

Surveyor: Tang Jih

REF:

CS/TP17017570/THBn2

ASSIGNMENT

CoE 2021 June

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

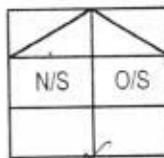
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Independent

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGM1371X Yr Regn: 2006 / outType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mitsubishi Lancer cc 1584Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 198754 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3M5STCS3A 74002187Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/60R15R: 175

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

TOYO / YOKO or

Acenda

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A.

Rear

R/Bal. 6 mmL/Bal. 6 mm

D.O.I.

Survey held at

Tan Ah SweeDes. 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

SGM 1371X - x4/5/5050, 8dys, confirm with Sally.
Cred: 36/640 : 52%

Date/Time, File Pass to?



Preli. Report



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 8Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

| |
|-----|
| 160 |
| 50 |
| 50 |
| 62 |
| 80 |
| 402 |

Report Format :

Lump Sum / I.B.I: (\$ 5050/-)



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

TOH AH SWEE SPRAY PAINTING CO.

Ref : CS/TP17017570/T1tb

BLK 2, KRANJI LOOP, #01-02 OFF KRANJI ROAD,
SINGAPORE 739538

Date : 12-09-2017



Code : TP062

1. Policy Particulars :- THIRD PARTY CLAIM

| | | |
|--------------|----------------|------------|
| Insured Veh. | Veh. Inspected | SGM 1371X |
| Policy No. | Coverage (\$) | 0.00 |
| Claim No. | Excess (\$) | 0.00 |
| Assign From | Assign Date | 11/09/2017 |

2. Vehicle Particulars & Condition

| | | |
|-------------------|--------------|---|
| Make & Model | c.c | 0 |
| Engine No. HIDDEN | Year of Reg. | |
| Chassis No. | Colour | |
| Odometer - | Steering | |
| Brakes | Modification | |
| General | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------|------|---------|
| R/H Front Tyre | | | mm |
| L/H Front Tyre | | | mm |
| R/H Rear Tyre | | | mm |
| L/H Rear Tyre | | | mm |

4. Description of Damages

| |
|--|
| |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 07/09/2017 | Inspection Date | 11/09/2017 |
| Survey held at | TOH AH SWEE SPRAY PAINTING CO. BLK 2, KRANJI LOOP OFF KRANJI ROAD #01-02 SINGAPORE 739538 | | |

5a. Remarks

| |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

Enquire Transfer Fee

Vehicle Details

Vehicle No.: SGM1371X
 Vehicle Type: P10 - Passenger Motor Car
 Vehicle Attachment 1: No Attachment
 Vehicle Scheme: Normal
 Vehicle Make: MITSUBISHI
 Vehicle Model: LANCER 1.6 A
 Chassis No.: JMYSTCS3A7U002187
 Propellant: Petrol
 Engine No.: 4G18HN8466
 Engine Capacity: 1584 cc
 Maximum Power Output: 79.0 kW (105 bhp)
 Maximum Laden Weight: 1600 kg
 Unladen Weight: 1162 kg
 Year Of Manufacture: 2006
 Original Registration Date: 10 Oct 2006
 Lifespan Expiry Date: -
 COE Category: A - Car (1600cc & below)
 PQP Paid : \$23,227.00
 COE Expiry Date: 30 Jun 2021
 Road Tax Expiry Date: 08 Oct 2017
 Inspection Due Date: 08 Oct 2017
 Intended Transfer Date: 13 Sep 2017
 CO2 Emission: -

The current road tax expiry is 08 Oct 2017. You may renew the road tax from 09 Jul 2017 with all pre-requisite(s) fulfilled. If the road tax is renewed after 08 Oct 2017, late renewal fee(s) will be imposed. Please use [Enquire Road Tax Payable](#) to check on the late 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 (From 09 Oct 2017 to 08 Apr 2018)

| | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|---|----------------------------|---------------------|---------------------------|
| Transfer Fee: | 11.00 | - | 11.00 |
| Sub Total: | | | 11.00 |
| Nett Road Tax Amount (After Offsetting Over Payment): | 441.00 | - | 441.00 |
| Total Amount Payable: | | | 452.00 |

Amount Payable (From 09 Oct 2017 to 08 Oct 2018)

| | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|----------------------|----------------------------|---------------------|---------------------------|
| Transfer Fee: | 11.00 | - | 11.00 |
| Sub Total: | | | 11.00 |
| Nett Road Tax Amount | | | |

