

ASS. REC. BY:

REF:

CS/SMO20001571/ 4td30d

Special Instruction:

Survey: Marcus

ASSIGNMENT (Office)

From (Person): Cmee 700

of

SMO

Date/Time: 29/01/2020 @ 3.06pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBW 7280S

Insured:

GW 2R

at Workshop m/s

Hup Motor Trading

Tel:

98154655

of

Blk 9004 Tampines St-93 #01-20

Policy No:

Claim No:

CMTD2000443/AGC

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

24/01/2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 3:46pm 29/1/2020

Person Contacted:

David

Vehicle: IN/OUT

Date/Time

Action/Instruction

Tobin/1 ✓

SBW 7280S - NA/INC20001519/13

DOA: 24/01/2020

GW 2R - NA/INC20001519/13

DOA: 24/01/2020

3/2

sent preli to insurance (email)

ASS. REC. BY:

REF:

SMO

## ASSIGNMENT

From

Date: 30/01/2020

Estimated Cost:

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

To Inspect Vehicle No: SBW 7280 S

at Workshop m/s

of Hup Motor Trading  
Blk 1004 Tampines St. 93 #01-120

Insured:

Policy No.

Claims No.

Sum Insured:

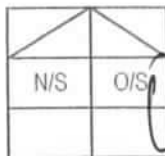
Excess:

(Client's Record)

Make of Veh:

1:30pm - 2:30pm 2.3

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SBW 7280 S

Yr Regn:

293

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

Truck / Trailer or

Cm /

Make:

Toyota Corolla GLi C.C

1587

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

269092

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

AE101 3041030

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/55R15

R:

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

TOYO / YOKO or

ZAKU

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A.

24/1/20

D.O.I.

31/1/20

Survey held at

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

O/S Rear

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

Date / Time

Action / Instruction

Cor 31-3-2029

750

Sent Reli by email

confirmed final by 750 mtr David (Rel: 2820.02:782)

Handler Agnes. (SMOPO)

Date/Time, File Pass to?



: Prel. Report

21/2 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

-

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Insp (\$)



: Weekend (\$)

Survey Fee:

Transportation:

Photos

Others

TOTAL

290

290

Report Format:

Lump Sum / L.P.R. (%)

750/-



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref:

Date: 03 Feb 2020

Our Ref: CS/SMO2000157/Utd3

The Motor Claims Department  
SOMPO INSURANCE SINGAPORE PL

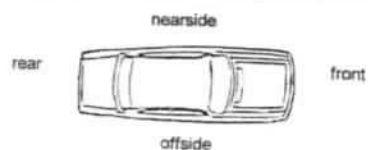
Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SBW7280S**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 31/01/2020 at the premises of M/s HUP MOTOR TRADING & SERVICE and have the following to report:-

Workshop Estimate Amount	: S\$ <u>3,570.02</u>
Revised Estimate Amount	: S\$ <u>750.00</u>
"Check" Items Amount	: S\$ <u>-</u>
Market Value	: S\$ <u>-</u>
LTA Reimbursement Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:  
The vehicle sustained damages  
at the o/s rear portion.



Yours faithfully

*MARCUS CHUA*  
Licensed Appraiser

## Yvonne Wong (LKK Auto)

---

**From:** Yvonne Wong (LKK Auto)  
**Sent:** Monday, February 03, 2020 11:17 AM  
**To:** Teo, Grace; SUR  
**Cc:** Chan, Shu Hui Agnes; Ye, Yong Kang Melvin; Henry, Irene James  
**Subject:** RE: CMTD2000443/AGC - LKK(NR)/ GW2R & SBW7280S ACC ON 24.01.20 ALONG YISHUN AVE 8 TWDS YISHUN AVE 1 - pls arr suv on 30/1  
**Attachments:** SBW7280S PRELI ADVISE.pdf

Dear Sir/ Madam

Enclosed preliminary revised of vehicle SBW7280S  
Date of survey : 31/01/2020  
Number of days : 2 days

Thank you.

