

CS/EQI17020806

RI/rbz

Result

ASSIGNMENT

Attn: General

Yee Pui Li

EQI

31/10/17 @ 3:11pm

Estimated Type

OD / TR / WS / TR RES / OD RES / LVA / INV / MV / CS

To Inspect Vehicle No.

SLC 8204T

Insured

SIF 1980X

at Workshop in:

Tan Chong Motor

TR

96450095

of 913 Bkt Timah Rd, 589623

Policy No.

Client N

DSMP C1702440

Sum Insured

Excess

Make of Vehi

(Client's Record)

DCA

03/10/2017

CA / REV / REP. / REV 24 HRS

lup

17.11.2017 @ 10am - 12pm

MOB: Endorsement

Date Time

400pm @ 31/10/17

Person Contacted

Mr. HO

VERIFICATION

Date Time

Action Instruction (✓) Estimate

SLC 8204T X

SIF 1980X ✓

20/11/17

Sent poli through email

102

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLC 8204T

at Workshop m/s TAN CHONH MOTOR

of Q13, BUKIT TIMAH

Insured: EGIPT

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLC 8204T Yr Regn: 2016 / MY

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

Truck / Trailer or

Make: NISSAN QASHQAI 1.2 c.c. 1197

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

Sp.Reading: 26398 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 3JN FGA J11 416 70091

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: 215/60R17

R: _____

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

TOYO / YOKO or CONTINENTAL

Front 6 mm Rear 6 mm

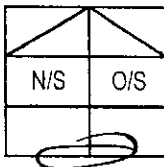
R/Bal. 6 mm L/Bal. 6 mm

D.O.A. 03/10/17 D.O.I. 17/11/17

Survey held at TAN CHONH

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

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



| Date / Time | Action / Instruction |
|-------------|-------------------------------------------------------------------------|
| 16/3 | Continued final fig \$2,951.92 ; 3 days with Mr Ho. (Red. 1800.64, 37%) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED

Date/Time, File Pass to?

☐ : Preli. Report
 ☐ : Final Report

1) _____

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee: 250

Transportation: _____

Add Fee:

☐ : Site Insp (\$ _____)
 ☐ : Interview (\$ _____)
 ☐ : Tech. Invs (\$ _____)
 ☐ : Weekend (\$ _____)

Report Format : TP

Lump Sum / (B.R.) (\$ 2,951.92)

Site Insp (\$ _____)

Interview (\$ _____)

Tech. Invs (\$ _____)

Weekend (\$ _____)

S + RS. \$ _____

Photos _____

Others _____

TOTAL 250



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

ERGO INSURANCE PTE LTD

Ref : CS/EGI17020806/R1rb

5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER FIVE
SINGAPORE 038985

Date : 31-10-2017



Code : EGI

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|--------------|----------------|------------|
| Insured Veh. | SLF 4980X | Veh. Inspected | SLC 8204T |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | DSMPC1702440 | Excess (\$) | 0.00 |
| Assign From | YEE PEI LI | Assign Date | 31/10/2017 |

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 | 03/10/2017 | Inspection Date |
| Survey held at | TAN CHONG MOTOR SALES PTE LTD 913, BUKIT TIMAH RD, SINGAPORE 589623. | |

5a. Remarks

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

Survey Department Check List (Case Handler)

Reference No. : CS/EG117020806/R1rb
 Policy Type: OD / TP / RES / TL / EVA

Case Handler

Typist

Admin (Catherine): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

| (1) Office Assign Form | | Y-Date | N-Date | Y-Date | N-Date |
|------------------------|---------------------------------------|--------|--------|--------|--------|
| C | Reference No. | ✓ | | | |
| C | Customer Code | ✓ | | | |
| N | Assign From | ✓ | | | |
| C | Assign Date | ✓ | | | |
| C | Veh No (Inspected) | ✓ | | | |
| C | Veh No (Insured) | ✓ | | | |
| C | D.O.A | ✓ | | | |
| C | Policy No | | | | |
| C | Claim No | ✓ | | | |
| C | Insurance Authorisation (CA /REV/REP) | | | | |
| C | Report Type | ✓ | | | |
| C | Weekend Charges | | | | |
| N | Survey held at/Repairer | ✓ | | | |
| C | Excess | | | | |

Surveyor (Raoul): Case handler to make sure the surveyor completed all required information.

| (1) Assignment Form | | Y-Date | N-Date | Y-Date | N-Date |
|---------------------|------------------------|--------|--------|--------|--------|
| C | Vehicle No | ✓ | | | |
| C | Regn Month/Year | ✓ | | | |
| N | Vehicle Type | ✓ | | | |
| N | Make & Model | ✓ | | | |
| C | Engine Capacity. (C.C) | ✓ | | | |
| N | Colour | ✓ | | | |
| C | Odometer. (Sp.Reading) | ✓ | | | |
| C | Chassis No | ✓ | | | |
| N | General Condition | ✓ | | | |
| N | Steering | ✓ | | | |
| N | Brake | ✓ | | | |
| N | Modification (Modi) | ✓ | | | |
| C | Tyre Size | ✓ | | | |
| N | Tyre Make | ✓ | | | |
| C | Tyre Balance | ✓ | | | |
| C | Date of Inspection | ✓ | | | |
| N | Survey held | ✓ | | | |
| N | Des.of Damages | ✓ | | | |