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 ability.
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 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 | 08/09/2017 12:44 |
| Date Of Accident | 07/09/2017 16:30 |
| Exact Location Of Accident | ALONG WOODLANDS RD TOWARDS SINGAPORE CHECKPOINT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGM1371X |
| Insured/Policyholder | |
| Name Of Registered Owner | ROSLAN BIN KUMMIN |
| NRIC No | S6845724F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91197705 |
| Alternative Phone No | OTHERS-91197705 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | MITSUBISHI |
| Model | LANCER 1.6 A |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE |
| 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 | ETIQA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMAP16S503574 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | SHAMSIAH BINTE CHE'JUNET |
| NRIC No | S6808961A |
| Date Of Birth | 06/03/1968 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/09/2006 |
| Driving Experience | 10 YEARS AND 11 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91197705 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 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? YES
 Foreign Vehicle Registration Number JRV5870 (MOTORCYCLE)
 Was any body injured in the Accident? 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 WOODLANDS WEST NPC
 Police Station Address ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT

Attachment(s)

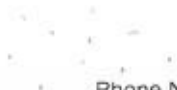
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JRV5870
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver LAM WEI HONG
 NRIC/Passport Number
 Contact Number 92399893
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name



Phone Number

Email Address

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

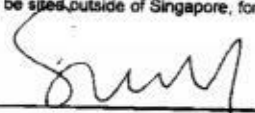
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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 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.

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 Purpose; 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.

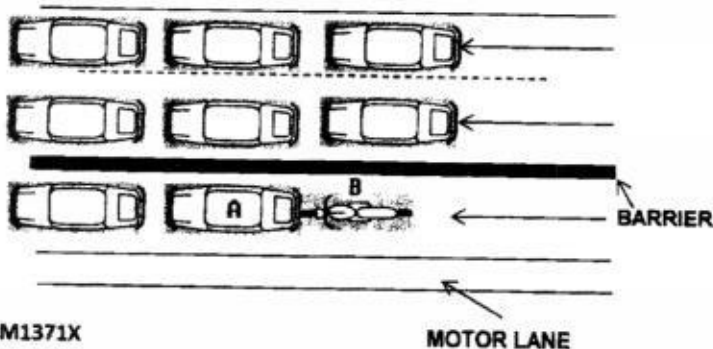

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

WOODLANDS ROAD TOWARDS SINGAPORE CHECKPOINT



Accident Sketch Plan Pg. 1

Describe Circumstances of the Accident

REFER TO POLICE REPORT

REMARKS : THIRD PARTY CLAIM

You had been advised by the 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.

Declaration

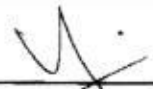
I/We declare the foregoing particulars are true in every respect.

 31/9/17

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170907/2152

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20170907/2152

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|--|------------------------------|----------------------------|--|
| Date/Time Report Made: 07/09/2017 18:24 | | Vide Report No.: | | Station Diary No.: 81 | |
| Name of Informant: SHAMSI AH BINTE CHE'JUNET | | Address: APT BLK 351 WOODLANDS AVENUE 1 #06-735 SINGAPORE 730351 | | | |
| ID Type / ID No.: NRIC NO / S6808961A | | Contact No.: Home/Office: | | Mobile: 91197705 | |
| Nationality: SINGAPORE CITIZEN | | Email: | | | |
| Sex: Female | Age: 49 | Date of Birth: 06/03/1968 | Type of Informant: Driver | | |
| Race: Malay | | Language: | | Institution / School Name: | |
| Occupation: TEACHER | | Driving Licence Information: Class: | | Date of Expiry: | |

| | | | | |
|--|-------------------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Foreign Vehicle | Drink Drive: No | Date/Time of Accident: 07/09/2017 16:30 | Type of Location: Straight Road |
| Location: Along Road 1 WOODLANDS ROAD | | | | |
| Along Woodlands Crossing before Singapore Custom | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Plate No. | Vehicle Type | Make | Model | Color | Damage | Count |
|-----------|--------------|------------|--------|-------|------------------|-------|
| JRV5870 | Motorcycle | YAMAHA | | Blue | Slightly Damaged | 0 |
| SGM1371X | Car | MITSUBISHI | Lancer | Blue | Slightly Damaged | 1 |

| | | | |
|---------------------------------|--|--------------------------------|--|
| Any Pedestrian Involved: No | | Use of Pedestrian Crossing: NA | |
| No. of Pedestrians Injured: NIL | | | |