Best Regards,

**Yvonne Wong (Ms) | Case Handler (BEHALF DENISE)**

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [yvonnewong@lkkauto.com](mailto:yvonnewong@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Teo, Grace [mailto:[grace.teo@sompo.com.sg](mailto:grace.teo@sompo.com.sg)]  
**Sent:** Wednesday, January 29, 2020 3:06 PM  
**To:** [hupmotor@gmail.com](mailto:hupmotor@gmail.com); Admin-D (LKKAuto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Cc:** Chan, Shu Hui Agnes <[agnes.chan@sompo.com.sg](mailto:agnes.chan@sompo.com.sg)>; Ye, Yong Kang Melvin <[melvin.ye@sompo.com.sg](mailto:melvin.ye@sompo.com.sg)>; Henry, Irene James <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>  
**Subject:** CMTD2000443/AGC - LKK(NR)/ GW2R & SBW7280S ACC ON 24.01.20 ALONG YISHUN AVE 8 TWDS YISHUN AVE 1 - pls arr suv on 30/1

Without Prejudice

Our Reference: CMTD2000443/AGC  
Your Reference: SBW7280S

Hi David,

## Nivitha (LKK Auto)

---

**From:** Teo, Grace <grace.teo@sompo.com.sg>  
**Sent:** Wednesday, 29 January 2020 3:06 PM  
**To:** hupmotor@gmail.com; 'admin-d@lkkauto.com'; 'assignments@lkkauto.com'; sur@lkkauto.com  
**Cc:** Chan, Shu Hui Agnes; Ye, Yong Kang Melvin; Henry, Irene James  
**Subject:** CMTD2000443/AGC - LKK(NR)/ GW2R & SBW7280S ACC ON 24.01.20 ALONG YISHUN AVE 8 TWDS YISHUN AVE 1 - pls arr suv on 30/1  
**Attachments:** SBW 7280 S (Screen Photos).zip; SBW 7280 S.pdf

### Without Prejudice

Our Reference: CMTD2000443/AGC  
Your Reference: SBW7280S

Hi David,

We acknowledged receipt of your claim documents and will appoint LKK Auto Consultants to conduct the survey.

Please be informed that **Ms. Agnes Chan** is the handler of this case who can be contacted at 63295 327/ [agnes.chan@sompo.com.sg](mailto:agnes.chan@sompo.com.sg) .

We regret to inform that we are unable to revert on liability as we have yet to receive our insured's accident report.

Aside to LKK AUTO,

Please make arrangement to conduct the survey for **SBW7280S** on a without Prejudice and any admission of liability basis.

Please submit with your report upon completion of survey to my colleague, **Ms. Agnes**.

Thank you.

Best Regards  
**Grace Teo**  
Claims Division  
D: 6329 5170 | T: 6461 6555 | F: 6221 3147

For motor claims survey request, please email to [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)



Sompo Insurance Singapore Pte. Ltd.  
50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623  
**Website:** [www.sompo.com.sg](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

Quick & Easy Claims Submission<sup>1</sup> & Product Purchase<sup>2</sup> via Sompo SG



<sup>1</sup> For Travel, Personal Accident & Home Insurance | <sup>2</sup> For Travel, Personal Accident, Home & Private Motor Insurance

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**From:** Teo, Grace <grace.teo@sompo.com.sg>

**Sent:** Wednesday, January 29, 2020 2:13 PM

**To:** hupmotor@gmail.com; Claims - Motor Survey <MotorSurvey@sompo.com.sg>

**Subject:** FW: RE : ACCIDENT ON : 24/01/2020, INVOLVING CLIENT'S (SBW7280S) & YOUR INSURED (GW 2 R) ALONG YISHUN AVE 8 TWDS YISHUN AVE 1

Hi David,

**Kindly re-direct your future motor claims survey request to [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)**

Hi Colleagues,

Please assist to register the case.

