

ASS. REC. BY:

REF: CS/SPF20002164/KTF307

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Frankie THAY

of SPF

Date/Time: 7.2.2020 10.31a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: PC 464IT

Insured: QX 419Z

at Workshop m/s Comfortdelgro

Tel: 63837656

of 205 Braddell Rd

Policy No:

Claim No: AEMD/105/009/2019/126

Sum Insured:

Excess:

Make of Veh:

D.O.A. 26.12.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 7/2/2020 1.24p.m

Person Contacted: Mr Ng

Vehicle IN (OUT)

Date/Time	Action/Instruction (✓) Estimate
	PC 464IT - X
	\$2826.00 to Permit
	CRed: 500' 16%
	Range \$2826 - \$3000/-

Do Not Finalise

ASS. REC. BY:

REF: SPF

## ASSIGNMENT

From: \_\_\_\_\_ Date: 17.2.2020

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

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MVTo Inspect Vehicle No: PC 4641Tat Workshop m/s Comfortdugroof 205 Braddell Road

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

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

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

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

(Client's Record)

Make of Veh: 10am - 12pm own waiting

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_

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

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1.3.1 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS mp

Vehicle: IN / OUT

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

Veh No: PC4641T Yr Regn: 03/18Type: M.Car / M.Cycle ☒ Bus ☐ Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Yutong C.C. 8880Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 256628 T/Radio: Insured / Std / NI / NAEng/No: 66FC/No: 17 YTA11-10 25385Gen. Cond: ☒ Good ☐ Fair ☐ Poor ☐ BurntSteering: In order ☒ / Jammed / Leaked / Burnt orBrake: In order ☒ / Jammed / Leaked / Burnt orModi: ☒ Nil ☐ S/Rim / STD A/Rim orTyre Size: F: \_\_\_\_\_  
R: 2P5 / 80R 22.5 (0)

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

TOYO / YOKO or Duratur

Front

Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 26/12/19 D.O.I. 17/2/20Survey held at ✓

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

1st N/S

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

Date / Time Action / Instruction

Repair days - 4  
week and - 0  
Total - 4

RECEIVED 03 MAR 2020

Date/Time, File Pass to?

1) 813 Typist

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: TP

Lump Sum / L&amp;I: (\$ \_\_\_\_\_)

Days Of Repair: 4

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ Site Insp (\$ \_\_\_\_\_)☐ Interview (\$ \_\_\_\_\_)☐ Tech. Invs (\$ \_\_\_\_\_)☐ Weekend (\$ \_\_\_\_\_)Survey Fee: 220

Transportation: \_\_\_\_\_

S + RS, SI

Photos

Others

TOTAL

220

## Nivitha (LKK Auto)

---

**From:** Frankie THAY (SPF) <Frankie\_THAY@spf.gov.sg>  
**Sent:** Friday, 7 February 2020 10:31 AM  
**To:** Veron Chen (LKKAuto; 'assignments')  
**Cc:** Cui Fen ENG (SPF); Hafizul Farhan RAHMAT (SPF); Lai Kuen LUI (SPF)  
**Subject:** RE: Pre-Repair Inspection for vehicle PC4641T

Your reference: PC4641T

Our reference: AEMD/105/009/2019/126

Veron,

Please conduct Pre-Repair Inspection for vehicle PV4641T at address listed below:

Address : CDGE, 205 Braddell Rd .

Contact Person : Ngo Toh Wee at 63837656 for appointment.

Thanks.

Frankie Thay  
1 Logistics Services Executive  
Logistics Support & Services Division  
Police Logistics Department



**WARNING** "Privileged/Confidential information may be contained in this message. If you are not the intended addressee, you must not copy, distribute or take any action in reliance thereon. Communication of any information in this email to any unauthorized person is an offence under the Official Secrets Act (Cap 213). Please notify the sender immediately if you receive this in error."