**SINGAPORE
POLICE FORCE**



T/20170907/2152

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

2 of 3

Report No. T/20170907/2152

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|---------------------------|------------------|--|-----------------------------------|
| Name | LAM WEI HONG | | ID No. | 870427055107 |
| Related Vehicle | JRV5870 (Motorcycle) | | Contact No. | 92399893 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL | |
| Name | SHAMSI AH BINTE CHE'JUNET | | ID No. | S6808961A |
| Related Vehicle | SGM1371X (Car) | | Contact No. | 91197705 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL | |

Brief Details.

On 07/09/2017 at 1630hrs, I was driving my vehicle(SGM1371X) along Woodlands Crossing heading towards Singapore Custom. I was travelling on the shared motorbike and car lane. There was a traffic congestion during that point of time. When our vehicle was stationary, I felt an impact coming from the back of my vehicle and there was a loud bang. I made a check and discovered that a Malaysian Motorcycle(JRV5870) had bang onto the back of my vehicle. My daughter and myself did not suffered any injuries however I am unsure about the rider. My vehicle suffered damages to the bonnet. We managed to exchange the particular with the rider however he refused to provide us with his insurance details. I am lodging this report for my insurance claim purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999



T/20170907/2152

3 of 3

Report No. T/20170907/2152

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.

Signature Of Officer Recording The Report:

J/

Sgt 2 LEE JIAN HAO

Sgt Johnson

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

07/09/2017 18:24

Classification Of Case:

卓 亞 水 噴 漆 公 司

TOH AH SWEE SPRAY PAINTING CO.

BLK 2, KRANJI LOOP #01-02 (OFF KRANJI ROAD), SINGAPORE 739538.
 TEL: 6366 0115 (WORKSHOP), 6366 0286 (OFFICE) FAX: 6368 5943
 EMAIL: claims@toahswsee.com.sg
 BUSINESS REG. NO: 09935300L
 GST REG. NO: 09-935300-L

09/09/2017

ZURICH INSURANCE MALAYSIA BERHAD

11th Floor Menara Zurich,
 No. 12, Jalan Dewan Bahasa,
 50460 Kuala Lumpur
 Attn: Motor Claims Dpet.

ESTIMATED REPAIR BILL

YOUR REF : JRV5870
 TYPE OF CLAIM : THIRD PARTY CLAIM
 CLAIMANT : ROSLAN BIN KUMMIN
 VEHICLE NO. : SGM1371X
 MAKE/ MODEL : MITSUBISHI LANCER
 ACCIDENT DATE : 07/09/2017

MATERIAL COST :

| | | | | | |
|---------------------|-----------------------------|----|--------|----------|---------|
| 1PC | BOOTLID | \$ | bt✓ | 712.00 | |
| 1PC | BOOTLID LOCK | \$ | dis✓ | 77.00 | |
| 1PC | BOOTLID RUBBER | \$ | tw✓ | 220.00 | |
| 1PC | TAIL LAMP LH | \$ | cr✓ | 505.00 | |
| 1PC | TAIL LAMP RH | \$ | 117 R✓ | 505.00 | |
| 1PC | REAR FENDER LH | \$ | bt✓ | 730.00 | |
| 1PC | REAR FENDER RH | \$ | R✓ | 730.00 | |
| 1PC | REAR BUMPER | \$ | de✓ | 755.00 | |
| 1PC | REAR BUMPER SIDE BRACKET LH | \$ | bt✓ | 50.00 | |
| 1PC | REAR BUMPER SIDE BRACKET RH | \$ | ne✓ | 50.00 | |
| 1PC | REAR BUMPER REINFORCEMENT | \$ | bt✓ | 205.00 | |
| 1PC | END PANEL | \$ | bt✓ | 595.00 | |
| 1PC | END PANEL INNER GARNISH | \$ | de✓ | 188.00 | |
| 1PC | SPARE TYRE PANEL | \$ | R✓ | 1,250.00 | |
| 1PC | SPARE TYRE COVER | \$ | cr✓ | 190.00 | |
| 1PC | NUMBER PLATE GARHISH | \$ | de✓ | 125.00 | |
| | | \$ | | 6,887.00 | 4402 |
| LESS : DISCOUNT 20% | | \$ | | (142.40) | |
| | | \$ | | 6,744.60 | 3521.60 |