Best Regards

**Grace Teo**

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147

For motor claims survey request, please email to [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

**Website:** [www.sompo.com.sg](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

Quick & Easy Claims Submission<sup>1</sup> & Product Purchase<sup>2</sup> via Sompo SG



<sup>1</sup> For Travel, Personal Accident & Home Insurance | <sup>2</sup> For Travel, Personal Accident, Home & Private Motor Insurance

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**From:** David Ang <[hupmotor@gmail.com](mailto:hupmotor@gmail.com)>

**Sent:** Wednesday, January 29, 2020 12:05 PM

**To:** Teo, Grace <[grace.teo@sompo.com.sg](mailto:grace.teo@sompo.com.sg)>

**Cc:** Henry, Irene James <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>

**Subject:** RE : ACCIDENT ON : 24/01/2020, INVOLVING CLIENT'S (SBW 7280 S) & YOUR INSURED (GW 2 R) ALONG YISHUN AVE 8 TWDS YISHUN AVE 1

Dear Sirs,

Attach our estimate bill, GIA third party insurer search fee, client's GIA report, insurance certificate & log card for your reference & attention,

Kindly assign your panel surveyor (LKK Auto Consultants Pte. Ltd) to survey client's damaged vehicle on : 30/01/2020 (1.30pm to 2.30pm) as owner waiting, Please revert & confirm the survey assignment.

Kindly revert & confirm client's third party claims liability, reference & OIC, as we are looking for direct settlement.

Best Regards

David Ang

Tel : 6784 0039, Fax : 6784 0076, HP : 9815 4655

Mailing Address :

Hup Motor Trading & Service

Blk 9004 Tampines St 93

#01-120

Singapore 528838

## Nivitha (LKK Auto)

---

**From:** David Ang <hupmotor@gmail.com>  
**Sent:** Wednesday, 29 January 2020 12:05 PM  
**To:** Teo, Grace  
**Cc:** Henry, Irene James  
**Subject:** RE : ACCIDENT ON : 24/01/2020, INVOLVING CLIENT'S (SBW 7280 S) & YOUR INSURED (GW 2 R) ALONG YISHUN AVE 8 TWDS YISHUN AVE 1  
**Attachments:** SBW 7280 S (Screen Photos).zip; SBW 7280 S.pdf

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Best Regards

David Ang

Tel : 6784 0039, Fax : 6784 0076, HP : 9815 4655

Mailing Address :

Hup Motor Trading & Service

Blk 9004 Tampines St 93

#01-120

Singapore 528838



## 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	28/01/2020 16:04
Date Of Accident	24/01/2020 15:05
Exact Location Of Accident	YISHUN AVE 8 TWDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW7280S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN KHOON MENG
NRIC No	SXXXX226E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84688849
Alternative Phone No	OTHERS-84688849

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5057640744-06
Cover Note Number	

### Driver

Name of Driver	CHAN KHOON MENG
NRIC No	SXXXX226E
Date Of Birth	17/12/1970
Occupation	INDOOR
Date Of Driving Pass	20/09/1995
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84688849
Fax Number	
Contact Number	OTHERS-84688849
Email Address	NOEMAIL

Address	BLK 401 ADMIRALTY LINK #05-08
Postcode	750401
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 - 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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW2R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

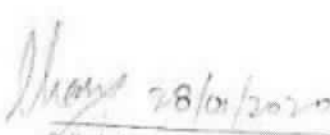
#### IMPORTANT NOTICE

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 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.

