at:

ASSIGNMENT

From:	[Dale: 10 01 2020	Veh No. SLSS717K.	Yr Regn. 2017 Sept.
Estimated Cost:	N STEDAL	Type M.Carl M.Cycle / Bus / Van / Lor	
OD TP WS / TP RES / OD RE	S/EVA/INV/WV	Truck / Trailer or	
To Inspect Vehicle No:	8185719 K	Make: King Coruto K	(3. c.c 1591
P M C C C C C C C C C C C C C C C C C C	s gange	Colour Blue.	A/C: Insured / Std / NI / NA
	6 # 02-22 Autobay	Sp.Reading 37365	T/Radio: Insured / Std / NI / NA
Insured:	· , · · ·	Eng/No:	=
Policy No.		C/No: KNAF X411	MJ5744607
Claims No.		Gen. Cond. Good / Fair / Poor / Burnt	
Sum Insured:	Excess;	Steering: Inorder / Jammed / Leaked / E	Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / E	Burnt or
Make of Veh:		Modi: Nil /S/Rim / STD A/Rim or	
			55R16.
(Policy Condition)		R: 205	551216.
Remark: The veh had commen	ced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA	WIC / OHTSU / PIR / SUMI /
repair at the time of i	nspection.	TOYO / YOKO or Xexe	20.
Bal, or Market Value:		<u>Front</u>	Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 06 mm	R/Bal. 06 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 06 mm	L/Bal. 00 mm
Est. Repairs: d	lays Res.: Yes or No	D.O.A.	DOL 10/01/20
Lum Sum:	6 3 Val.: Yes or No	Survey held at CAS	Genze!
CA / REV / REP. / 24 h	IUD)	Des. of Damages : Frt / Rear / O/S /	N/S / U/C / Rooftop or
	Vehicle: IN / OUT		Scales and Commission Commission Maria
	Contacted:	The U/C / Chassis frame / Body	Structure affected due to collision.
Date / Time Action / Instru	4 A	,	
11.6	cent American.		
	di d		
		ED 2 0 MAR 2020	
	RECEIVI		
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:	
	: Final Report	Resurvey No. of Trip:	Survey Fee: 190
Date/Time, File Return to?			Transportation:
2) 15pist - 6pist	Add Fee	partition of the same of the s)3+BS,SI
	TO	: Interview (\$) Photos
Report Format:	TP	Tech, Invs (8) Cilies:
Lump Sum / LBJ: (%	8500 p	: West end (#	
			TOBE 450

Nivitha (LKK Auto)

From:

Motor Claims <motorclaims@sg.gaig.com>

Sent:

Friday, 10 January 2020 10:23 AM

To:

Allan Goh; Nicole Chong; assignments@lkkauto.com; sur@lkkauto.com

Cc:

CAS Garage Garage; Ngian, Kelvyna

Subject:

Re: Our Ref:CLMOMVP000001050, PRI - ACCIDENT INVOLVING SLS 5719K AND

SMG 9767X ALONG BARTLEY RD ON 09.01.2020

Without Prejudice

Dear Sirs,

Noted on your request, our client has yet to report the accident so we will survey on a without prejudice basis.

Dear LKK,

Please accept assignment for TP survey. 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: Allan Goh <allan@casgarage.sg>

Sent: 09 January 2020 8:02 PM

To: Nicole Chong < nicole@casgarage.sg>

Cc: Motor Claims <motorclaims@sg.gaig.com>; CAS Garage Garage <contact@casgarage.sg>; Ngian, Kelvyna

<kelvyna.ngian@sg.gaig.com>

Subject: [External] Re: Our Ref:CLMOMVP000001050, PRI - ACCIDENT INVOLVING SLS 5719K AND SMG 9767X

ALONG BARTLEY RD ON 09.01.2020

Hi all,

The survey address is as follow:

CAS Garage Pte. Ltd. No.1 Kaki Bukit Ave 6

#02-22 Singapore 417883

Regards, Allan Goh CAS Garage Pte. Ltd. No.1 Kaki Bukit Ave 6 #02-22 Singapore 417883 LIEN: 201828067M

UEN: 201828067M Mobile: 8782 7171

On Thu, 9 Jan 2020 at 17:58, Nicole Chong < nicole@casgarage.sg > wrote: Dear Sharon,

We request LKK to survey our client's vehicle.

