

REF: CS/ICS1702098/GV002

Special Instructions:

45: \$7100.00

Third Parties:

Claimant:

Surveyor: SK Auto

Workshop: Ace Auto lution

ASSIGNMENT (Office)

From (Person): Carrie Tan of ICS Date/Time: 26-10-2017
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To inspect Vehicle No: SJN 5718M Insured: SLZ 4926A

at Workshop m/s ACE Autolution Tel: 6710 1082

of 13 Kaki Bukit Rd 4 # 03-29

Policy No: _____ Claim No: DMPW1700030H/CT

Sum Insured: _____ Excess: _____

Make of Veh: _____ P.O.A. 17.01.2017

03-11-2017 (Friday) @ 4pm-4:30pm

H.O.D. Enrolment/Date:

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 3/1/15 Confirmed with Sgt Final Fig , days (Red \$ / %; Original 7 days)

Date/Time: 20/12/17 Submit Final Fig 3000, 4 days (Red S / %; Original days)

[illegible]

RECEIVED 20 DEC 2017

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i>)
------------------------------------	---

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value : _____

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged.

Basic & Add

Transport

Photos

Others

Total

Date: _____

1) Date/Time: 20/12 - 14:54 File Pass to

2) Date/Time

File Return to

3) Date/Time _____ File Pass to _____

4) Date/Time

File Return to

5) Date/Time _____ File Pass to _____

6) Date/Time

File Return to

REF:

ASSIGNMENT

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 Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res: Yes or No
 Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date: _____ Person Contacted: _____

Veh No: SIN 5718M Yr Regn: 20 Feb 2009
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Vios cc 1497
 Colour: white A/C: _____ Insured / Std / NI / NA
 Sp. Reading: 156628 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MRO53 HX930 5099259
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/45ZR17
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or westlake
 Front: _____ Rear: _____
 R/Bal: 7 mm R/Bal: 7 mm
 L/Bal: 7 mm L/Bal: 7 mm
 D.O.A. _____ D.O.I. 03-11-17
 Survey held at W/S 5pm
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

19/12/2017

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I: (\$ _____)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation

\$ + RS \$

Photo:

Others

TOTAL

Survey Department Check List (Case Handler)

Reference No. : CS/1CS/7020987/6vb
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Assignment Form

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: VERON 20/12/17
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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

ECICS LTD

Ref : CS/ICS17020987/vb

7 TEMASEK BOULEVARD
#10-01 SUNTEC TOWER ONE
SINGAPORE 038987

Date : 02-11-2017



Code : ICS

1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)

Insured Veh.	SGZ 9926A	Veh. Inspected	SJN 5718M
Policy No.		Coverage (\$)	0.00
Claim No.	DMPU1700030H/CT	Excess (\$)	0.00
Assign From	CARRIE TAN	Assign Date	26/10/2017

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	17/01/2017	Inspection Date	03/11/2017
Survey held at	ACE AUTOLUTION PTE LTD 13 KAKI BUKIT ROAD 4 #03-22 BARTLEY BIZ CENTRE SINGAPORE 417807		

5a. Remarks

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

Catherine Chong (LKK Auto)

From: Carrie Tan Chi Hui (ECICS, Operations / Claims) <Carrie_Tan@ecics.com.sg>
Sent: Thursday, 26 October, 2017 1:53 PM
To: Admin-D (LKKAuto)
Cc: Admin A
Subject: RE: YOUR REF: AS.170041.KC & AS.170247.AY, OUR REF: DMPU1700030H/CT (SGZ9926A)

Dear LKK,

We refer to the above matter and would like to appoint LKK for the re-inspection of TP vehicle as below details.

Please acknowledge, thank you.

Regards,
Carrie Tan
Claims Division
DID: +65 63030308
FAX: +65 6338 9267

ECICS Limited
7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sg directly.

Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.

From: Kelley Choong [mailto:kelly@chiaarul.com]
Sent: Monday, 23 October, 2017 8:14 AM
To: Carrie Tan Chi Hui (ECICS, Operations / Claims)
Subject: RE: YOUR REF: AS.170041.KC & AS.170247.AY, OUR REF: DMPU1700030H/CT (SGZ9926A)

WITHOUT PREJUDICE

Dear Carrie,

We refer to your email dated 29 September 2017.

Our client's vehicle SJN 5718 M, is available for re-inspection on 3 November(Friday) by 4 p.m-4.30 p.m. at Ace Autolution at 13 Kaki Bukit Road 4 #03-29 Bartley Biz Centre S417807.

Please contact Angel at 6702 4282.

Regards,
Ms Kelley Choong
M/s Chia S Arul LLC
151 Chin Swee Road
#03-09 Manhattan House

Singapore 169876

Tel: (65) 6733 4647 Fax: (65) 6733 8183

This e-mail is from M/s Chia S Arul LLC, a firm of Advocates and Solicitors in Singapore, and is intended solely for the named addressee. It contains confidential and /or legally privileged information. If the e-mail has reached you in error, please delete the e-mail immediately and inform us of the error. You may contact us at info@chiaarul.com. Internet communications cannot be guaranteed to be secured or error-free as information could be intercepted, corrupted, lost, arrive late or contain viruses. The sender therefore does not accept liability for any errors or omissions in the context of this message which arise as a result of Internet transmission.