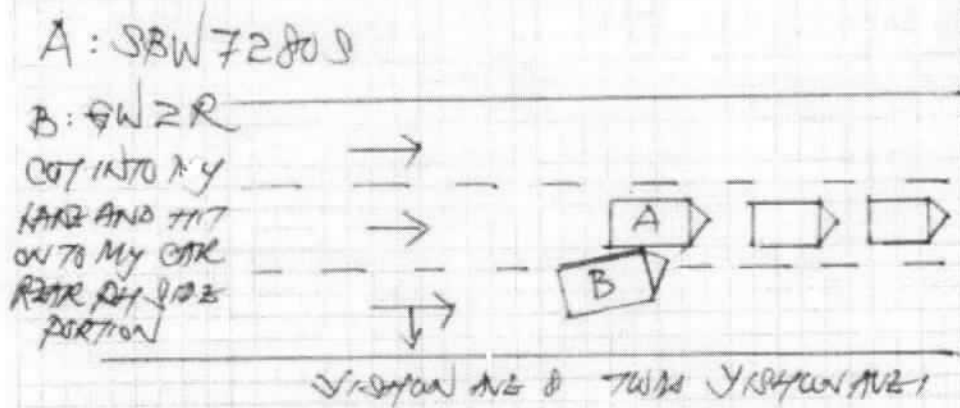
  
Policyholder's Signature  
Date & Time: 28/01/2020

\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

# Individual Statement

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car along Vishnu ave & in the centre lane. Suddenly car B cut into my lane and hit onto my car rear rightside. I have horn to warn car B driver before he hit me. I have car video and screen photos for evidence.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP <input checked="" type="checkbox"/>
Claim OD / TP at other workshop

## DECLARATION

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

*[Signature]* 28/01/2020

Policyholder's Signature  
Date & Time:

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

*[Signature]* 28/01/2020

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

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5057640744-06

**Cover :** Third Party

- |   |                   |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle  | : SBW72805        |
| Chassis Number  | : AE1013041030    |
| 2. Name of Policyholder   | : CHAN KHOON MENG |
| 3. Effective Date of Insurance  | : 01 Feb 2019     |
| 4. Expiry Date of Insurance-  | : 31 Jan 2020     |
| 5. Persons or Classes of Persons entitled to drive#   |                   |
| (a) The Policyholder.   |                   |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                   |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                   |
| 6. Limitations as to Use#   |                   |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                   |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: CHAN KHOON MENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

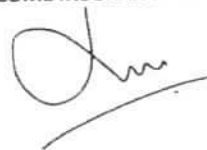
Agency : M PLUS CONSULTANCY (00000571872)  
Date of Issue : 07 Jan 2019 11:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

> Back to OneMotoring

#### Enquire Transfer Fee

##### Vehicle Details

Vehicle No. :	SBW7280S
Vehicle Type :	P10 - Passenger Motor Car
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	TOYOTA
Vehicle Model :	COROLLA 1.6M
Chassis No. :	AE1013041030
Propellant :	Petrol
Engine No. :	4AB226835
Engine Capacity :	1587 cc
Maximum Power Output :	-
Maximum Laden Weight :	-
Unladen Weight :	-
Year Of Manufacture :	1992
Original Registration Date :	12 Feb 1993
Lifespan Expiry Date :	-
COE Category :	A - Car (1600cc & below)
PQP Paid :	\$25,525.00
COE Expiry Date :	31 Mar 2029
Road Tax Expiry Date :	31 Oct 2019
Inspection Due Date :	31 Jan 2020
Intended Transfer Date :	20 Jun 2019
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Late renewal fee(s) will be imposed if road tax / lay-up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

##### Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
<b>Total Amount Payable :</b>			<b>25.00</b>

You may print this page for reference.

OK

Print

# 哈 汽 車 貿 易 服 務

## HUP MOTOR TRADING & SERVICE

Blk 9004 Tampines Street 93 #01-120 Singapore 528838 Tel: 6784 0039 Fax: 6784 0076 Email: hupmotor@gmail.com Reg. No. 378091/00W

Our Ref: TP 2979/01/20

Your Ref:

Date: 28th JAN 2020

MR CHAN KHOON MENG  
BLK 401, #05-08,  
ADMIRALTY LINK,  
SINGAPORE 750401

*Not Authorized*  
*2dy*  
*2/28/20*  
*3/1/20*  
*take photo of the car*

Estimate cost of repair to TOYOTA COROLLA 1.6 (A) Saloon - SBW 7280 S

1 pc rear o/s door		R \$ 1,161.40	X
16 pcs rear o/s door inner trim board clips	€ \$ 4.30	68.80	X
6 pcs rear o/s fender inner shield clips	€ \$ 3.80	22.80	X
1 pc rear bumper		384.50	X
1 pc rear bumper o/s side retainer		18.40	X
8 pcs rear bumper clips	€ \$ 4.20	25.20	X

Less 25% \$ 1,681.10  
\$ 420.28

\$ 1,260.82

1 pc rear o/s sport rim

R 400.00 S.N X

To wiring check up for affected wiring system.

nn 40.00 X

To check & adjust rear wheel alignment & balancing.