MATERIAL COST : SPECIAL NETT

| | | | | | |
|-----------|----------------|----|--------|----------|-----|
| 1PC | REVERSE SENSOR | \$ | 200nw✓ | 240.00 | |
| 1PC | EMBLEM "GLX" | \$ | ne✓ | 36.00 | |
| 1PC | EMBLEM "LANCE" | \$ | ne✓ | 42.00 | |
| 1PC | CENTRE LOGO | \$ | ne✓ | 66.00 | |
| SUB TOTAL | | \$ | | 7,128.60 | 344 |

卓 亞 水 噴 漆 公 司

TOH AH SWEE SPRAY PAINTING CO.

BLK 2, KRANJI LOOP #01-02 (OFF KRANJI ROAD), SINGAPORE 739538.

TEL: 6366 0115 (WORKSHOP), 6366 0286 (OFFICE) FAX: 6368 5943

EMAIL: claims@tohahswee.com.sg

BUSINESS REG. NO: 09935300L

GST REG. NO: 09-935300-L

09/09/2017

ZURICH INSURANCE MALAYSIA BERHAD

11th Floor Menara Zurich,
No. 12, Jalan Dewan Bahasa,
50460 Kuala Lumpur
Attn: Motor Claims Dpet.

ESTIMATED REPAIR BILL

YOUR REF : JRV5870
TYPE OF CLAIM : THIRD PARTY CLAIM
CLAIMANT : ROSLAN BIN KUMMIN
VEHICLE NO. : SGM1371X
MAKE/ MODEL : MITSUBISHI LANCER
ACCIDENT DATE : 07/09/2017

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:

BALANCE C/D \$ 7,128.60

LABOUR CHARGE :

| | | | |
|---|----|-----------|---------|
| TO REMOVE & REFIX REAR WINDSCREEN | \$ | 120.00 | |
| TO REMOVE & REFIX REVERSE SENSOR AND CHECK WIRING | \$ | 120.00 | |
| TO REMOVE DAMAGED PARTS, TO KNOCK OUT DENTS, TO STRAIGHTEN, ADJUST, CHECK, RESHAPE INCLUDING CUTTING AND WELDING WHERE NECESSARY, TO REMOVE AND REINSTALL NECESSARY FITTINGS TO FACILITATE REPAIRS, TO REPLACE AND ALIGN THE ABOVE PARTS. | \$ | 1,600.00 | 1400. |
| PUTTY AND SPRAY PAINTING ON ABOVE NEW AND REPAIRED PARTS INCLUDING SUPPLY OF PAINT MATERIALS | \$ | 1,000.00 | 900. |
| | \$ | 9,968.60 | 8733.60 |
| | \$ | 697.80 | |
| | \$ | 10,666.40 | 2720 |
| ADD : GST 7% | | | |
| TOTAL : | | | |

SINGAPORE DOLLARS : TEN THOUSAND SIX HUNDRED SIXTY SIX AND CENTS FORTY ONLY.

NOTE: THE ESTIMATED PERIOD OF REPAIRS IS EIGHT (8) DAYS

TOH AH SWEE SPRAY PAINTING CO.
SALLY ANG (TEL : 63660286)

Tauphin 97495744
 WP
 11/9/17 @ 1120
 8 days
 Wumpsum
 Resurvey after repair
 tauphin@lkkauto.com

6335.60
 20% - 1/5 \$5050



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

TOH AH SWEE SPRAY PAINTING CO.