From: Carrie Tan Chi Hui (ECICS, Operations / Claims) [mailto:Carrie_Tan@ecics.com.sg]

Sent: Friday, September 29, 2017 1:32 PM

To: Kelley Choong <kelley@chiaarul.com>

Subject: RE: YOUR REF: AS.170041.KC & AS.170247.AY, OUR REF: DMPU1700030H/CT (SGZ9926A)

Without Prejudice

Save as to cost

Dear Kelley,

Thank you your email.

Please be advised that we are unable to accept your proposed offer.

Please refer to below;

- Bodily Injury: \$3400.00 (all-in) mid-way basis

- Property Damage: We are unable to accept the proposed COR.

Please proceed for re-inspection for us to review and propose a new offer.

Alternatively, please consider acceptance of \$5500.00 (all-in)

- Cost: \$2200.00

We look forward to hear from you soon.

Thank you.

Regards,

Carrie Tan

Claims Division

DID: +65 63030308

FAX: +65 6338 9267

ECICS Limited

7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sg directly.

*****Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.*****

From: Kelley Choong [<mailto:kelly@chiaarul.com>]
Sent: Thursday, 28 September, 2017 7:49 AM
To: Carrie Tan Chi Hui (ECICS, Operations / Claims)
Subject: RE: YOUR REF: AS.170041.KC & AS.170247.AY, OUR REF: DMPU1700030H/CT (SGZ9926A)

WITHOUT PREJUDICE

Dear Carrie,

Thank you for your email dated 19 September 2017.

We are not agreeable to your proposal at best we can advise our client to accept as follows:

BODILY INJURY \$4,000.00 (all-in).

PROPERTY DAMAGE

Cost of Repairs	S\$6,200.00
Loss of Rental	S\$700.00 (we are unable to consider 7 days)
Search Fee	S\$5.35
Survey Report	S\$420.00
Cost & Disbursement (All in)	S\$2500.00
Total	S\$9,825.35

Regards,

Ms Kelley Choong

M/s Chia S Arul LLC

151 Chin Swee Road

#03-09 Manhattan House

Singapore 169876

Tel: (65) 6733 4647 Fax: (65) 6733 8183

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From: Carrie Tan Chi Hui (ECICS, Operations / Claims) [mailto:Carrie_Tan@ecics.com.sg]
Sent: Tuesday, September 19, 2017 2:54 PM
To: Kelley Choong <kelly@chiaarul.com>
Subject: RE: YOUR REF: AS.170041.KC & AS.170247.AY, OUR REF: DMPU1700030H/CT (SGZ9926A)

Without Prejudice

Dear Kelley,

Thank you for your email.

We regret to inform we are unable to accept the counter proposed.

BODILY INJURY

General Damage	S\$2750.00 (mid way basis)
Medical Expenses	S\$152.00
Transport	S\$20.00
Medical Report	S\$107.00

PROPERTY DAMAGE

Cost of Repairs	S\$4250.00 (mid way basis)
Loss of Rental	S\$600.00 (we are unable to consider 7 days)
Search Fee	S\$5.35
Survey Report	S\$420.00
Cost & Disbursement (All in)	S\$2000.00
Total	S\$10324.35

Based on mid-way basis, we trust the amount is reasonable.

If the COR is not agreeable, please proceed for re-survey and inspection.

Kindly advise acceptance in order for us to issue our DV and to receive your WTA accordingly.

Thank you.

Regards,
Carrie Tan
Claims Division
DID: +65 63030308
FAX: +65 6338 9267

ECICS Limited
7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sg directly.

Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.

From: Kelley Choong [<mailto:kelley@chiaarul.com>]
Sent: Monday, 18 September, 2017 9:02 AM
To: Carrie Tan Chi Hui (ECICS, Operations / Claims)
Subject: RE: YOUR REF: AS.170041.KC & AS.170247.AY, OUR REF: DMPU1700030H/CT (SGZ9926A)

WITHOUT PREJUDICE

Dear Carrie,

We refer to your email dated 7 September 2017.

We are not agreeable, at best we can advise our client to accept as follows:

BODILY INJURY

General Damage	S\$4,000.00
Medical Expenses	S\$152.00
Transport	S\$20.00
Medical Report	S\$107.00

PROPERTY DAMAGE

Cost of Repairs	S\$6,500.00
Loss of Rental	S\$840.00
Search Fee	S\$5.35
Survey Report	S\$420.00
Cost & Disbursement (All in)	S\$2,200.00
Total	S\$14,244.35

Regards,

Ms Kelley Choong

M/s Chia S Arul LLC

151 Chin Swee Road

#03-09 Manhattan House

Singapore 169876

Tel: (65) 6733 4647 Fax: (65) 6733 8183

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From: Carrie Tan Chi Hui (ECICS, Operations / Claims) [mailto:Carrie_Tan@ecics.com.sg]

Sent: Thursday, September 7, 2017 3:05 PM

To: info@chiaarul.com

Subject: YOUR REF: AS.170041.KC & AS.170247.AY, OUR REF: DMPU1700030H/CT (SGZ9926A)

Without Prejudice

Dear Sirs

We refer to your reference above.

For amicable settlement, we are prepared to settle your client's claim as follow:

BODILY INJURY

General Damage	S\$1500.00
Medical Expenses	S\$152.00
Transport	S\$20.00

Medical Report	S\$107.00
----------------	-----------

PROPERTY DAMAGE

Cost of Repairs	S\$2000.00
Loss of Rental	S\$600.00
Search Fee	S\$5.35
Survey Report	S\$420.00
Cost & Disbursement (All in)	S\$1605.00
Total	S\$6409.35

Kindly advise acceptance in order for us to issue our DV.