120.00 60

To remove & refix rear o/s door inner trim board cover,  
rear o/s fender inner shield & necessary parts.

nn 150.00 X

Labour charge to remove & cut out damaged parts, to jack,  
straighten & knocking out rear o/s fender, rear o/s door &  
necessary parts, to weld, renew & align above parts.

650.00 / 50

To putty & respray painting on all affected accident parts.

950.00 540

\$ 3,570.02

=====

Dollars : Three Thousand Five Hundred Seventy And Cents Two Only.

HUP MOTOR TRADING & SERVICE

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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:




## 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			
SOMPO INSURANCE SINGAPORE PL		Ref : CS/SMO20001571/Utd3e2	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 24-02-2020	
		Code : SMO	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GW 2R	Veh. Inspected	SBW 7280S
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD2000443/AGC	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	29/01/2020
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA COROLLA 1.6M	c.c	1587
Engine No.	HIDDEN	Year of Reg.	1993
Chassis No.	AE1013041030	Colour	SILVER
Odometer	269092	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/55 R15	FALKEN	6 mm
L/H Front Tyre	195/55 R15	FALKEN	6 mm
R/H Rear Tyre	195/55 R15	FALKEN	6 mm
L/H Rear Tyre	195/55 R15	FALKEN	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	24/01/2020	Inspection Date	31/01/2020
Survey held at	HUP MOTOR TRADING & SERVICE BLK 9004 TAMPINES ST 93 #01-120 SINGAPORE 528838		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 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. SBW 7280S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR O/S DOOR	TO REPAIR SEE LABOUR	1,161.40	-
16	REAR O/S DOOR INNER TRIM BOARD CLIPS @\$4.30	NOT NECESSARY	68.80	-
6	REAR O/S FENDER INNER SHIELD CLIPS @\$3.80	NOT NECESSARY	22.80	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	384.50	-
1	REAR BUMPER O/S SIDE RETAINER	NOT NECESSARY	18.40	-
8	REAR BUMPER CLIPS @\$4.20	NOT NECESSARY	25.20	-
	LESS 25% DISCOUNT		-420.28	-
			1,260.82	-
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR O/S SPORT RIM (SN)	TO REPAIR SEE LABOUR	400.00	-
			400.00	-
	<b><u>LABOUR</u></b>			
	TO WIRING CHECK UP FOR AFFECTED WIRING SYSTEM.	NOT NECESSARY	40.00	-
	TO CHECK & ADJUST REAR WHEEL ALIGNMENT & BALANCING.		120.00	60.00
	TO REMOVE & REFIX REAR O/S DOOR INNER TRIM BOARD COVER, REAR O/S FENDER INNER SHIELD & NECESSARY PARTS.	NOT NECESSARY	150.00	-
	LABOUR CHARGE TO REMOVE & CUT OUT DAMAGED PARTS, TO JACK, STRAIGHTEN & KNOCKING OUT REAR O/S FENDER, REAR O/S DOOR & NECESSARY PARTS, TO WELD, RENEW & ALIGN ABOVE PARTS. INCLUSIVE OF THE REPAIR OF REAR O/S DOOR, REAR BUMPER AND REAR O/S SPORT RIM.		650.00	150.00
	TO PUTTY & RESPRAY PAINTING ON ALL AFFECTED ACCIDENT PARTS.		950.00	540.00
			-	-
			-	-
			1,910.00	750.00
	<b>GRAND TOTAL</b>		<b>3,570.82</b>	<b>750.00</b>

Report Ref No. CS/SMO20001571/Utd3e2



RECOMMENDED COST OF REPAIRS			750.00
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Report Ref No. CS/SMO20001571/Utd3e2

CHUA KANG SENG

Licensed Appraiser

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