(2) System - (Views/Merimen)

| | | | | | |
|---|--------------------------------------|---|--|--|--|
| C | Damaged Vehicle Photographs Uploaded | ✓ | | | |
|---|--------------------------------------|---|--|--|--|

(3) Workshop Estimate/Assignment Form

| | | | | | |
|---|-----------------------------------------------|---|--|--|--|
| N | ALL Parts condition | ✓ | | | |
| C | Market Value for OD cases | | | | |
| C | Estimate Repair Cost for PRI (RSI, TMI, MSIG) | | | | |
| C | Days of repair | ✓ | | | |
| C | Finalised Amount | ✓ | | | |
| C | Re-inspection Cases to Finalize within 5 Days | | | | |

(4) System - (Views/Merimen)

| | | | | | |
|---|-------------------------|---|--|--|--|
| C | Resurvey photo Uploaded | ✓ | | | |
|---|-------------------------|---|--|--|--|

Check By: Celine 27/3/18
 Case Handler Date

Nivitha (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Tuesday, 31 October, 2017 3:11 PM
To: 'admin-d@lkkauto.com'
Subject: OI : SLF4980X / TP : SLC8204T/LKK / DOA : 03.10.2017 (DSMPC1702440)
Attachments: SLF4980X - SAS.pdf; SLC8204T - SAS.pdf; SLC8204T - ESTIMATE.pdf; SLC8204T - PRS FORM.pdf

Dear Ashley,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please assist to conduct this survey from **TAN CHONG MOTOR SALES PTE LTD**.

ADDRESS : 913 BUKIT TIMAH ROAD
SINGAPORE 589623

PERSON TO CONTACT : YM HO @ 6703 8916 / 6466 7711

ERGO OFFICER-IN-CHARGE : ROHAINI

Note: To survey on DIRECT SETTLEMENT basis. Please inform the repairer in writing, that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.

Please fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via Survey.Report@ergo.com.sg.

Attached are estimate, insured and third party SAS (note: reports not to be released to any Third Party).

Kindly acknowledge receipt of this email.

Thank you.

Best Regards

Yee Pei Li
Claims Assistant (Motor)
ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
DID: 65 6829 9194
Fax: 65 6829 9247
Website: www.ergo.com.sg

Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Monday, November 20, 2017 5:27 PM
To: 'Survey Report (ERGO Insurance Pte. Ltd.)'
Cc: 'Yee Pei Li'; SUR
Subject: RE: SLF4980X / TP : SLC8204T/LKK / DOA : 03.10.2017 (DSMPC1702440)
Attachments: SLC 8204T .pdf

Dear Pei Li,

Enclosed preliminary revised for SLC 8204T.

Thank you.

Best Regards,

Janice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: janicelee@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto)
Sent: Tuesday, October 31, 2017 4:44 PM
To: 'Survey Report (ERGO Insurance Pte. Ltd.)' <Survey.Report@ergo.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Yee Pei Li' <peili.yee@ergo.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SLF4980X / TP : SLC8204T/LKK / DOA : 03.10.2017 (DSMPC1702440)

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Survey Report (ERGO Insurance Pte. Ltd.) [<mailto:Survey.Report@ergo.com.sg>]
Sent: Tuesday, 31 October, 2017 3:11 PM
To: 'admin-d@lkkauto.com'
Subject: OI : SLF4980X / TP : SLC8204T/LKK / DOA : 03.10.2017 (DSMPC1702440)

Dear Ashley,



Auto
Consultants
Pte Ltd

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

Your Ref: DSMPC1702440
Our Ref: CS/EGI17020806/R1rb

The Motor Claims Department
ERGO Insurance Pte Ltd

Without Prejudice

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO. SLC 8204T

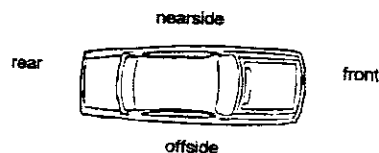
We thank you for the instruction on 31/10/2017.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 17/11/2017 at the premises of M/s TAN CHONG MOTOR SALES PTE LTD and have the following to report:-

| | |
|--------------------------|----------------|
| Workshop Estimate Amount | : S\$ 4,752.56 |
| Revised Estimate Amount | : S\$ 2,454.56 |
| "Check" Items Amount | : S\$ 798.08 |
| Market Value | : S\$ |
| LTA Reimbursement Value | : S\$ |
| Nett Value | : S\$ |

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/ Present Status:
Damages Consistent.

Yours faithfully

RASUL
Automotive Assessor

ERGO

Date: 31.10.2017
Our Reference: DSMPC1702440/RH/pl
Your Reference: SLC 8204T

To: TAN CHONG MOTOR SALES PTE LTD

Sent via Fax

or

Email

ho_yue_meng@tanchong.com

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: SLC 8204T
Insured's Vehicle: SLF 4980X
Date Of Accident: 03.10.2017


We acknowledge receipt of your request for PRS on: 30.10.2017

In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below and indicate your selection in the box marked *.

