

ASS. REC. B*:

REF:

CS/ECT/17022343/T11b21

Special Instruction:

Surveyor:

Taufik

ASSIGNMENT (Office)

From (Person):

Yee Pei Lee

of

EGT

Date/Time:

23-11-2017 1:30pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SHA 340T

Insured:

96H 2125K

at Workshop m/s

Ding Automotive

Tel:

8131 6518

of

31 Corporation Road

Policy No.:

Claim No.:

96H 2125K/SE/pl

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

22.11.2017

CA / REV / REP. / REV 24 HRS

wpi

H.O.D. Endorsement:

Date/Time:

23-11-2017

1:40pm

Person Contacted:

Lucas

Vehicle IN OUT

| Date/Time | Action/Instruction (✓) Estimate |
|-----------|------------------------------------|
| | SHA 340T - x |
| | 96H 2125K - NSA / INC/ACC/ISS/5/y1 |
| 24/11- | Report via email preli |
| | |
| | |
| | |
| | |
| | |

D.O.A. 290114

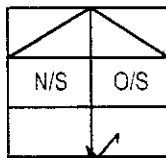
Signature: Tan Jia

REF:

EG1

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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: Lucas

Veh No: SHA340T Yr Regn: 2017 Sep
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798

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

Sp. Reading: 22220 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 5TDK63F4203562771

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 145/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

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

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

D.O.A.

D.O.I. 23/11/17 0/640

Survey held at Ding Auto 31 Corporation Rd

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

458800, 2 days (Red: 1090706.93%)

RECEIVED 3 JAN 2018

Date/Time. File Pass to?



Preli. Report



Final Report

Date/Time. File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: -

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Insp (\$

☐ Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

800

350




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/EGI17022343/T1tb | |
| 5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVE SINGAPORE 038985 | | Date : 23-11-2017 |  |
| Code : EGI | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SGH 2125K | Veh. Inspected | SHA 340T |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | SGH2125K/SE/pl | Excess (\$) | 0.00 |
| Assign From | YEE PEI LI | Assign Date | 23/11/2017 |
| 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 | 22/11/2017 | Inspection Date | 23/11/2017 |
| Survey held at | 31 CORPORATION RD | | |
| Repairer | DING AUTO PTE LTD | | |
| 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: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Thursday, 23 November, 2017 1:30 PM
To: 'admin-d@lkkauto.com'
Subject: OI : SGH2125K / TP : SHA340T/LKK / DOA : 22/11/2017
Attachments: SGH2125K - SAS.pdf; SHA340T - SAS.pdf; SHA340T - PRS FORM.pdf

Dear Catherine,

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 verbally agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please assist to conduct this survey from **DING AUTOMOTIVE PTE LTD**,

ADDRESS : 31 CORPORATION ROAD
SINGAPORE 649825

PERSON TO CONTACT : LUCAS CHEW @ 8131 6518

ERGO OFFICER-IN-CHARGE : STEVE LIM

Note: To survey on without prejudice basis. Please advise the consistency of damages to third party vehicle. Obtain estimate from workshop and 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 our insured's and TP's SAS (note: reports not to be released to any Third Party). No estimates was provided.

Kindly acknowledge receipt of this email.

Thank you.

Yee Pei Li

Claims Assistant (Motor)
ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
Tel.: 65 6829 9199 DID: 65 6829 9194
Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

ERGO

Date: 23.11.2017
Our Reference: SGH 2125K/SE/pl
Your Reference: SHA 340T

To: DING AUTOMOTIVE PTE LTD

Sent via Fax ☐
or
Email ☐ taxiscs@stengg.com

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: SHA 340T
Insured's Vehicle: SGH 2125K
Date Of Accident: 22.11.2017


We acknowledge receipt of your request for PRS on: 23.11.2017

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 *.

* LKK Auto Consultants Pte Ltd.

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

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy. |
| <input type="checkbox"/> | Your request for inspection does not have your client's GIA report, kindly forward a copy. |
| <input type="checkbox"/> | We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate. |
| <input type="checkbox"/> | Our Insured's driver has not reported the accident to us to date. |
| <input checked="" type="checkbox"/> | Others: <u>OFFICER-IN-CHARGE - STEVE LIM</u> |

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

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 | 22/11/2017 16:37 |
| Date Of Accident | 22/11/2017 11:00 |
| Exact Location Of Accident | ALONG TAMPINES AVE 5 JUNCTION SLIP ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|-------------------------------|
| Vehicle Registration Number | SHA340T |
| Insured/Policyholder | |
| Name Of Registered Owner | CITYCAB PTE LTD |
| Co Reg No | 199502839G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65508768 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | PRIUS-1.8 HYBRID CVT (A) |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | TAXI |
| Insurance Company | |
| Name of Insurance Company | FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | D-15072702MFSH |
| Cover Note Number | |
| Driver | |
| Name of Driver | ABDUL TERAWIS BIN TAHIR |
| NRIC No | S1451785E |
| Date Of Birth | 26/12/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/06/1995 |
| Driving Experience | 22 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91906054 |
| 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

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 TO ATTACH STATMENT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE NOT SUITABLE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGH2125K

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 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

Along Tempdines Ave. S Junction
5th Road.