Best Regards

Regards,
Carrie Tan
Claims Division
DID: +65 63030308
FAX: +65 6338 9267

ECICS Limited
7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987



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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0546A
Vehicle Details	
Vehicle No.:	SJN5718M
Vehicle to be Exported:	No
Intended De-registration Date:	20 Dec 2017
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	1NZX863433
Chassis No.:	MR053HY9305099259
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$11,900.00
Original Registration Date:	20 Feb 2009
First Registration Date:	20 Feb 2009
Transfer Count:	0
Actual ARF Paid:	\$8,881.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Feb 2019
PARF Rebate Amount:	\$4,884.00
Intended COE Rebate Details	

COE Expiry Date:	19 Feb 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$761.00
COE Rebate Amount:	\$119.00
Total Rebate Amount:	\$5,003.00

The information contained herein is correct as at 20 Dec 2017

OK

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	18/01/2017 13:50
Date Of Accident	17/01/2017 18:15
Exact Location Of Accident	UBI AVE 03 > PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5718M
Insured/Policyholder	
Name Of Registered Owner	FOO CHEE MENG
NRIC No	S0480546A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81835704
Alternative Phone No	OTHERS-81835704

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077206248
Cover Note Number	

Driver

Name of Driver	FOO XIANGXIN
NRIC No	S8136352H
Date Of Birth	31/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	12/08/2008
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81835704
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 114 #10-63 LORONG 3 GEYLANG
Postcode	381114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (TP HIT INSURED)
Weather Conditions	CLEAR
Road Surface	DRY

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)	2

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

REFER TO BELOW STATEMENT/SKETCH PLAN: ATTENDED BY SITI

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	SGZ9926A
Vehicle Make/Model/Colour	
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 willful 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 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.

IBAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vac@ibac.com.sg

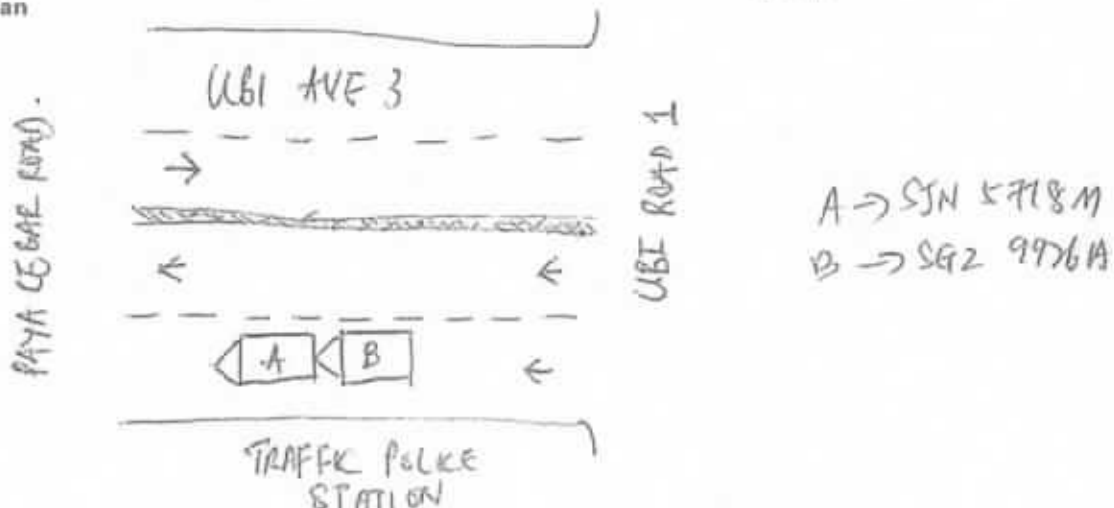
18 JAN 2017

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 17-01-17 at about 1815 hours, I was travelling along Ubi Avenue 3 towards Poye Lebar Road. Just before the entrance of Traffic Police Station, vehicle B came and hit into the rear portion of my vehicle. My vehicle was stationary when the collision happened. Vehicles ahead were also stationary.

Declaration

We declare the foregoing particulars are true in every respect.

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

18 JAN 2017

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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	20/01/2017 09:33
Date Of Accident	17/01/2017 18:15
Exact Location Of Accident	UBI AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ9926A
Insured/Policyholder	
Name Of Registered Owner	WT LIMO PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94884541
Alternative Phone No	OFFICE-94884541

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPU17A00009500
Cover Note Number	

Driver

Name of Driver	MOHAMMAD ZAKARIA BIN ABDUL RAHIM
NRIC No	S8334240D
Date Of Birth	15/10/1983
Occupation	INDOOR
Date Of Driving Pass	21/01/2008
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
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 OTHER - HIRER
 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 (INSURED HIT TP)
 Weather Conditions CLEAR
 Road Surface DRY

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

REFER ATTACHED 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 SJN5718M
 Vehicle Make/Model/Colour
 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 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' law yers/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' law yers/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 law yers/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

A: SG2992GA

B: SJH57HGM

Ubi Ave 3

1B 1A



Describe Circumstances of the Accident

ON 17 JANUARY 2017 @ 6:15 PM I WAS DRIVING ALONG UBI AVE 3 IT WAS HEAVY TRAFFIC
 SUDDENLY A VEHICLE IN FRONT OF ME BRAKE AND I COULDN'T BRAKE IN TIME AND
 HIT THE REAR PORTION