ComfortDelGro Engineering

205 Braddell Road S(579701)

**ACCIDENT REPAIR ESTIMATES**

Our Ref:

Type of Claim : TPVehicle No. : PC4641TMake & Model : YUTONG ZK6122HE9Year of Manufacture : 2015Chassis No. : LZYTATF66F1025385Ins Company : NTUC VS GE

Engine No. : \_\_\_\_\_

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

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

Date of Accident : 12/26/2019Time of Accident : 0905

Suggested Days of Repair : \_\_\_\_\_

In-house Vehicle Assessor**Repair Estimates**

Case Owner : \_\_\_\_\_

Signature : \_\_\_\_\_

Parts (a) Cost / List Price Items \$ 1,040.00Plus/Less 10% \$ 104.00Total of Cost / List \$ 936.00(b) Nett Price Items \$ -

Less \_\_\_\_\_

Total of Nett Item \_\_\_\_\_

(c) Special Nett Items \$ 200.00Total Parts Cost (Appendix A) \$ 1,136.00Labour (Appendix B) \$ 2,250.00Total Repair Cost \$ 3,386.00

Contact No

**Frt Counter Operation**

63837466 – Patrick

63837730 - Brenda

63837890 – Rohani

braddell\_cr@sparkcarecar.com

**Back-end Operation**

63837656 - Ngo

63837362 - Andrew

63838115 - William

braddell\_operation@sparkcarcar.com

*Not Authorised*  
*Resurvey by paint*

The above total will be subjected to 7% G.S.T.

Name of Surveyor : KennethCompany : CKKSurvey conducted on : 17/2/20 at \_\_\_\_\_**Remarks By Surveyor**(a) The repair of this vehicle is ☒ authorized / is not authorized until further notice.(b) Recommended Days of Repair : 04 day(s)(c) Resurvey : Required / ☒ Not Required

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : De Date: 17/2/20

# Spark Car Care

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road S (579701)  
Tel: 63837168 / 63837466 Fax:62815767

## Spare Parts

Vehicle No : PC4641T Case Owner : 0

Make & Model : YUTONG ZK6122HE9 Year Manufacture : 2015

Chassis No : LZYTATF66F1025385 Engine No : 0

Sales Order : \_\_\_\_\_ Supplier : \_\_\_\_\_

Order By : \_\_\_\_\_ Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	HEADLAMP LH	1	<i>CM</i>	\$ 580.00			<input checked="" type="checkbox"/>
2	LH WING MIRROR	1	<i>CM</i>	\$ 460.00			<input checked="" type="checkbox"/>
3	STICKER 'COMFRTDELGRO'	1	<i>1m</i>		.	\$ 200.00	<i>150sn</i> <del>*</del>
4	0	1					<i>150sn</i>
5	0	1					
6	0	1					
7	0	1					
8	0	1					
9	0	1					
10	0	1					
11	0	1					
12	0	1					
13	0	1					
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23	0	0					
24	0	0					
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26	0	0					
27	0	0					
28	0	0					
29		0					
30		0					

LRA Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after survey 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 is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Tel: 63837168 / 63837466 Fax: 62815767

Vehicle No.	: <u><b>PC4641T</b></u>	Case Owner	: <u><b>0</b></u>
Make & Model	: <u><b>YUTONG ZK6122HE9</b></u>	Year of Manufacture	: <u><b>2015</b></u>

*Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.*

## 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	26/12/2019 13:12
Date Of Accident	26/12/2019 09:05
Exact Location Of Accident	TERMINAL 2 EXIT, CARPARK 2A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4641T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORTDELGRO BUS PTE LTD
Co Reg No	1XXXXX256W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81310260

### Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6122HE9-8.8 D (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110040255-0000164
Cover Note Number	

### Driver

Name of Driver	MAIZAN BIN MAHAROM
Passport No/FIN	GXXXX178W
Date Of Birth	09/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2016
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81310260
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 205, BRADDELL ROAD

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -  
-  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name 10 UBI AVENUE 3

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO STATEMENT - QX419Z REVERSED HIT PC4641T

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO BIG ( WILL PROVIDE TO WORKSHOP)

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number QX419Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category GOVERNMENT

Name of Driver YUKTA BAHADUR PURJA

NRIC/Passport Number GXXXXX110W

Contact Number

Address

Postcode

Insurance Company Name



Nature Of Damage

No. Of Passenger (Including Driver)

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature  
Date & Time:

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

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



## 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 : 5110040255-000164

Cover : Comprehensive

- |   |                             |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : PC4641T                   |
| Chassis Number  | : LZYTATF66F1025385         |
| 2. Name of Policyholder   | : COMFORTDELGRO BUS PTE LTD |
| 3. Effective Date of Insurance  | : 01 Jun 2019               |
| 4. Expiry Date of Insurance   | : 31 May 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 the carriage of passengers in connection with the Policyholder's business.  |                             |
| (b) Limited to carry 49 passengers  |                             |
- This Policy does not cover**
- |  |
|--|
| (a) Use for racing, pace-making, reliability trial or speed-testing.   |
| (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle. |

\* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA ONLY
EXCESS (SECTION I)	: S\$1,500
EXCESS (SECTION II)	: S\$1,500
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : COMFORTDELGRO INSURANCE BROKERS P/L (00000690698)

Date of Issue : 31 May 2019 15:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	256W
Vehicle Details	
Vehicle No.:	PC4641T
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Dec 2019
Vehicle Make:	YUTONG
Vehicle Model:	ZK6122HE9 AUTO
Primary Colour:	Multicolor
Manufacturing Year:	2015
Engine No.:	ISL89E536022155774
Chassis No.:	LZYTATF66F1025385
Maximum Power Output:	-
Open Market Value:	\$170,686.00
Original Registration Date:	23 Mar 2016
First Registration Date:	23 Mar 2016
Transfer Count:	1
Actual ARF Paid:	\$8,535.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	22 Mar 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$40,950.00
COE Rebate Amount:	\$25,519.00
<b>Total Rebate Amount:</b>	<b>\$25,519.00</b>

The information contained herein is correct as at 26 Dec 2019

OK



ComfortDelGro Engineering

205 Braddell Road S(579701)

**ACCIDENT REPAIR ESTIMATES**

Our Ref:

Type of Claim : TPVehicle No. : PC4641TMake & Model : YUTONG ZK6122HE9Year of Manufacture : 2015Chassis No. : LZYTATF66F1025385Ins Company : NTUC VS GE

Engine No. : \_\_\_\_\_

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

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

Date of Accident : 12/26/2019Time of Accident : 0905

Suggested Days of Repair : \_\_\_\_\_

In-house Vehicle Assessor**Repair Estimates**

Case Owner : \_\_\_\_\_

Signature : \_\_\_\_\_

**Parts (a) Cost / List Price Items** \$ 1,040.00Plus/Less 10% \$ 104.00Total of Cost / List \$ 936.00(b) Nett Price Items \$ -

Less \_\_\_\_\_

Total of Nett Item \_\_\_\_\_

(c) Special Nett Items \$ 200.00**Total Parts Cost (Appendix A)** \$ 1,136.00**Labour (Appendix B)** \$ 2,250.00**Total Repair Cost** \$ 3,386.00

Contact No

**Frt Counter Operation**

63837466 – Patrick

63837730 - Brenda

63837890 – Rohani

[braddell\\_cr@sparkcarecar.com](mailto:braddell_cr@sparkcarecar.com)**Back-end Operation**

63837656 - Ngo

63837362 - Andrew

63838115 - William

[braddell\\_operation@sparkcarcar.com](mailto:braddell_operation@sparkcarcar.com)*The above total will be subjected to 7% G.S.T.*

Name of Surveyor : \_\_\_\_\_

Company : \_\_\_\_\_

Survey conducted on : \_\_\_\_\_ at \_\_\_\_\_

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

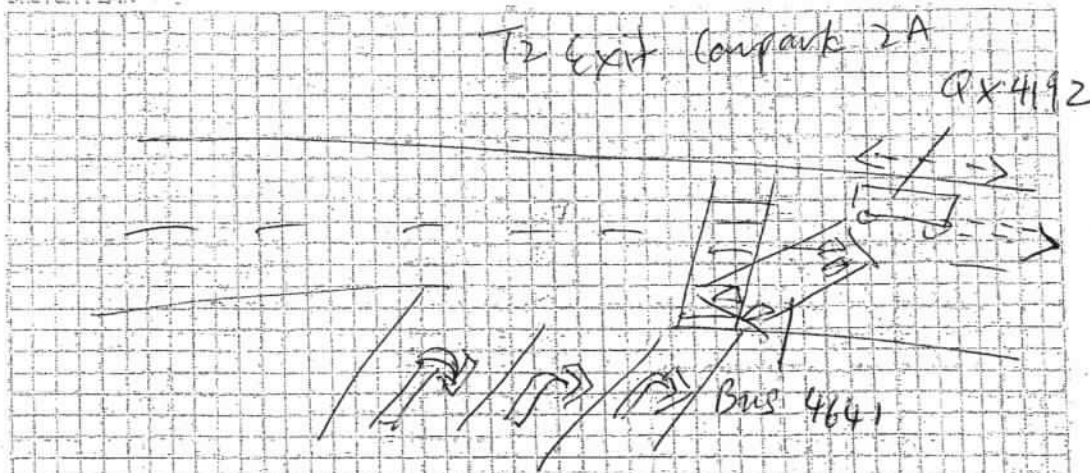
(b) Recommended Days of Repair : \_\_\_\_\_ day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : \_\_\_\_\_ Date: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QX 4192 & PC 4641 Accident on 26/12/2019 @ 9.06am

Upon exiting the carpark, QX 4192 had lifted out and stop at the roadside. As my bus PC 4641 need a bigger turning radius to approach the turn, I stop my bus behind the police vehicle QX 4192 and waited for his intention. However police vehicle ~~reverse~~ reverse ~~at~~ not once but twice and bang twice onto the bus causing scratches and damaging front side mirror.