On Thu, 9 Jan 2020 at 17:27, Motor Claims < motorclaims@sg.gaig.com > wrote:

Without Prejudice

Hi Nicole,

Please be reminded to update your records of our email to motorclaims@sg.gaig.com

Our client has not reported accident. Can we have a copy of the SAS report?

We append the following list of our panel surveyors:-

- 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





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.

Affirmed August 17, 2018

From: Nicole Chong <nicole@casgarage.sg>

Sent: 09 January 2020 4:59 PM

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

Cc: Allan Goh <allan@casgarage.sg>; CAS Garage Garage <contact@casgarage.sg>

Subject: [External] Re: RE: PRI - ACCIDENT INVOLVING SLS 5719K AND SMG 9767X ALONG BARTLEY RD ON

09.01.2020

Dear Sharon,

your insured vehicle is SMG 9767X

On Thu, 9 Jan 2020 at 16:49, Motor Claims <motorclaims@sg.gaig.com> wrote:

Hi Nicole

We do not seem to have records of insuring either of the vehicles stated in the subject header.

Please confirm our insured vehicle number.

Regards

Sharon Great American From: Nicole Chong < nicole@casgarage.sg>

Sent: 09 January 2020 4:46 PM

To: Ng, Sharon < sharon.ng@sg.gaig.com >

Cc: Allan Goh <allan@casgarage.sg>; CAS Garage Garage <contact@casgarage.sg>

Subject: [External] RE: PRI - ACCIDENT INVOLVING SLS 5719K AND SMG 9767X ALONG BARTLEY RD ON

09.01.2020

WITHOUT PREJUDICE

Kindly arrange survey our client's vehicle

Do let us know when is the available date and time for inspection of the vehicle at:

CAS Garage Pte. Ltd.

Addr: 8 Kaki Bukit Ave 4, #08-26

Premier@ Kaki Bukit

Singapore (417883)

Once arranged, please contact Allan Goh at 8782 7171 during the inspection.

Thank you and have a nice day! Hope to hear from you soon

Regards,

Nicole Chong

Admin and Finance Officer

CAS Garage Pte. Ltd.

Addr: 1 Kaki Bukit Ave 6, #02-22

Autobay. Singapore (417883)

Hp: 9791 6119

Office: 6484 2220

UEN: 201828067M

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.

WITHOUT PREJUDICE

Regards,

Nicole Chong

Admin and Finance Officer

CAS Garage Pte. Ltd.

Addr: 1 Kaki Bukit Ave 6, #02-22

Autobay. Singapore (417883)

Hp: 9791 6119

Office: 6484 2220

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WITHOUT PREJUDICE

Regards, Nicole Chong Admin and Finance Officer CAS Garage Pte. Ltd.

Addr: 1 Kaki Bukit Ave 6, #02-22

Autobay. Singapore (417883)

Hp: 9791 6119 Office: 6484 2220 UEN: 201828067M

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MSME20004476 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 10/01/2020 15:01 SUBMITTED BY: Ang Guo Bao

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	10/01/2020 15:01
Date Of Accident	09/01/2020 15:25
Exact Location Of Accident	BARTLEY ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS5719K
Insured/Policyholder	
Name Of Registered Owner	LAI LI YU
NRIC No	SXXXX167J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98893645
Alternative Phone No	OFFICE-98893645
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3
Exact Purpose for which vehicle was being used a time of accident	t
Are you claiming under your own insurance policy for repair to your vehicle?	NO

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

1700056340-02 Policy Number

Cover Note Number

Driver

LAI LI YU Name of Driver SXXXX167J NRIC No 02/01/1986 Date Of Birth INDOOR Occupation 31/07/2009 Date Of Driving Pass