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

Witnessed by Reporting Centre Personnel

TAX INVOICE

ECICS Limited
7 Tamasek Boulevard
#10-03 Suntec Tower One
Singapore 038987

Invoice No: IR17-0141
Your Ref: DMPU1700030H
Our Ref: MS17-ECICS-01073/EY
Date: 25-Jan-17

Attention: Mr Lionel

Survey Type	PRS	Date of Loss:	17-Jan-17
Vehicle Reg.No:	SJN 5718M	Policy/Cover Note No:	-
No	Description	Amount S(\$)	
1	Survey Fee (PRS) for Report of Vehicle: SJN 5718M	80.00	
	(inclusive of transport charges and photographs etc)	80.00	
		ADD 7% GST	5.60
		Total	85.60
Singapore Dollars: EIGHTY FIVE AND CETNS SIXTY ONLY			

We would appreciate your cheque crossed and made payable to:
JP KNIGHTS PTE LTD

JP KNIGHTS PTE LTD



VEHICLE DAMAGE PRE REPAIR INSPECTION REPORT

ECICS Limited
7 Tamasek Boulevard
#10-03 Suntec Tower One
Singapore 038987

Our File No: MS17-ECICS-01073/EY
Insurer Ref: DMPU1700030H
Insured Name: -

Date: 25-Jan-17

REFERENCE

Insured Veh No: SGZ9926A
Date of loss: 17-Jan-17
Claimant Veh No: SJN5718M

Policy No: -

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SJN5718M
Reg Year: 20-Feb-09
Colour: WHITE
Type: -
Type of Claim: Third Party's Claim
Market Value: -

Make: TOYOTA
Model: VIOS E AUTO
Engine No: 1NZX863433
Chassis No: MR053HY9305099259
Odometer: 135559 KM
Engine Cap: 1497 cc

CONDITION OF VEHICLE AT THE TIME OF SURVEY

(STATIC ONLY)

General Condition:	Good	Steering:	Serviceable	Engine Modification:	Nil
Paint work:	Good	Handbrake:	Serviceable	Pre-accident damage:	Nil
		Footbrake:	Serviceable		

CONDITION OF TYRES

Front Left Size:	Kumho 205/45Z/R17 3mm	Front Right Size:	Kumho 205/45Z/R17 3mm
Rear Left Size:	Kumho 205/45Z/R17 4mm	Rear Right Size:	Kumho 205/45Z/R17 4mm

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS

	Repairer's S\$	Adjuster's S\$	Difference S\$
Parts	-	-	-
Labour	-	-	-
Calculated Cost (S\$) :	-	-	-

Recommended Lump Sum Repair Cost (S\$) : 2,000.00

INSPECTION

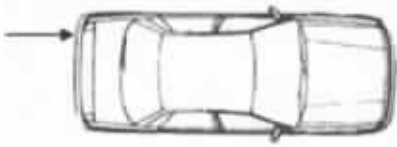
Date of Assignment: 18-Jan-17
Date of Pre-Repair Survey: 19-Jan-17
Date of Interim Survey: 20-Jan-17
Date of Post Repair Survey: 23-Jan-17

Inspected At: Ace Autolotion Pte Ltd
13 Kaki Bukit Road 4, #03-29/30
Bartley Biz Centre
Singapore 417807

Est. repair Period: 4 days
Recommended Reserve(S\$): NA
Sum Insured (S\$): NA
Repair status: Surveyed on a "Without Prejudice" Basis
(Estimate < \$10,000.00)

MS17-ECICS-01073/EY
SJN5718M

POINT OF IMPACT

The vehicle sustained damages to the rear left portion.	
---	--

BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle and Third Party's vehicle collided at along Ubi Ave 3 to Upper Paya Lebar Road.

CONSISTENCY OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are consistent with the accident as reported.

SPECIAL REMARKS

1. The repairer did not provide Repair Estimate during our pre-repair survey.
2. This inspection was conducted on a "Without Prejudice" Basis.
3. We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Pre-Repair Survey Report and photographs.