*

| | | | |
|-----|----------------------------------------|-----|--------------------------------|
| AIS | Automobile Inspection Services Pte Ltd | LBS | L.B.S Auto Consultants Pte Ltd |
| FTA | FormTeam Consultancy Pte Ltd | LKK | LKK Auto Consultants Pte Ltd |
| IAS | Infiniti Appraisal Service | PS | Priority Services |
| JPk | JP Knights Pte Ltd | VAC | Vicom Ltd |
| | | | |

- ☐ Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.
- ☐ Your request for inspection does not have your client's GIA report, kindly forward a copy.
- ☐ We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.
- ☐ Our Insured's driver has not reported the accident to us todate.
- ☒ Others: We write to confirm our agreement to have a direct settlement of this claim with quantum to be agreed. OFFICER-IN-CHARGE - ROHAINI

| | | | | |
|--------------|-------------------------------------------------------------------------------------|--------|-----------|---------------------------|
| Prepared by: |  | Pei Li | 6829 9194 | <u>claims@ergo.com.sg</u> |
| Signature: | | | | FAX : 6829 9247 |

Assessor use only:

Assignment Date: _____
Assignment Time: _____

Remarks:

Workshop use only:

Assessor attended workshop on:

Date: _____
Time: _____
Inspector: _____

☐ Vehicle not available at the appointed date and time.

Kindly acknowledge our Assessor presence for the above job .

Workshop Acknowledgement & Stamp.

Note: Our inspection is on a without admission to liability basis.

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 | 04/10/2017 12:25 |
| Date Of Accident | 03/10/2017 18:35 |
| Exact Location Of Accident | CTE AFTER YCK TOWARDS TOWN |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLC8204T |
| Insured/Policyholder | |
| Name Of Registered Owner | TO LEE HOON |
| NRIC No | S1815073E |
| Email Address | LYDIAPH5@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-85184782 |
| Alternative Phone No | OFFICE-91398850 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|-----------------|
| Manufacturer | NISSAN |
| Model | QASHQAI-1.2 (A) |
| 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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 2100467976-00000 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | JESSICA TO TECK GUAT |
| NRIC No | S1560925G |
| Date Of Birth | 22/08/1994 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/08/1994 |
| Driving Experience | 23 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91398850 |
| Fax Number | |
| Contact Number | |
| EMail Address | TGJESSICATO@YAHOO.COM.SG |

| | |
|-----------------------------------------------------|--------------------------------------------|
| Address | BLK 288F, BUKIT RATOK STREET 25, #11-88 |
| Postcode | 655288 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SIBLING |
| 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 | RAINING |
| Road Surface | WET |

Other Information

| | |
|---------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in this accident? | NO |
| 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) | 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

WHILE TRAVELLING ALONG CTE TOWARDS TOWN, HEAVY TRAFFIC AHEAD. IT WAS RAINING, I WAS TRAVELLING ON LANE 1. THE VEHICLE SLOW DOWN AND STOPPED DUE TO HEAVY TRAFFIC AHEAD. I SLOW DOWN MY VEHICLE AND KEEP A SAFE DISTANCE FROM THE CAR IN FRONT. SUDDENLY, I FEEL AN IMPACT FROM THE REAR. I ALIGHT AND REALISE THAT VEHICLE B HIT ONTO THE REAR OF MY VEHICLE AND THERE IS ANOTHER VEHICLE C BEHIND. AS OWNER IS NOW TARVELLING FROM GERMANY TO SINGAPORE AT THE TIKME OF REPORTING, I AM NOT ABLE TO GET AUTHORISATION LETTER FROM THE OWNER TO FILE THIS REPORT YET.

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 | SLF4980X |
| Vehicle Make/Model/Colour | HONDA |
| Details Of Properties | |
| Name of Driver | RUVENESAN S/O RAJAENDREN |
| NRIC/Passport Number | S9528008J |
| Contact Number | 98449247 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|--------------|--|
| Name | |
| Phone Number | |

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLC2243U

Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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:

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

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

SKETCH PLAN

16. Conrad's Tower

$$\leftarrow \begin{bmatrix} A \\ B \\ C \end{bmatrix} \begin{bmatrix} A \\ B \\ C \end{bmatrix} \begin{bmatrix} A \\ B \\ C \end{bmatrix} \begin{bmatrix} A \\ B \\ C \end{bmatrix}$$

←

←

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While travelling along C/E Towards, heavy traffic ahead. It was raining. I was travelling on lane 1. The vehicle slow down ~~and~~ & stopped due to heavy traffic ahead, I slow down my vehicle and keep a safe distance from the car in front. Suddenly, I feel an impact from the rear.

9. I alight and realise that vehicle B hit onto the rear of my vehicle and there is another vehicle C behind vehicle B.

As owner is now ~~that~~ travelling from Germany to Singapore at the time of reporting, I am not able to get authorisation letter from the owner to file this report yet.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Common Statement Pg. 1

This is NOT an admission of blame / liability, but a summary of incident and facts which will speed up the settlement of claims.