10 YEARS AND 5 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-98893645 Mobile Number

Fax Number

OFFICE-98893645 Contact Number

NOEMAIL EMail Address

Address

945 HOUGANG STREET 92

#04-151

Postcode

S530945

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)

2

involved in the accident

YES

Was any body injured in the Accident? 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

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMG9767X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LAI LI YU

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN	4 1
	¥-75221111
+ concount and the	B- SM6 9H7 X
THE 1801 1 5	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Please	refer	do	police	report	T/20200	109	12163
				*				
	111111111111111111111111111111111111111		_					
			-	-				
351000	WE-103-111							
	200 100 100							
			110/297					
					##8			
					100			
				2177				
	22							

DECLARATION

I/We declare the foregoing particulars are true in every respect,

Policyholder 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 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 the purpose(s).
 - 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")
- 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:
 - 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 (ignature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No :

POLICE REPORT Pg. 1





1 of 3

Report No. T/20200109/2163

POLICE FORCE

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Date/Time 09/01/202	e Report M 20 21:24	Made:	Vide Report No.:	Station Diary No.: 186	
Informan	t's Partic	ulars	7. 3. 4. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Name of Informant: LAI LIYU			Address: APT BLK 945 HOUGANG STREET 92 #04-151 SINGAPOR 530945		
ID Type / ID No.: NRIC NO / S8601167J			Contact No.: Home/Office: Mobile: 98893645		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Female	Age: 34	Date of Birth: 02/01/1986	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
- 0.7	Occupation: Primary school teacher		Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2020 15:30	Type of Location Straight Road	
Location: Along Road 1 BARTLEY RO Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control:	1	Traffic Volume: Moderate	
Traffic Flow:		Tramo control.		Moderate	

The second secon	ehicle Invo	Make	Model	Color	Condition	No of Passenger
Vehicle No.	туре	Iviake	Wodel	COIO		
SLS5719K	Car	KIA	CERATO K3 1.6A	Blue	Seriously Damaged	
SMG9767X	Car				Seriously Damaged	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLS5719K	AIG ASIA PACIFIC INSURANCE PTE.	1700056340-02	28/09/2019	27/09/2020		

POLICE REPORT Pg. 1



T/20200109/2163

2 of 3

Report No. T/20200109/2163

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA			
Driver	COMPANY OF STREET	17. 安全是17. 17. 19. 14	被被鬥爭			
Name	LAI LIYU		ID No.		S8601167J	
Related Vehicle	SLS5719K (Car)		Contact No.		98893645	
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	09/01/2020	Date Disc			/2020	
	ted Medical Leave 03	Degree of	Injury	Sligh	t	

Brief Details.

On 09/01/2020 at about 1530hrs, while I was driving my vehicle (Registration Number: SLS5719K) along Bartley Road turning into Bartley Road East, I had met with an accident. As I was waiting for the traffic to clear before turning right, I had stopped my vehicle at the slip road when suddenly there is a vehicle (Registration Number: SMG9767X) had hit on the rear of my vehicle. I then went out of my vehicle to make a check on the damages on my vehicle. I then took photos of the accident scene and had exchange particulars with the other party. Both parties then left the accident scene. After the accident, I felt giddy and pain all over my body thus I had went to Parkway East Hospital to make a check. I was given a total of 3 days of Medical Leave from the said hospital.

POLICE REPORT Pg. 1





3 of 3

Report No. T/20200109/2163

POLICE FORCE

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

area B. E. The	Daniel A 1	Signature Of Informant:	
Signature Of Officer Recording The F	Report:	Signature of Informant.	
Sgt 2 MUHAMMAD SYAFIQ BIN RO	SMANJA M	/SAT	
Signature Of Interpreter: Not applicable	-1	Date/Time: 09/01/2020 21:24	
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE		Classification Of Case:	
Contact No.: 65476414 Authentication Stamp	¥ 1,1 1,1		
NP168	3 7 5	UVIP	

VEHICLE REPAIR ESTIMATE

Insurance Company: GREAT AMERICAN

(MOTOR CLAIMS DEPARTMENT)

10000

Address:

Telephone:

NO 3, TEMASEK AVE,#16-01, CENTENNIAL TOWER

S(039190)

68046000

62353354 Fax:

Email sharon.ng@sg.gaig.com

shery.wong@sg.gaig.com

Make/ Model:

KIA CERATO K3

Date:

09.01.2020

Chassis No:

KNAFX411MJ5744607

Vehicle No:

SLS5719K

Date/Time of Accide 09.01.2020/1525

DATE OF REG:

28.09.2017

	Spare Parts Cost TO BE COMPLETED BY SERVICE	E ADV	ISOR			
ITEMS	PARTS DESCRIPTION	QTY	LIST	PRICE \$		PRICE
1	BOOTLID Deved	1	\$	987.50	\$ 863	
2	BOOTLID LOGO Les	_1_	\$	87.60	\$	87.60
3	BOOTLID HINGE MC	2	\$	78.60	\$	157.2
4	BOOTLID STOPPER New	2	\$	40.50	\$	81.0
5	BOOTLID K3 EMBLEM	- 1	\$	82.10	\$	82.1
6	BOOTLID CERATO EMBLEM √	1	\$	85.60	\$	85.6
7	BOOTLID CYCLE & CARRIAGE EMBLEM	1	\$	83.20	\$	83.2
8	BOOTLID LAMP and	2	\$	680.50		81,361.0
9	BOOTLID WEATHERSTRIP LAT	1	\$	192.60	\$	192.6
10	BOOTLID INNER LOCK	1	\$	185.90	\$	185.9
11	BOOTLID LOCK CATCH N ~~	1	\$	52.30	\$	52.3
12	BOOTLID INNER TRIM	1	\$	285.60	\$	285.6
13	BOOTLID NUMBER PLATE LAMPS A	2	\$	58.70	S	117.4
14	REAR BUMPER Willed	1	\$	698.70	\$	698.7
15	REAR BUMPER LOWER	110	\$	392.50	\$	392.5
16	REAR BUMPER LOWER COVER	2	\$	145.80		> 8-291.0
17	REAR BUMPER REFLECTORS and	1	\$	99.50	\$	99.5
18	REAR BUMPER STAY Best 2 od 3 pl	4-5	\$	65.20	\$ 5	1
19	REAR BUMPER SIDE RETAINERS	1	\$	58.70	\$	58.
20	REAR BUMPER REINFORCEMENT Order	1	\$	425.30		65 425.
21	BUMPER REINFORCEMENT BRACKETS &	1 2	\$	148.90		50 297
22	REAR END PANEL Detal	1	\$	498.20	\$	498.
23	REAR END PANEL TOP GARNISH Quel	1	\$	158.70	\$	158.
24	TAILAMP Cruld	2	\$	788.90	\$	1,577.
25	TAILAMP INNER SEALER No.	2	\$	40.00	\$	80.
26	REAR FLOOR PANEL	1	\$	894.70	\$	894.
27	REAR FLOOR PANEL TOP BOARD	1	\$	258.90	\$	258.
28	REAR FLOOR PANEL TOOL SPONGE ALL	1	\$	198.50	\$	198.
29	REAR FENDER INNER COWLING Me ha	2	\$	125.60	\$	251.
30	REAR FENDER INNER TRIMS A	2	\$	182.60	\$	365.
31	REAR SILENCER BOX Bend -	1	\$	683.20	S	683.

33	REAR SILENCER BOX HEAT SHIELD ALL 1 \$ 187.20	9	11,593.90
32	REAR SILENCER BOX MOUNTING Sect 2 \$ 45.60	9	187.20

719010

Fotal Special Nett	Spare Type Panel Insulation Pad Nec	1		300 200		
10	END PANEL SEALANTS		4		S	650.00
9		2	\$	80.00	\$	80.00
8	REVERSE SENSORS	1 SET		250.00	\$	250.00
7	TAILAMP CLIPS H	2 SET	\$	30.00	\$	60.00
7	END PANEL TOP GARNISH CLIPS	1 SET	\$	30.00	\$	30.00
3	BOOTLID INNER TRIM MALE	1 SET	\$	30.00	\$	30.00
5	REAR FENDER INNER TRIM CLIPS	2 SET	\$	30.00	\$	60.00
4	REAR FENDER INNER COWLING CLIPS	2 SET	\$	30.00	\$	60.00
3	REAR NUMBER PLATE WITH CASING PLATE	1 SET	\$	50.00	\$	
1	REAR BUMPER CLIPS ALL	1 SET	5	30.00	9	50.00
SPECIAL NETT	PARTS DESCRIPTION	QTY	PI	RICE \$	FINA	L PRICE \$ 30.00