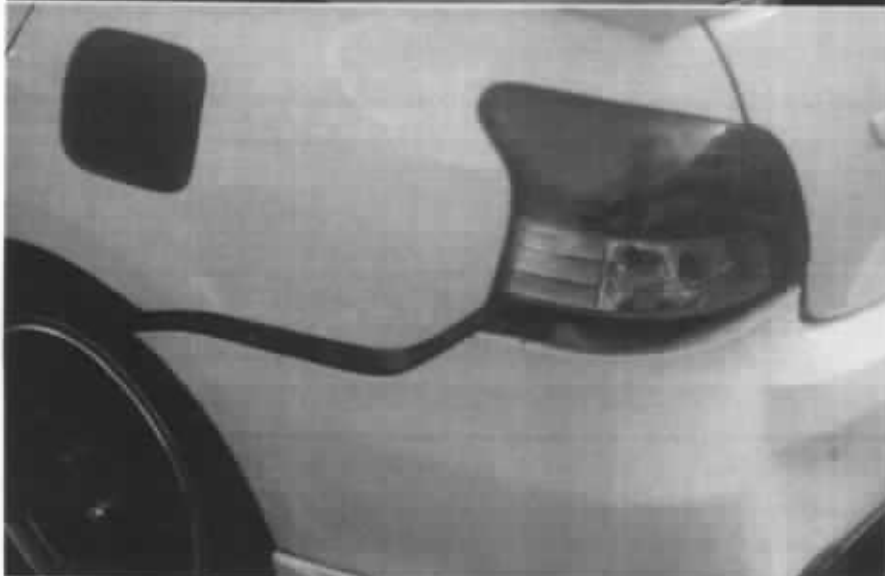
Edwin Yeo, MSAAA
Automobile Appraiser



NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

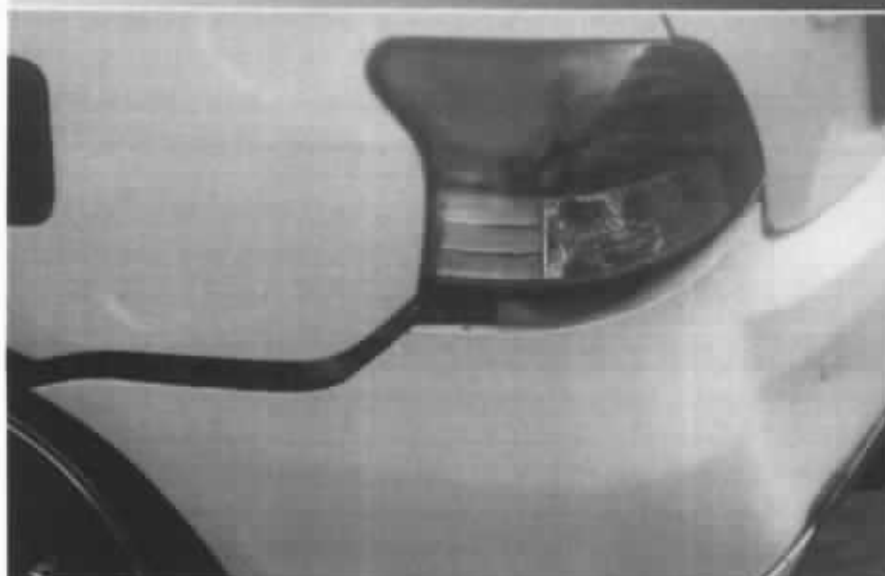
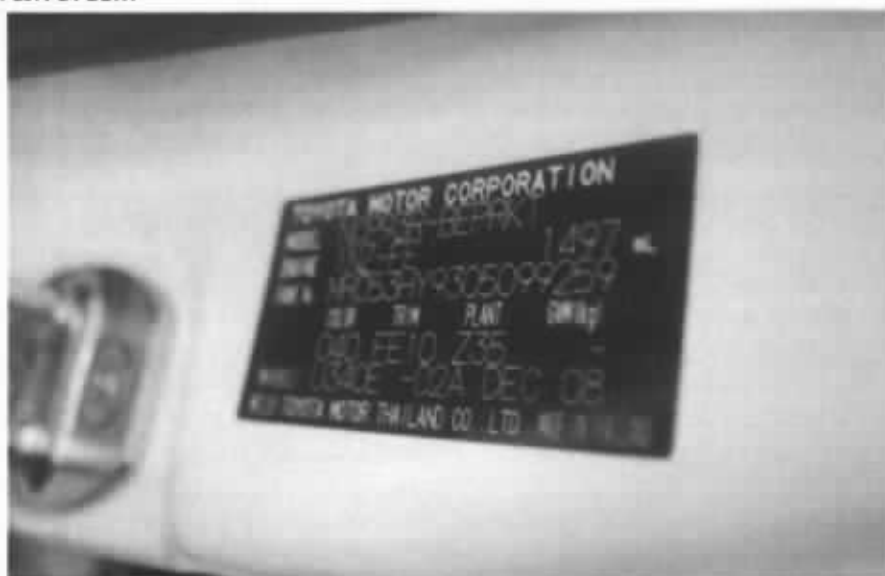
Our Ref: MS17-ECICS- 01073/EY
Vehicle No. : SJN 5718M

JP Knights
Adjusters & Surveyors



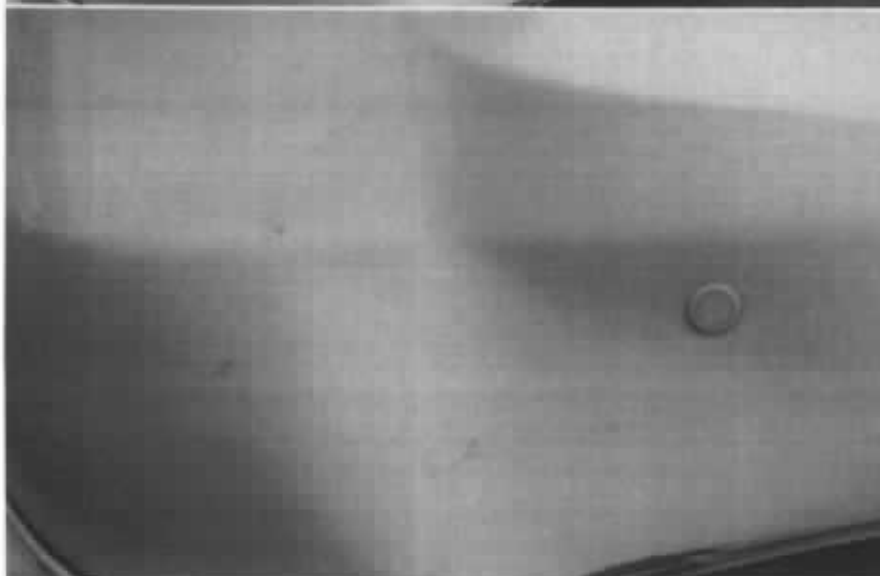
Our Ref: MS17-ECICS- 01073/EY
Vehicle No. : SJN 5718M