1] Date of accident 2] Time 3] Exact location of accident

3/10/2017 6:30pm CTE Intersecting with (road) road

4] Material damage
To vehicles other than vehicles A and B: No ☐ Yes ☒
To objects other than vehicles: No ☒ Yes ☐

5] Witness' name, address and tel no. (to be undated if he/she is present in vehicle A or vehicle B)

To be signed by BOTH drivers

6] Injuries given if slight
No ☒ Yes ☐

Registration No. SLEP204T (VEHICLE A)

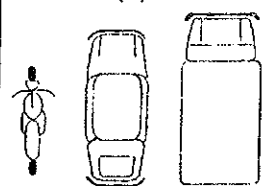
6] Insured / policyholder (see insurance cert.)
Name: TO LEE HOON
(capital letters)
Address: 288F #11-88 Bukit
BATOK STREET S65288
NRIC / Passport no.: S1815073E
Tel no. (from 9am till 5pm):
HP: 85184782

7] Vehicle
Make, type: Nissan Qashqai
1.2 DIG-T CVT

8] Insurance company
AIG
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. (if available): 2100467976

9] Driver (See driving licence)
(if different from insured A above)
Name: Jessica To Tek Gwee
(capital letters)
NRIC / Passport no.: S1560925G
Class of licence: CLASS 3

10] Indicate the point of initial impact with an arrow (→)



11] Visible damage to vehicle A

14] My remarks

12] CIRCUMSTANCES

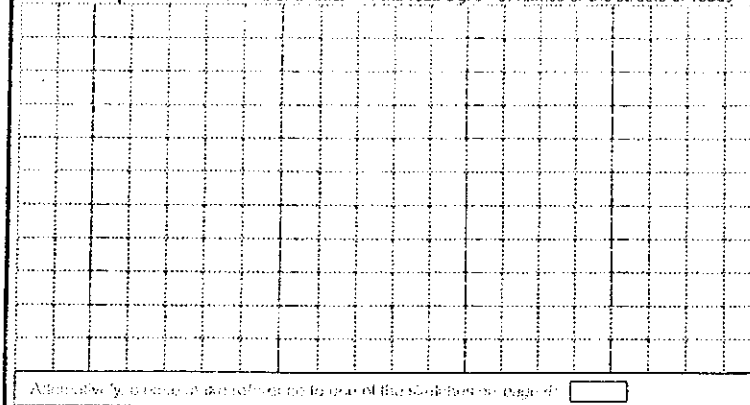
Indicate: 1] layout of the road - 2] the direction of vehicles A and B with arrows - 3] their positions at the time of impact - 4] the road signs - 5] names of the streets or roads

- 1 parked / stopped (at the roadside)
- 2 leaving a parking space / opening the door (at the roadside)
- 3 entering a parking space (at the roadside)
- 4 emerging from a car park, from private grounds, from a minor road
- 5 entering a car park, private grounds, a minor road
- 6 entering a roundabout or similar traffic system
- 7 circulating in a roundabout or similar traffic system
- 8 striking the rear of the other vehicle while going in the same direction and in the same lane
- 9 going in the same direction but different lane
- 10 changing lanes
- 11 overtaking
- 12 turning to the right, making a U-turn (official U-turn)
- 13 turning to the left
- 14 reversing
- 15 encroaching in the opposite traffic lane
- 16 coming from the right (at road junctions)
- 17 not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← State TOTAL number of boxes marked with a cross →

13] Sketch of accident when impact occurred

Indicate: 1] layout of the road - 2] the direction of vehicles A and B with arrows - 3] their positions at the time of impact - 4] the road signs - 5] names of the streets or roads



Alternatively, a sketch of the accident can be drawn on the back of this page if

15] Signatures of drivers

A

Registration No. SLE4980X (VEHICLE B)

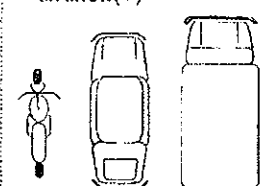
6] Insured / policyholder (see insurance cert.)
Name: RUVENESAN SIV
(capital letters) RATENDREN
Address: 84528008T
NRIC / Passport no.: 84528008T
Tel no. (from 9am till 5pm):
HP: 98449247

7] Vehicle
Make, type: HONDA

8] Insurance company
Does the policy cover damage to vehicle B?
No ☐ Yes ☒
Policy No. (if available):

9] Driver (See driving licence)
(if different from insured B above)
Name: HONDA
(capital letters)
NRIC / Passport no.:
Class of licence:

10] Indicate the point of initial impact with an arrow (→)