DECLARATION

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

Policyholder's Signature  
Date & Time:



*f. Ma Dam*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Spark Car Care

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road S (579701)  
Tel: 63837168 / 63837466 Fax:62815767

## Spare Parts

Vehicle No : PC4641T Case Owner : 0

Make & Model : YUTONG ZK6122HE9 Year Manufacture : 2015

Chassis No : LZYTATF66F1025385 Engine No : 0

Sales Order : \_\_\_\_\_ Supplier : \_\_\_\_\_

Order By : \_\_\_\_\_ Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	HEADLAMP LH	1	CM	\$ 580.00			✓
2	LH WING MIRROR	1	CM	\$ 460.00			✓
3	STICKER 'COMFRTDELGRO'	1			CM	\$ 200.00	15052
4	0	1					
5	0	1					
6	0	1					
7	0	1					
8	0	1	108				
9	0	1					
10	0	1					
11	0	1					
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29		0					
30		0					

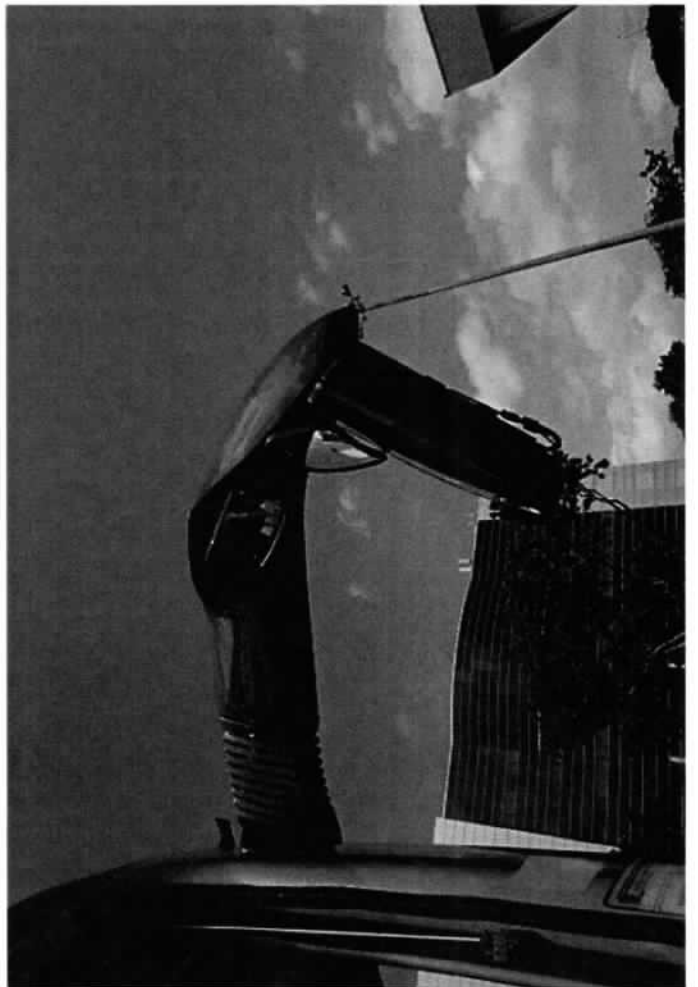
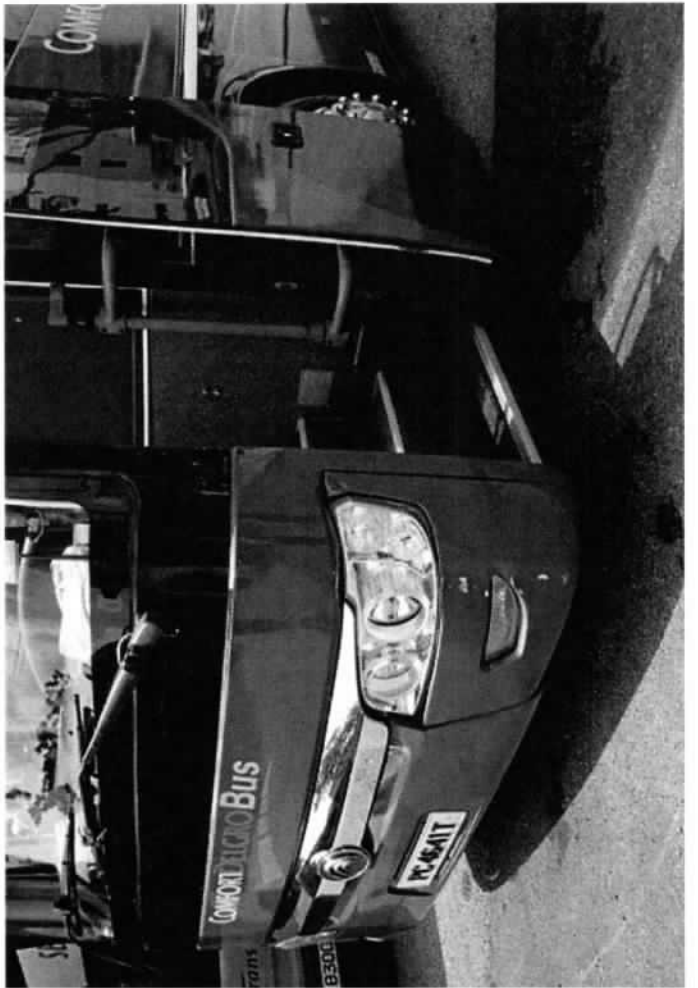
Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Tel: 63837168 / 63837466 Fax: 62815767