JP Knights
Adjusters & Surveyors



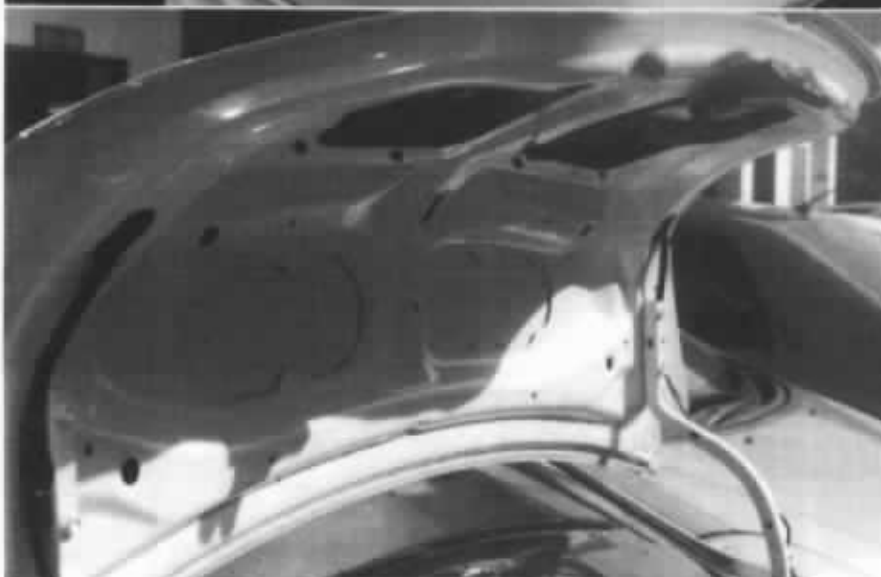
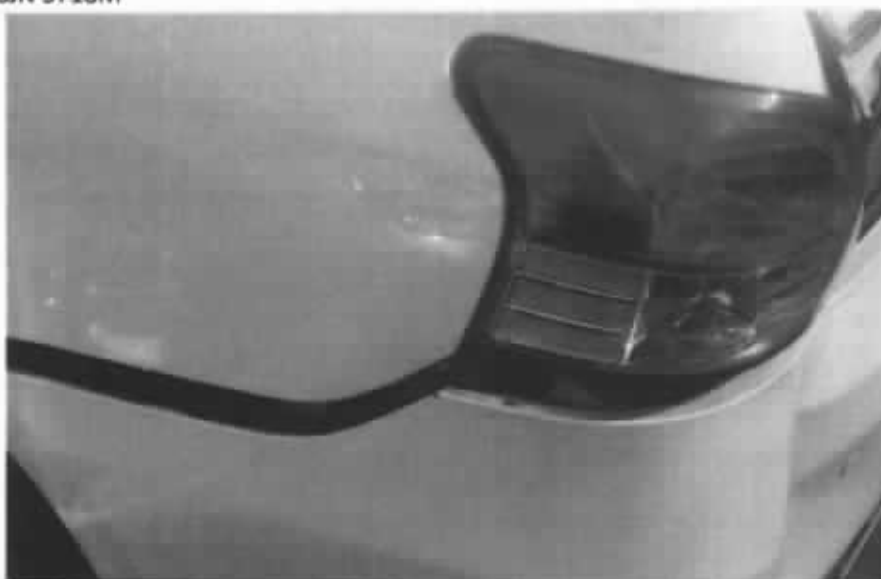
Our Ref: MS17-ECICS- 01073/EY
Vehicle No. : SJN 5718M

JP Knights
Adjusters & Surveyors



Our Ref: MS17-ECICS- 01073/EY
Vehicle No. : SJN 5718M

JP Knights
Adjusters & Surveyors



Our Ref: M517-ECICS- 01073/EY
Vehicle No. : SJN 5718M

JP Knights
Adjusters & Surveyors



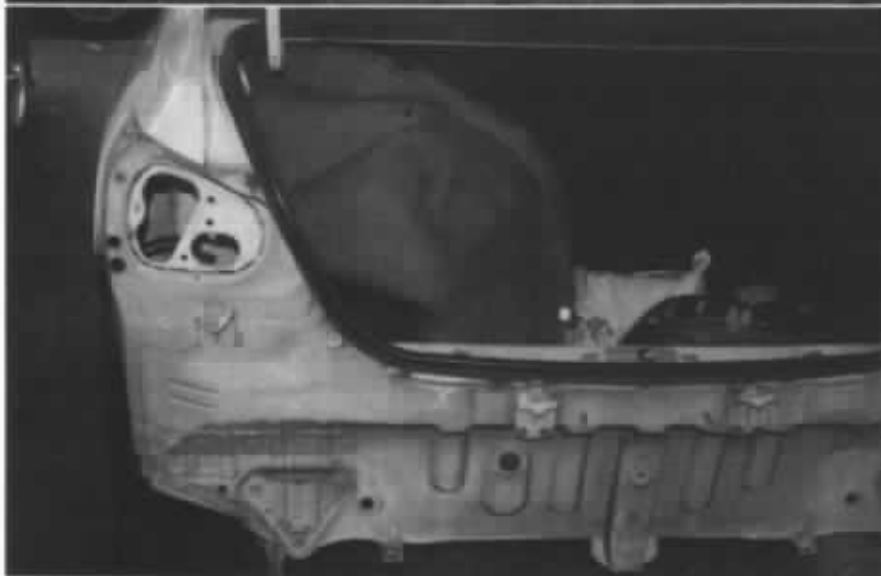
Our Ref: MS17-ECICS- 01073/EY
Vehicle No. : SJN 5718M