11] Visible damage to vehicle B

14] My remarks

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement Pg. 1

Hyndersbrook 2004 Toyota

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

| Insured | 1. Occupation (if more than one, state all) <i>Admns / info support</i> | | Final <i>Hyndersbrook 2004 Toyota</i> | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|---------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | 2. Vehicle registration no. <i>STC 22047</i> | | If commercial vehicle, state permissible carrying capacity | | | | | | | | | | | | | | | | | | | | |
| Of which vehicle are you the owner? | 3. Is driver the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If no, state the vehicle number and name of owner or lessee (where applicable) | | | | | | | | | | | | | | | | | | | | |
| | 4. Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> A <input type="checkbox"/> B | 5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state where it is at present Tel no | | | | | | | | | | | | | | | | | | | | | | |
| | 6. Are you claiming under your own insurance policy for repair to your vehicle? If no, state action to be taken <i>No, claim 3rd Party</i> | | | | | | | | | | | | | | | | | | | | | | |
| Driver or person in charge of vehicle at the time of accident (including insured) | 7. Date of birth | Occupation (if more than one, state all) | Years of driving experience | Was vehicle driven with the insured's permission? | | | | | | | | | | | | | | | | | | | |
| | <i>9/3/62</i> | <i>Supply Chain Director</i> | <i>22 Aug 1994</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | |
| 8. Give details of any pre-existing impairment of sight or hearing and of any other disability | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Full details of all driving convictions including pending prosecutions in the last 36 months | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | Date | Offence | Penalty | | | | | | | | | | | | | | | | |
| Date | Offence | Penalty | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Injured persons | 10. Name(s), address(es) and approximate age(s) | Injuries sustained | If vehicle occupants, state in which vehicle | Were seat belts being worn? | | | | | | | | | | | | | | | | | | | |
| | | | | <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | Yes | No | Yes | No | | | | | | | | | | | | | | | |
| Yes | No | Yes | No | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | |
| Damage to property & vehicles (other than vehicles A and B) | 11. Name(s) and address(es) of owner(s) | Vehicle registration no. or details of property | Nature of damage | Insurer's name and address (if known) | | | | | | | | | | | | | | | | | | | |
| | | <i>STC 2243U</i> <i>Toyota</i> | | | | | | | | | | | | | | | | | | | | | |
| Police action | 12. Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state which Police station | | | | | | | | | | | | | | | | | | | | | | |
| | 13. Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, against whom? | | | | | | | | | | | | | | | | | | | | | | |
| Accident details | 14. Weather conditions <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others | | | | | | | | | | | | | | | | | | | | | | |
| | 15. Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others | | | | | | | | | | | | | | | | | | | | | | |
| Accident details | 16. Speed of vehicles <table border="1"><tr><td>A</td><td><i>0</i></td><td>km/hr</td></tr><tr><td>B</td><td> </td><td>km/hr</td></tr></table> | | | | A | <i>0</i> | km/hr | B | | km/hr | | | | | | | | | | | | | |
| | A | <i>0</i> | km/hr | | | | | | | | | | | | | | | | | | | | |
| B | | km/hr | | | | | | | | | | | | | | | | | | | | | |
| Accident details | 17. What warnings were given by driver or other party? | | | | | | | | | | | | | | | | | | | | | | |
| | 18. Were street lights illuminated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | |
| Accident details | 19. What lights were displayed on your vehicle/the other vehicle(s)? | | | | | | | | | | | | | | | | | | | | | | |
| | 20. If your vehicle is commercial, state weight of load carried at time of accident | | | | | | | | | | | | | | | | | | | | | | |
| Accident details | 21. State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary) | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Declaration | I/We declare the foregoing particulars are true in every respect | | | | | | | | | | | | | | | | | | | | | | |
| Declaration | Policyholder's signature <i>[Signature]</i> | | Date | | | | | | | | | | | | | | | | | | | | |
| Declaration | Driver's signature (if driver is not the policyholder) <i>[Signature]</i> | | Date | | | | | | | | | | | | | | | | | | | | |



RECORDS MANAGEMENT CENTRE

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

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

Third Party Insurer Enquiry

Our Ref No: GR-17-161456

Date of Request: 30/10/2017

Your Ref No:

Online Purchase

Fan Chong Motor Sales Pte Ltd
11, Bukit Timah Road
Singapore 589622

Dear Sir/Madam,

SLC82347 → SLF4980X

Enquiry Date: 30/10/2017

Enquiry By: Eric Koh

TP Vehicle No: SLF4980X

Accident Date: 03/10/2017

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|--------------------------|-----------------------|------------------|
| SLF4980X | ERGO Insurance Pte. Ltd. | 05/09/2016-22/01/2018 | 6829 9199 |

Thank You.

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

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**GENERAL
INSURANCE
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735**TAX INVOICE**

Our Ref No: GR-17-161456

Date of Request: 30/10/2017

Your Ref No:

Online Purchase

Tan Chong Motor Sales Pte Ltd
311, Bukit Timah Road
Singapore 589622

Dear Sir/Madam,

SLC 8204T → SLF4980X

Enquiry Date: 30/10/2017
Enquiry By: Eric Koh
TP Vehicle No: SLF4980X
Accident Date: 03/10/2017

| DESCRIPTION | AMOUNT (S\$) |
|----------------------------------|--------------|
| TP Insurer Enquiry | 1.87 |
| GST Amount | 0.13 |
| Total Amount Due (GST Inclusive) | 2.00 |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

X] GIRO [] Cash [] Cheque

TAN CHONG MOTOR SALES PTE. LTD.
911, BUKIT TIMAH ROAD
SINGAPORE 589623

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : BUKIT TIMAH
CONTACT NO : 4694091
REFERENCE : INS/IC/HO/0577/2017
DATE : 04-OCT-2017

ERGO INSURANCE PTE LTD
5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER FIVE
S(038985)
TEL : 68299199
FAX : 68299247/9248
ATTN : CLAIM MANAGER

DLS

OWNER'S NAME : MS TO LEE HOON
ADDRESS : BLK 152 YISHUN STREET 11
#03-50
S(760152)
TELEPHONE NO : 91398850

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : ERGO 3RD PARTY DIRECT SETTLEME
VEHICLE NO : SLC8204T (26192016)
MODEL CODE : FRLARBZJ11UEA--A--
MODEL/YEAR : NISSAN QASHQAI 1.2
ENGINE NO : HRA2282820A
CHASSIS NO : SJNFEAJ11U1670091
MILEAGE : 1 KM
DATE IN : 04/10/2017
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : HO YUE MENG
ACCIDENT DATE : 03/10/2017