Labour Works/ Panel Beating Related Works Job Scope	()uotation
TO RENEW DAMAGED PARTS, REPLACE, BEAT, WELD, REALIGN AND ALIGNE ALL PARTS		2,200.00
Spray Painting		Quotation
Job Scope	+	Quotation
TO RESPRAY AFFECTED AREAS	\$	2,200.00
Others Cost (Accident Repair Related Expenses)		
Job Scope	_	Quotation
TO TUFFCOAT AFFECTED AREA	S	200.00
Job Scope TO TUFFCOAT AFFECTED AREA	\$ \$	200:00 150:00
Job Scope TO TUFFCOAT AFFECTED AREA TO REMOVE/ REFIT INTERIOR UPHOLSTERY	S	20 0.00 15 0.00 120.00
Job Scope TO TUFFCOAT AFFECTED AREA TO REMOVE/ REFIT INTERIOR UPHOLSTERY TO CONDUCT WATER LEAKAGE TEST	\$ \$	200:00 150:00 120:00 180:00
TO TUFFCOAT AFFECTED AREA TO REMOVE/ REFIT INTERIOR UPHOLSTERY TO CONDUCT WATER LEAKAGE TEST TO APPLY SEALANT TO THE AFFECTED AREAS	\$ \$ \$	20 0.00 15 0.00 120.00
TO TUFFCOAT AFFECTED AREA TO REMOVE/ REFIT INTERIOR UPHOLSTERY TO CONDUCT WATER LEAKAGE TEST TO APPLY SEALANT TO THE AFFECTED AREAS TO REMOVE/ REFIT WIRING CHECKS ON REAR TAILAMPS	\$ \$ \$	200:00 150:00 120:00 180:00
TO TUFFCOAT AFFECTED AREA TO REMOVE/ REFIT INTERIOR UPHOLSTERY TO CONDUCT WATER LEAKAGE TEST TO APPLY SEALANT TO THE AFFECTED AREAS TO REMOVE/ REFIT WIRING CHECKS ON REAR TAILAMPS TO REMOVE/ REFIT / REPLACE REAR SILENCER BOX	\$ \$ \$ \$	200.00 150.00 120.00 180.00 150.00
TO TUFFCOAT AFFECTED AREA TO REMOVE/ REFIT INTERIOR UPHOLSTERY TO CONDUCT WATER LEAKAGE TEST TO APPLY SEALANT TO THE AFFECTED AREAS TO REMOVE/ REFIT WIRING CHECKS ON REAR TAILAMPS TO REMOVE/ REFIT / REPLACE REAR SILENCER BOX TO REMOVE/ REPLACE REVERSE SENSORS	\$ \$ \$ \$ \$	200:00 150:00 120:00 180:00 150:00
TO TUFFCOAT AFFECTED AREA TO REMOVE/ REFIT INTERIOR UPHOLSTERY TO CONDUCT WATER LEAKAGE TEST TO APPLY SEALANT TO THE AFFECTED AREAS TO REMOVE/ REFIT WIRING CHECKS ON REAR TAILAMPS TO REMOVE/ REFIT / REPLACE REAR SILENCER BOX	\$ \$ \$ \$ \$ \$	200.00 150.00 120.00 180.00 150.00 180.00

CAS GARAGE PTE LTD

UEN 201828067M 1 KAKI BUKIT AVENUE 6, #02-22 AUTOBAY, SINGAPORE 417883

CAS GARAGE PTE LTD

Person Incharge: Allan

Direct Contact: +65 8782 7171 Email: allan@casgarage.sg

LKK Auto Consultants hence notify the Repairer of the following:

- . To resurvey before/after spray painting
- . To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- . Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- . Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Adran (7, 144.51 1/5 (0/01/20 0787) total: 1061010 L/S: 8.5k



5b.