Case Owner	:	<u>0</u>
Year of Manufacture	:	<u>2015</u>

*Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.*







**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

AUTOMOTIVE ENGINEERING &amp; MGT DIVISION Ref : CS/SPF20002164/Ktf3e2

ACCIDENT CLAIMS SECTION (SPORE POLICE  
FORCE) POLICE LOGISTICS BASE (PLB) 1  
HEMMANT ROADSINGAPORE 438675

Date : 03-03-2020



ATTN : FRANKIE THAY

Code : SPF

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	QX 419Z	Veh. Inspected	PC 4641T
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2019/126	Excess (\$)	0.00
Assign From	FRANKIE THAY	Assign Date	07/02/2020

**2. Vehicle Particulars & Condition**

Make & Model	YUTONG ZK6122HE9	c.c	8880
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	LZYTATF66F1025385	Colour	BLUE
Odometer	256628	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	295/80 R22.5	DURATURN	9 mm
L/H Front Tyre	295/80 R22.5	DURATURN	9 mm
R/H Rear Tyre	295/80 R22.5 (D)	DURATURN	9/9 mm
L/H Rear Tyre	295/80 R22.5 (D)	DURATURN	9/9 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.
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**5. General Information**

Accident Date	26/12/2019	Inspection Date	17/02/2020
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 205 BRADDELL ROAD BLK C, 3RD FLOOR SINGAPORE 579701.		

**5a. Remarks**

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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**5b. Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	<b>4 Working Days</b>
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## 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

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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 4641T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	HEADLAMP LH	CRACKED	580.00	580.00
1	LH WING MIRROR	CRACKED	460.00	460.00
	LESS 10% DISCOUNT		-104.00	-104.00
			936.00	936.00
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	STICKER 'COMFORTDELGRO' (SN)	NECESSARY	200.00	150.00
			200.00	150.00
	<b><u>LABOUR</u></b>			
	TO KNOCK, STRAIGHTEN AND RENEW ACCIDENT AREA SUCH AS HEADLAMP LH, LH WING MIRROR, FRT BUMPER LH SIDE, FRT LOWER DOME AND ETC.		1,200.00	960.00
	TO PUTTY AND RESPRAY ACCIDENT AREA SUCH AS LH WING MIRROR AND FRT BUMPER LH SIDE, FRT LOWER DOME AND ETC.		1,000.00	750.00
	TO CHECK LIGHTING AND WIRING.		50.00	30.00
			2,250.00	1,740.00
	<b>GRAND TOTAL</b>		<b>3,386.00</b>	<b>2,826.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>2,826.00</b>

Report Ref No. CS/SPF20002164/Ktf3e2

NOTES : THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$2,826-\$3,000

KONG SENG CHEONG

Licensed Appraiser

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