TAN CHONG MOTOR SALES PTE. LTD.
 BUKIT TIMAH W/SHOP
 SERVICE DEPARTMENT

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SL08204T

| S/NO JOB CODE | NATURE OF JOB | ESTIMATED CHARGES | SURVEYOR'S RECOMMENDATION |
|----------------------|--------------------------------------------------------------------|-------------------|---------------------------|
| 1 RSI | REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST | 110.00 | / |
| 2 SEALI | APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA | 100.00 | X n |
| 3 ZZ/001 | REMOVE/INSTALL REAR BUMPER AND AFFECTED PORTION. REPAIR END PANEL | 1170.00 | 780 |
| 4 ZZ/002 | RESPRAY PAINT REAR BUMPER AND END PANEL | 750.00 | 600 |
| 5 ZZ/003 | REMOVE/INSTALL REAR SEAT AND CARPETS TO FACILITATE THE REPAIR | 240.00 | X 17 |
| 6 ZZ/004 | CHECK REAR LIGHTINGS AND WIRING SYSTEM | 20.00 | X 17 |
| 7 ZZ/005 | SEARCH FEE | 2.00 | / |
| 8 ZZ/006 | TOWING AND RECOVERY CHARGES FOR DIRECT SETTLEMENT CLAIMS | 80.00 | X 17 |
| TOTAL LABOUR CHARGES | | 2472.00 | |

TAN CHONG MOTOR SALES PTE. LTD.

BUKIT TIMAH W/SHOP

SERVICE DEPARTMENT

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SLC8204T

| | | DAMAGED PARTS & PRICES | | |
|-------------------------------------------------------|--------------|------------------------|--------|----------------|
| S/NO PARTS DESCRIPTION | PARTS NUMBER | NETT | LIST | S/NETT REMARKS |
| 1 RH REAR BUMPER STAY | H5210-4EAMA | 126.00 | X SACX | |
| 2 LH REAR BUMPER STAY | H5211-4EAMA | 126.00 | X SUX | |
| 3 REAR BUMPER REINFORCEMENT | H5030-4EAMA | 619.20 | 2 RH | |
| 4 REAR BUMPER ENERGY ABSORBER | 85090-4EA0B | 126.40 | X SUC | |
| 5 RH REAR BUMPER SIDE BRACKET | 85220-4EA0A | 35.90 | NE | |
| 6 LH REAR BUMPER SIDE BRACKET | 85221-4EA0A | 35.90 | NE | |
| 7 RETAINER-REAR BUMPER SIDE,LH | 79185-4EA0A | 23.80 | NE | |
| 8 RETAINER-REAR BUMPER SIDE,RH | 79184-4EA0A | 23.80 | NE | |
| 9 REVERSE SENSOR(4EYE) | SENSOR-4-FUM | | | 250.00 NE |
| 10 REAR BUMPER UPPER CLIP @\$7.40EACH X3PCS | 85284-JD00A | 22.20 | NE | |
| 11 CANOE RIVET-REAR BUMPER @\$6.50EACH X2PCS | 76882-0M000 | 13.00 | NE | |
| 12 REAR BUMPER LOWER CLIP @\$1.20EACH X4PCS | 01553-05933 | 4.80 | NE | |
| 13 FINISHER-REAR BUMPER | 85071-4EA0A | 16.80 | SAC | |
| 14 REAR BUMPER FASCIA | 85022-4EA0H | 717.00 | NE | |
| 15 LAMP ASSY-REAR COMBI,RH | 26550-4EA0A | 323.70 | X SUC | |
| 16 LAMP ASSY-REAR COMBI,LH | 26555-4EA0A | 323.70 | X NE | |
| SUB TOTAL | | 2538.20 | 0.00 | 250.00 |
| LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%) | | 507.64 | 0.00 | 0.00 |
| GRAND TOTAL | | 2030.56 | 0.00 | 250.00 |
| OVERALL TOTAL | | 2280.56 | | |

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

TAN CHONG MOTOR SALES PTE. LTD.
BUKIT TIMAH W/SHOP
SERVICE DEPARTMENT

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SLC8204T

| | |
|---------------------------|-----------|
| TOTAL LABOUR CHARGES | 2472.00 |
| TOTAL SPARE PARTS CHARGES | 2280.56 |
| GRAND TOTAL | 4752.56 * |

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

| | | |
|-----------------|---|---------------------|
| NAME | : | Rasul / Hp 90010068 |
| SURVEYED DATE | : | 17/11/17 @ 1130 |
| AUTHORIZED DATE | : | |
| EXCESS CLAUSE | : | 0.00 3 days |
| LIABILITY | : | 0.00 |
| REMARKS | : | |

Resurvey by part

[Signature]
22/11/17

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

TAN CHONG MOTOR SALES PTE. LTD.
911, BUKIT TIMAH ROAD
SINGAPORE 589623

FINALISED : ACCIDENT/BODY REPAIRS
WORKSHOP : BUKIT TIMAH
CONTACT NO : 4694091
REFERENCE : INS/IC/HO/0577/2017
DATE : 04-OCT-2017