ESTIMATED NORMAL PERIOD FOR REPAIR:

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

	n, (10 to 1 = 0) 1	Affiliated to Federation Interna	ationale Des Experts En Autom	
GRE	AT AMERICAN IN	SURANCE COMPANY	Ref : CS/GAI200006	51/Avd3e2
#16-0	MASEK AVENUE 01 CENTENNIAL T 3APORE 039190	OWER	Date: 02-04-2020 Code: GAI	
1.	Marie State of the	Policy Particula	ers :- THIRD PARTY CLA	IM
	Insured Veh.	SMG 9767X	Veh. Inspected	SLS 5719K
	Policy No.		Coverage (\$)	0.00
	Claim No.	CLMOMVP000001050	Excess (\$)	0.00
	Assign From	SHERY WONG	Assign Date	10/01/2020
2.	- W. S. W. C. W.	Vehicle Pa	articulars & Condition	A Charles September 1
	Make & Model	KIA CERATO K3	c.c	1591
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	KNAFX411MJ5744607	Colour	BLUE
	Odometer	37365	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Con	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	205/55 R16	NEXEN	6 mm
	L/H Front Tyre	205/55 R16	NEXEN	6 mm
	R/H Rear Tyre	205/55 R16	NEXEN	6 mm
	L/H Rear Tyre	205/55 R16	NEXEN	6 mm
4.	DESCRIPTION OF THE PARTY OF THE	1700000	iption of Damages	SPECK SERVICE
	THE VEHICLE SU	STAINED DAMAGES AT THE	REAR PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Ger	eral Information	Contract Contract
	Accident Date	09/01/2020	Inspection Date	10/01/2020
	Survey held at	CAS GARAGE PTE LTD		
		NO. 1 KAKI BUKIT AVE 6, #02-22 AUTOBAY 417883 KAKI BUKIT		
5a.			Remarks	
	A)THE INSPECTION	ON WAS CONDUCTED ON A CE TO YOUR INSTRUCTION	"WITHOUT PREJUDICE" BA S, WE HAVE NOT AUTHOR	SIS. ISED REPAIRS.

Estimate Days of Repair

7 Working Days



LKK Auto Consultants Pte Ltd

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLS 5719K

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)	
	REPLACEMENT OF PARTS				
1	BOOTLID	DENTED	987.50	863.00	
	BOOTLID LOGO	NECESSARY	87.60	87.60	
0.50	BOOTLID HINGE @\$78.60	NOT NECESSARY	157.20	827	
	BOOTLID STOPPER @\$40.50	NOT NECESSARY	81.00	-	
	BOOTLID K3 EMBLEM	NECESSARY	82.10	82.10	
	BOOTLID CERATO EMBLEM	NECESSARY	85.60	85.60	
	BOOTLID CYCLE & CARRIAGE EMBLEM	NECESSARY	83.20	83.20	
	BOOTLID LAMP @\$680.50	CRACKED	1,361.00	1,248.00	
	BOOTLID WEATHERSTRIP	CUT	192.60	192.60	
	BOOTLID INNER LOCK	DAMAGED	185.90	185.90	
	BOOTLID LOCK CATCH	NOT NECESSARY	52.30	-	
- 1	BOOTLID INNER TRIM	NOT NECESSARY	285.60	-	
,	BOOTLID NUMBER PLATE LAMPS @\$58.70	NOT NECESSARY	117.40	-	
	REAR BUMPER	DISTORTED	698.70	698.70	
	REAR BUMPER LOWER	DEFORMED	392.50	392.50	
	REAR BUMPER LOWER COVER @\$145.80	N/S DEFORMED	291.60	145.80	
1	REAR BUMPER REFLECTORS	CRACKED	99.50	99.50	
5	REAR BUMPER STAY @\$65.20	DAMAGED (3PCS ONLY)	326.00	54.00	
١,	REAR BUMPER SIDE RETAINERS	NECESSARY	58.70	58.70	
1 8	REAR BUMPER REINFORCEMENT	DISTORTED	425.30	365.00	
	BUMPER REINFORCEMENT BRACKETS @\$148.90	BENT	297.80	150.00	
	REAR END PANEL	DENTED	498.20	498.20	
	REAR END PANEL TOP GARNISH	DEFORMED	158.70	158.70	
	TAILLAMP @\$788.90	CRACKED	1,577.80	1,577.80	
	TAILLAMP INNER SEALER @\$40.00	NECESSARY	80.00	40.00	
1 8	REAR FLOOR PANEL	TO REPAIR SEE LABOUR	894.70		
,	1 REAR FLOOR PANEL TOP BOARD	DEFORMED	258.90	258.90	
	1 REAR FLOOR PANEL TOOL SPONGE	NOT NECESSARY	198.50) ·	
	REAR FENDER INNER COWLING @\$125.60	NOT NECESSARY	251.20		