JP Knights
Adjusters & Surveyors



Our Ref: MS17-ECICS- 01073/EY
Vehicle No. : SJN 5718M

JP Knights
Adjusters & Surveyors



Our Ref: MS17-ECICS- 01073/EY
Vehicle No. : SJN 5718M

JP Knights
Adjusters & Surveyors



Our Ref: MS17-ECICS- 01073/EY
Vehicle No. : SJN 5718M

JP Knights
Adjusters & Surveyors



S K AUTO CONSULTANTS

Invoice

Bill To: Foo Chee Meng
c/o ACE Autolution Pte Ltd
13 Kaki Bukit Road 4 #03-29
Bartley Biz Centre
Singapore 417807

Invoice No:	2017031
Date:	20/2/2017
Our Ref	TP/017/0031SK

Description	Amount (S\$)
PARTICULARS	
Vehicle Registration No. : SJN 5718M	420.00
Date of Accident : 17/01/2017	
Date of Inspection : 18/01/2017	
SERVICES:	
Assessment with report (inclusive of transport charges and photographs etc)	
Total	420.00
Balance Due	420.00

We would appreciate your cheque crossed and made payable to:
S K AUTO CONSULTANTS



Authorized Signature

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/017/0031SK

Your Reference: TBA

Date: 20/2/2017

TO: Foo Chee Meng
c/o ACE Autolution Pte Ltd
13 Kaki Bukit Road 4 #03-29
Bartley Biz Centre
Singapore 417807

Assessment of Vehicle No : SJN 5718M
Date of Accident : 17/01/2017
Date of Inspection : 18/01/2017

We have carried out a physical assessment of SJN 5718M at Ace Autolution Pte Ltd according to your instructions on 18/01/2017 and are pleased to submit our report as follows;

1.VEHICLE PARTICULARS

Registration No. : SJN 5718M
Make & Model : TOYOTA VIOS E AUTO
Year of Registration : 2009
Engine Capacity (cc) : 1497
Chassis No. : MR053HY9305099259
Engine No. : 1NZX863433
Colour : White
Mileage (km) : 135559

2.VEHICLE CONDITION

Body Paint: : Good
Steering : Serviceable
Foot Brake : Serviceable
Parking Brake : Serviceable

3.TYRE PARTICULARS & CONDITION

Front

RH Make/Size : Kumho 205/45R17 - 50%
LH Make/Size : Kumho 205/45R17 - 50%

Rear

RH Make/Size : Kumho 205/45R17 - 50%
LH Make/Size : Kumho 205/45R17 - 50%

Note: % denotes the remaining percentage of the tyre

S K AUTO CONSULTANTS

Page No. 2

Our Reference TP/017/0031SK
Vehicle No. SJN 5718M

4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the Rear portion

Please see attached schedule for details.



Estimated Amount : S\$11,560.20
Adjusted Amount : S\$7,100/-
Estimated Repair Days : 7 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.

The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **S K AUTO CONSULTANTS** for any reliance on this report by any third party.

S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/017/0031SK
Vehicle No. SJN 5718M

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	OUR ASSESSMENT(S\$)	
PARTS (LIST ITEMS)					
1	Rear bumper	Deformed/crk.	1250.00	1250.00	491.9
2	Rear bumper side retainers	Damaged	130.50	130.50	-
2	RHS & LHS Taillamps @689.20	Cracked	1378.40	1378.40	665.2
1	Rear bootlid	Distorted	979.50	979.50	595
2	Rear bootlid hinges	Reuse <i>NN</i>	144.00	0.00	
1	Rear bootlid weatherstrip	Deformed	264.00	264.00	188.2
1	Rear bootlid inner lock	Damaged	186.20	186.20	98.9
1	Rear bootlid lock catch	Bent	87.00	X 82.00	<i>NN</i>
1	Rear bootlid Toyota badge	Necessary	72.00	72.00	45.6
1	Rear bootlid garnish	Reuse <i>NN</i>	172.00	0.00	
1	Rear end panel	Distorted	978.00	X 978.00	<i>Repair</i>
2	Rear end panel outer bracket	Bent	144.00	X 144.00	<i>Repair</i>
1	Rear end panel top garnish	Deformed	298.00	298.00	235
1	LHS Taillamp panel	Dented	328.00	X 328.00	<i>Repair</i>
1	LHS Rear fender	Repair/Labour	982.00	0.00	
			7393.60	6095.60	2452.1
		less 25%	1848.40	1523.90	
			5545.20	4571.70	1837.7
SPECIAL NETT ITEMS					
1	Reverse sensor	Damaged	280.00	250.00	220
1	Rear end panel sealant	Necessary	100.00	X 80.00	<i>NN</i>
1	Rear bootlid top spoiler	Refix <i>NN</i>	980.00	0.00	
1	Rear bootlid top spoiler sealant	Necessary	80.00	60.00	40
1set	Rear bumper clips	Necessary	60.00	40.00	
1	Rear bumper lower spoiler	Cracked	780.00	780.00	400
1	Rear bumper lower spoiler sealant	Necessary	60.00	40.00	
1set	Rear end panel top garnish clips	Necessary	60.00	40.00	20
1	Rear number plate w/holder	Reuse <i>NN</i>	75.00	0.00	
			8020.20	5861.70	760
		TOTAL PARTS			