ERGO INSURANCE PTE LTD
5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER FIVE
S(038985)
TEL : 68299199
FAX : 68299247/9248
ATTN : CLAIM MANAGER

OWNER'S NAME : MS TO LEE HOON
ADDRESS : BLK 288F BUKIT BATOK ST 25
#11-88
S(655288)
TELEPHONE NO : 91398850

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : ERGO 3RD PARTY DIRECT SETTLEME
VEHICLE NO : SLC8204T
MODEL CODE : FRLARB2J11UEA--A--
MODEL/YEAR : NISSAN QASHQAI 1.2
ENGINE NO : HRA2282820A
CHASSIS NO : SJNFEAJ11U1670091
MILEAGE : 26395 KM
DATE IN : 04/10/2017
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : HO YUE MENG
ACCIDENT DATE : 03/10/2017

"Finalised R/L"

To : LKK
Attn: Mr Rasul

3 days

owner claim w4

Best regards
YMH

TAN CHONG MOTOR SALES PTE. LTD.
 BUKIT TIMAH W/SHOP
 SERVICE DEPARTMENT

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SLC82041

| S/NO JOB CODE | NATURE OF JOB | ESTIMATED CHARGES | SURVEYOR'S RECOMMENDATION |
|----------------------|--------------------------------------------------------------------|-------------------|---------------------------|
| 1 RSI | REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST | 110.00 | 110.00 |
| 2 SEAL1 | APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA | 100.00 | .00 |
| 3 22/001 | REMOVE/INSTALL REAR BUMPER AND AFFECTED PORTION. REPAIR END PANEL | 1170.00 | 780.00 |
| 4 22/002 | RESPRAY PAINT REAR BUMPER AND END PANEL | 750.00 | 600.00 |
| 5 22/003 | REMOVE/INSTALL REAR SEAT AND CARPETS TO FACILITATE THE REPAIR | 240.00 | .00 |
| 6 22/004 | CHECK REAR LIGHTINGS AND WIRING SYSTEM | 20.00 | .00 |
| 7 22/005 | SEARCH FEE | 2.00 | 2.00 |
| 8 22/006 | TOWING AND RECOVERY CHARGES FOR DIRECT SETTLEMENT CLAIMS | 80.00 | .00 |
| TOTAL LABOUR CHARGES | | 2472.00 | 1492.00 |

TAN CHONG MOTOR SALES PTE. LTD.
BUKIT TIMAR W/SHOP
SERVICE DEPARTMENT

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SIC6204T

| | | DAMAGED PARTS & PRICES | | | |
|-------------------------------------------------------|---------------------------------------------|------------------------|---------|------|----------------|
| S/NO | PARTS DESCRIPTION | PARTS NUMBER | NETT | LIST | S/NETT REMARKS |
| 1 | REAR BUMPER ENERGY ABSORBER | 85090-4EA00 | 126.40 | | X |
| 2 | RH REAR BUMPER SIDE BRACKET | 85220-4EA0A | 35.90 | | OK |
| 3 | RH REAR BUMPER STAY | H5210-4EAMA | 126.00 | | X |
| 4 | LH REAR BUMPER STAY | H5211-4EAMA | 126.00 | | X |
| 5 | REAR BUMPER REINFORCEMENT | H5030-4EAMA | 619.20 | | OK |
| 6 | LH REAR BUMPER SIDE BRACKET | 85221-4EA0A | 35.90 | | OK |
| 7 | RETAINER-REAR BUMPER SIDE, LH | 79185-4EA0A | 23.80 | | OK |
| 8 | RETAINER-REAR BUMPER SIDE, RH | 79184-4EA0A | 23.80 | | OK |
| 9 | REVERSE SENSOR(4EYE) | SENSOR-4-FUN | | | 250.00 OK |
| 10 | REAR BUMPER UPPER CLIP @ \$7.40 EACH X3PCS | 85284-JD00A | 22.20 | | OK |
| 11 | CANOE RIVET-REAR BUMPER @ \$6.50 EACH X2PCS | 76882-0M000 | 13.00 | | OK |
| 12 | REAR BUMPER LOWER CLIP @ \$1.20 EACH X4PCS | 01553-05933 | 4.80 | | OK |
| 13 | FINISHER-REAR BUMPER | 85071-4EA0A | 16.80 | | OK |
| 14 | REAR BUMPER FASCIA | 85022-4EA0H | 717.00 | | OK |
| 15 | LAMP ASSY-REAR COMBI, RH | 26550-4EA0A | 323.70 | | X |
| 16 | LAMP ASSY-REAR COMBI, LH | 26553-4EA0A | 323.70 | | X |
| SUB TOTAL | | | 1512.40 | 0.00 | 250.00 |
| LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%) | | | 302.48 | 0.00 | 0.00 |
| GRAND TOTAL | | | 1209.92 | 0.00 | 250.00 |
| OVERALL TOTAL | | | 1459.92 | | |