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
2	REAR FENDER INNER TRIMS @\$182.60	NOT NECESSARY	365.20	514
100.0	REAR SILENCER BOX	BENT	683.20	683.20
	REAR SILENCER BOX MOUNTING @\$45.60	NOT NECESSARY	91.20	
5000.00	REAR SILENCER BOX HEAT SHIELD	NOT NECESSARY	187.20	1.4
	LESS 10% DISCOUNT		-1,159.39	-800.90
	LEGG 10% DIGGESTIT		10,434.51	7,208.10
	SPECIAL NETT ITEMS			
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	30.00	
1	SET REAR NUMBER PLATE WITH CASING (SN)	DENTED	50.00	50.00
	SET REAR FENDER INNER COWLING CLIPS @\$30.00 (SN)	NOT NECESSARY	60.00	-
2	SET REAR FENDER INNER TRIM CLIPS @\$30.00 (SN)	NOT NECESSARY	60.00	-
	SET BOOTLID INNER TRIM (SN)	NOT NECESSARY	30.00	-
1	SET END PANEL TOP GARNISH CLIPS (SN)	NECESSARY	30.00	10.00
	SET TAILLAMP CLIPS @\$30.00 (SN)	NECESSARY	60.00	20.00
	SET REVERSE SENSORS (SN)	DAMAGED	250.00	200.00
	END PANEL SEALANTS @\$80.00 (SN)	NECESSARY	80.00	80.00
	SPARE TYRE PANEL INSULATION PAD (SN)	NECESSARY	300.00	200.00
			950.00	590.00
	LABOUR			
	TO RENEW DAMAGED PARTS, REPLACE, BEAT, WELD, REALIGN AND ALIGNE ALL PARTS. INCLUSIVE OF THE REPAIR OF REAR FLOOR PANEL.		2,200.00	1,200.00
	TO RESPRAY AFFECTED AREAS.		2,200.00	1,200.00
	TO TUFFCOAT AFFECTED AREA.		200.00	60.00
	TO REMOVE / REFIT INTERIOR UPHOLSTERY.		150.00	80.00
	TO CONDUCT WATER LEAKAGE TEST.	NOT NECESSARY	120.00	
	TO APPLY SEALANT TO THE AFFECTED AREAS.		180.00	60.00
	TO REMOVE, REFIT WIRING CHECKS ON REAR TAILLAMPS.		150.00	30.00
	TO REMOVE / REFIT / REPLACE REAR SILENCER BOX.		180.00	
	TO REMOVE / REPLACE REVERSE SENSORS.		180.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO REMOVE AND REPLACE / REFIT BOOTLID		200.00	60.00
	MECHANISM.		5,760.00	2,830.00
	GRAND TOTAL		17,144.51	10,628.10

RECOMMENDED COST OF LUMP SUM REPAIRS	8,500.00
(TO ITS PRE-ACCIDENT CONDITION)	THE PERSON NAMED INCOME.

Report Ref No. CS/GAI20000651/Avd3e2



ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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