S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/017/0031SK

Vehicle No. SJN 5718M

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas; replace the damaged parts and components.	1600.00	1400.00 400
2	To supply paint materials, expandable items & putty, respray paint on parts replaced and repaired areas - (rear fender)	1200.00	1000.00 600
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	150.00	120.00 30
4	To remove rear fittings, garnish, trimmings etc so as to facilitate repairs at rear	250.00	200.00 60
5	To remove and replace reverse sensors and check for proper function	100.00	80.00 40
6	To provide anti-rust treatment on affected areas	240.00	210.00 60
Labour Total :		3540.00	3010.00 1190
TOTAL (PARTS & LABOUR):		11560.20	8871.70

Note: (For Lump Sum Repair)

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements.

The final adjusted Lump Sum contract amount is S\$7,100/-



 S. Kumanan
 Motor Surveyor

3787.73
 20%: 3000



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				
ECICS LTD		Ref : CS/ICS17020987/Gvbe2		
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987		Date : 21-12-2017		
		Code : ICS		
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)				
Insured Veh.	SGZ 9926A	Veh. Inspected	SJN 5718M	
Policy No.		Coverage (\$)	0.00	
Claim No.	DMPU1700030H/CT	Excess (\$)	0.00	
Assign From	CARRIE TAN	Assign Date	26/10/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA VIOS	c.c	1497	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	MR053HY9305099259	Colour	WHITE	
Odometer	156628	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/40Z R17	WEST LAKE	7 mm	
L/H Front Tyre	215/40Z R17	WEST LAKE	7 mm	
R/H Rear Tyre	215/40Z R17	WEST LAKE	7 mm	
L/H Rear Tyre	215/40Z R17	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	17/01/2017	Inspection Date	03/11/2017	
Survey held at	ACE AUTOLUTION PTE LTD 13 KAKI BUKIT ROAD 4 #03-22 BARTLEY BIZ CENTRE SINGAPORE 417807			
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:		4 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: 199807198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJN 5718M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	REPLACED	1,250.00	491.90
2	REAR BUMPER SIDE RETAINERS	REPLACED	130.50	130.50
2	RHS & LHS TAILLAMPS @\$689.20	REPLACED	1,378.40	665.20
1	REAR BOOTLID	REPLACED	979.50	595.00
2	REAR BOOTLID HINGES	NOT NECESSARY	144.00	-
1	REAR BOOTLID WEATHERSTRIP	REPLACED	264.00	188.20
1	REAR BOOTLID INNER LOCK	REPLACED	186.20	98.90
1	REAR BOOTLID LOCK CATCH	NOT NECESSARY	87.00	-
1	REAR BOOTLID TOYOTA BADGE	REPLACED	72.00	45.60
1	REAR BOOTLID GARNISH	NOT NECESSARY	172.00	-
1	REAR END PANEL	REPAIRED SEE LABOUR	978.00	-
2	REAR END PANEL OUTER BRACKET	REPAIRED SEE LABOUR	144.00	-
1	REAR END PANEL TOP GARNISH	REPLACED	298.00	235.00
1	LHS TAILLAMP PANEL	REPAIRED SEE LABOUR	328.00	-
1	LHS REAR FENDER	REPAIRED SEE LABOUR	982.00	-
LESS 25% DISCOUNT			-1,848.40	-612.58
			5,545.20	1,837.72
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR (SN)	REPLACED	280.00	220.00
1	REAR END PANEL SEALANT (SN)	NOT NECESSARY	100.00	-
1	REAR BOOTLID TOP SPOILER (SN)	NOT NECESSARY	980.00	-
1	REAR BOOTLID TOP SPOILER SEALANT (SN)	REPLACED	80.00	40.00
1	SET REAR BUMPER CLIPS (SN)	REPLACED	60.00	40.00
1	REAR BUMPER LOWER SPOILER (SN)	REPLACED	780.00	400.00
1	REAR BUMPER LOWER SPOILER SEALANT (SN)	REPLACED	60.00	40.00
1	SET REAR END PANEL TOP GARNISH CLIPS (SN)	REPLACED	60.00	20.00
1	REAR NUMBER PLATE W/HOLDER (SN)	NOT NECESSARY	75.00	-
			2,475.00	760.00



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS; REPLACE THE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL, REAR END PANEL OUTER BRACKET, LHS TAILLAMP PANEL AND LHS REAR FENDER.		1,600.00	400.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED AND REPAIRED AREAS - (REAR FENDER)		1,200.00	600.00
	TO REMOVE AND RE-FIX WIRING AND CHECK ALL ELECTRICAL COMPONENTS AT DAMAGED AREAS FOR PROPER FUNCTIONS.		150.00	30.00
	TO REMOVE REAR FITTINGS, GARNISH, TRIMMING ETC SO AS TO FACILITATE REPAIRS AT REAR.		250.00	60.00
	TO REMOVE AND REPLACE REVERSE SENSORS AND CHECK FOR PROPER FUNCTION.		100.00	40.00
	TO PROVIDE ANTI-RUST TREATMENT ON AFFECTED AREAS.		240.00	60.00
			3,540.00	1,190.00
	GRAND TOTAL		11,560.20	3,787.72
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,000.00

Report Ref No. CS/ICS17020987/Gvbe2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng_AMSOE_AMIRTE_AMSAE-A,M.MATAI

Licensed Appraiser

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