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

TAN CHONG MOTOR SALES PTE. LTD.
911, BUKIT TIMAH ROAD
SINGAPORE 589623

SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO SLK8204T

NETT ITEM 1512.40
LESS 20.00%) -302.48
NETT AMOUNT 1209.92

LIST ITEM 0.00
LESS 30.00%) 0.00
LIST AMOUNT 0.00

SPECIAL NETT ITEM 250.00
LESS .00%) 0.00
SPECIAL NETT AMOUNT 250.00

TOTAL LABOUR CHARGES 1492.00
TOTAL SPARE PARTS CHARGES 1459.92

TOTAL CHARGES 2951.92
ADD 7 % GST 206.63

GRAND TOTAL 3158.55




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 | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|------------|-------------------------------------------------------------------------------------|
| ERGO INSURANCE PTE LTD | | Ref : CS/EG17020806/R1rbe2 | | |
| 5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVE SINGAPORE 038985 | | Date : 29-03-2018 | |  |
| Code : EGI | | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SLF 4980X | Veh. Inspected | SLC 8204T | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | DSMPC1702440 | Excess (\$) | 0.00 | |
| Assign From | YEE PEI LI | Assign Date | 31/10/2017 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | NISSAN QASHQAI 1.2 | c.c | 1197 | |
| Engine No. | HIDDEN | Year of Reg. | 2016 | |
| Chassis No. | SJNFEAJ11U1670091 | Colour | GREY | |
| Odometer | 26395 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | SPORTS RIM | |
| General | FAIR | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 215/60 R17 | CONTINENTAL | 6 mm | |
| L/H Front Tyre | 215/60 R17 | CONTINENTAL | 6 mm | |
| R/H Rear Tyre | 215/60 R17 | CONTINENTAL | 6 mm | |
| L/H Rear Tyre | 215/60 R17 | CONTINENTAL | 6 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 03/10/2017 | Inspection Date | 17/11/2017 | |
| Survey held at | TAN CHONG MOTOR SALES PTE LTD 913, BUKIT TIMAH RD, SINGAPORE 589623. | | | |
| 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: | | 3 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. SLC 8204T

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|----------------------------------------------------------------------|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | RH REAR BUMPER STAY (N) | SERVICEABLE | 126.00 | - |
| 1 | LH REAR BUMPER STAY (N) | SERVICEABLE | 126.00 | - |
| 1 | REAR BUMPER REINFORCEMENT (N) | BENT | 619.20 | 619.20 |
| 1 | REAR BUMPER ENERGY ABSORBER (N) | SERVICEABLE | 126.40 | - |
| 1 | RH REAR BUMPER SIDE BRACKET (N) | NECESSARY | 35.90 | 35.90 |
| 1 | LH REAR BUMPER SIDE BRACKET (N) | NECESSARY | 35.90 | 35.90 |
| 1 | RETAINER-REAR BUMPER SIDE, LH (N) | NECESSARY | 23.80 | 23.80 |
| 1 | RETAINER-REAR BUMPER SIDE, RH (N) | NECESSARY | 23.80 | 23.80 |
| 3 | REAR BUMPER UPPER CLIP @\$7.40 (N) | NECESSARY | 22.20 | 22.20 |
| 2 | CANOE RIVET-REAR BUMPER @\$6.50 (N) | NECESSARY | 13.00 | 13.00 |
| 4 | REAR BUMPER LOWER CLIP @\$1.20 (N) | NECESSARY | 4.80 | 4.80 |
| 1 | FINISHER - REAR BUMPER (N) | SCRATCHED | 16.80 | 16.80 |
| 1 | REAR BUMPER FASCIA (N) | DEFORMED | 717.00 | 717.00 |
| 1 | LAMP ASSY - REAR COMBI, RH (N) | SERVICEABLE | 323.70 | - |
| 1 | LAMP ASSY - REAR COMBI, LH (N) | SERVICEABLE | 323.70 | - |
| | LESS 20% DISCOUNT | | -507.64 | -302.48 |
| | | | 2,030.56 | 1,209.92 |
| SPECIAL NETT ITEMS | | | | |
| 1 | REVERSE SENSOR (4EYE) (SN) | NOT WORKING | 250.00 | 250.00 |
| | | | 250.00 | 250.00 |
| LABOUR | | | | |
| | REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST. | | 110.00 | 110.00 |
| | APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA. | NOT NECESSARY | 100.00 | - |
| | REMOVE / INSTALL REAR BUMPER AND AFFECTED PORTION. REPAIR END PANEL. | | 1,170.00 | 780.00 |
| | RESPRAY PAINT REAR BUMPER AND END PANEL. | | 750.00 | 600.00 |
| | REMOVE /INSTALL REAR SEAT AND CARPETS TO FACILITATE THE REPAIR. | NOT NECESSARY | 240.00 | - |
| | CHECK REAR LIGHTING AND WIRING SYSTEM. | NOT NECESSARY | 20.00 | - |

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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|-----------------------------------------------------------|---------------|---------------------------|-------------------|
| | SEARCH FEE. | NOT NECESSARY | 2.00 | 2.00 |
| | TOWING AND RECOVERY CHARGES FOR DIRECT SETTLEMENT CLAIMS. | | 80.00 | - |
| | | | 2,472.00 | 1,492.00 |
| GRAND TOTAL | | | 4,752.56 | 2,951.92 |
| RECOMMENDED COST OF REPAIRS | | | | 2,951.92 |

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MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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