Ref : CS/TP17017570/T1tbn2

BLK 2, KRANJI LOOP, #01-02 OFF KRANJI ROAD,
SINGAPORE 739538

Date : 11-12-2017



ON BEHALF OF ROSLAN BIN KUMMIN

Code : TP062

1. Policy Particulars :- THIRD PARTY CLAIM

| | | |
|--------------|----------------|------------|
| Insured Veh. | Veh. Inspected | SGM 1371X |
| Policy No. | Coverage (\$) | 0.00 |
| Claim No. | Excess (\$) | 0.00 |
| Assign From | Assign Date | 11/09/2017 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|------------|
| Make & Model | MITSUBISHI LANCER | c.c | 1584 |
| Engine No. | HIDDEN | Year of Reg. | 2006 |
| Chassis No. | JMYSTCS3A7U002187 | Colour | BLUE |
| Odometer | 198754 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|--------|---------|
| R/H Front Tyre | 195/60 R15 | ACENDA | 6 mm |
| L/H Front Tyre | 195/60 R15 | ACENDA | 6 mm |
| R/H Rear Tyre | 195/60 R15 | ACENDA | 6 mm |
| L/H Rear Tyre | 195/60 R15 | ACENDA | 6 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 07/09/2017 | Inspection Date | 11/09/2017 |
| Survey held at | TOH AH SWEE SPRAY PAINTING CO. BLK 2, KRANJI LOOP OFF KRANJI ROAD #01-02 SINGAPORE 739538 | | |

5a. Remarks

| |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

5b. Estimate Days of Repair

| | |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 8 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGM 1371X

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | BOOTLID | BENT | 712.00 | 712.00 |
| 1 | BOOTLID LOCK | DISTORTED | 77.00 | 77.00 |
| 1 | BOOTLID RUBBER | TWISTED | 220.00 | 220.00 |
| 1 | TAIL LAMP LH | CRACKED | 505.00 | 505.00 |
| 1 | TAIL LAMP RH | NOT NECESSARY | 505.00 | - |
| 1 | REAR FENDER LH | BENT | 730.00 | 730.00 |
| 1 | REAR FENDER RH | TO REPAIR SEE LABOUR | 730.00 | - |
| 1 | REAR BUMPER | DEFORMED | 755.00 | 755.00 |
| 1 | REAR BUMPER SIDE BRACKET LH | BENT | 50.00 | 50.00 |
| 1 | REAR BUMPER SIDE BRACKET RH | NECESSARY | 50.00 | 50.00 |
| 1 | REAR BUMPER REINFORCEMENT | BENT | 205.00 | 205.00 |
| 1 | END PANEL | BENT | 595.00 | 595.00 |
| 1 | END PANEL INNER GARNISH | DEFORMED | 188.00 | 188.00 |
| 1 | SPARE TYRE PANEL | TO REPAIR SEE LABOUR | 1,250.00 | - |
| 1 | SPARE TYRE COVER | CRACKED | 190.00 | 190.00 |
| 1 | NUMBER PLATE GARNISH | DEFORMED | 125.00 | 125.00 |
| | LESS 20% DISCOUNT | | -1,377.40 | -880.40 |
| | | | 5,509.60 | 3,521.60 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REVERSE SENSOR (SN) | NOT WORKING | 240.00 | 200.00 |
| 1 | EMBLEM "GLX" (SN) | NECESSARY | 36.00 | 36.00 |
| 1 | EMBLEM "LANCER" (SN) | NECESSARY | 42.00 | 42.00 |
| 1 | CENTRE LOGO (SN) | NECESSARY | 66.00 | 66.00 |
| | | | 384.00 | 344.00 |
| <u>LABOUR</u> | | | | |
| | TO REMOVE & REFIX REAR WINDSCREEN. | | 120.00 | 120.00 |
| | TO REMOVE & REFIX REVERSE SENSOR AND CHECK WIRING. | | 120.00 | 50.00 |

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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|--|-----------|---------------------------|-------------------|
| | TO REMOVE DAMAGED PARTS,TO KNOCK OUT DENTS,TO STRAIGHTEN,ADJUST,CHECK,RESHAPE INCLUDING CUTTING AND WELDING WHERE NECESSARY,TO REMOVE AND REINSTALL NECESSARY FITTINGS TO FACILIATE REPAIRS,TO REPLACE AND ALIGN THE ABOVE PARTS.INCLUSIVE OF THE REPAIR OF REAR FENDER RH AND SPARE TYRE PANEL. | | 1,600.00 | 1,400.00 |
| | PUTTY AND SPRAY PAINTING ON ABOVE NEW AND REPAIRED PARTS INCLUDING SUPPLY OF PAINT MATERIALS. | | 1,000.00 | 900.00 |
| | | | 2,840.00 | 2,470.00 |
| GRAND TOTAL | | | 8,733.60 | 6,335.60 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 5,050.00 |

Report Ref No. CS/TP17017570/T1tbn2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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