Vehicle A = SHV 340T
Vehicle B = SGH 235K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22 Nov 2017 at about 1100 HRS, I was travelling on my vehicle SNA 340 T along Tampines Avenue 5 Junction, while I was stationary my vehicle to check incoming cars, suddenly the third party vehicle SGH 2125 K hit onto rear of my vehicle.

DECLARATION

1/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.:

Ding Automotive Pte Ltd

Blk 10 Sin Ming Industrial Est. Sector C, #01-20, Singapore. 575645

Tel: 6452 1208, Fax: 6452 0614

TO :

ESTIMATE REPORT 1ST Quotation

FAX NO:

22/11/2017 17:44

JOB-NO: 50110360

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)
ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

CONTACT: 65533880
64739522

Page 1 of 2

VEHICLE DETAILS

LICENSE NO: SHA0340T TRANS: AUTO
MAKE / MODEL: TOYOTA / Prius Hybrid 1.8 CVT
OWNER'S INSURER: FIRST CAPITAL INSURANCE LIMITED
JOB-CODE: TP SA: Ding Auto User 2

CHASSIS: JTDKB3FU203562771
ENGINE: 2ZRS059681

CLAIM DETAILS

| DESCRIPTION | QTY | QUOTED COSTS | DISCOUNT | DISC PRICE | IND | SUR.DISP | REV PRICE |
|--|------|--------------|----------|------------|-----|----------|-----------|
| <u>LABOUR</u> | | | | | | | |
| 1 TO REMOVER AND REFIT REAR BUMPER REVERSE SENSOR | 1.00 | 60.00 | 0.00 | 60.00 | | Y | 30. |
| 2 TO CHECK WIRING AND LIGHTING SYSTEM | 1.00 | 60.00 | 0.00 | 60.00 | | Y | 20. |
| 3 TO APPLT UNDERCOATING ON AFFECTED AREAS | 1.00 | 60.00 | 0.00 | 60.00 | | Y | 20. |
| 4 TO REPAIR, REPLACE AND REALIGN DAMAGE AREAS | 1.00 | 1,000.00 | 0.00 | 1,000.00 | | Y | 300 |
| 5 TO SPRAY PAINTING ON REAR BUMPER | 1.00 | 250.00 | 0.00 | 250.00 | | Y | 200 |
| 6 TO SPRAY PAINTING ON BOOTLID | 1.00 | 250.00 | 0.00 | 250.00 | | Y | 200 |
| 7 TO SPRAY PAINTING ON BOOTLID LICENSE PLATE GARNISH | 1.00 | 150.00 | 0.00 | 150.00 | | Y | 200 |
| 8 TO SPRAY PAINTING ON END PANEL | 1.00 | 250.00 | 0.00 | 250.00 | | Y | 200 |
| 9 TO SPRAY PAINTING ON REVERSE SENSOR | 1.00 | 60.00 | 0.00 | 60.00 | | Y | 30 |
| TOTAL: | | 2,140.00 | 0.00 | 2,140.00 | | | |

MATERIALS

| | | | | | | | |
|----------------------------------|------|--------|------|--------|---|---|-----|
| 1 REAR BUMPER | 1.00 | 395.70 | 0.00 | 395.70 | L | Y | 200 |
| 2 REAR BUMPER LOWER GARNISH | 1.00 | 552.60 | 0.00 | 552.60 | L | Y | 200 |
| 3 REAR BUMPER SIDE GARNISH RH | 1.00 | 140.76 | 0.00 | 140.76 | L | Y | 200 |
| 4 REAR BUMPER SIDE GARNISH LH | 1.00 | 140.76 | 0.00 | 140.76 | L | Y | 200 |
| 5 REAR BUMPER RETAINER RH | 1.00 | 121.70 | 0.00 | 121.70 | L | Y | 200 |
| 6 REAR BUMPER RETAINER LH | 1.00 | 121.70 | 0.00 | 121.70 | L | Y | 200 |
| 7 REAR BUMPER REINFORCEMENT | 1.00 | 368.90 | 0.00 | 368.90 | L | Y | 200 |
| 8 REAR BUMPER TOWING CAP | 1.00 | 45.80 | 0.00 | 45.80 | L | Y | 200 |
| 9 BOOTLID | 1.00 | 922.50 | 0.00 | 922.50 | L | Y | 200 |
| 10 BOOTLID LICENSE PLATE GARNISH | 1.00 | 801.75 | 0.00 | 801.75 | L | Y | 200 |
| 11 BOOTLID EMBLEM-LOGO | 1.00 | 67.80 | 0.00 | 67.80 | L | Y | 200 |
| 12 BOOTLID EMBLEM-HYBRID | 1.00 | 51.80 | 0.00 | 51.80 | L | Y | 200 |
| 13 BOOTLID EMBLEM-PRIUS | 1.00 | 48.85 | 0.00 | 48.85 | L | Y | 200 |
| 14 BOOTLID LOCK | 1.00 | 477.47 | 0.00 | 477.47 | L | Y | 200 |
| 15 BOOTLID TRIM BOARD | 1.00 | 422.67 | 0.00 | 422.67 | L | Y | 200 |
| 16 BOOTLID LICENSE LAMP RH | 1.00 | 67.80 | 0.00 | 67.80 | L | Y | 200 |
| 17 BOOTLID LICENSE LAMP LH | 1.00 | 67.80 | 0.00 | 67.80 | L | Y | 200 |
| 18 BOOTLID RUBBER BEADING | 1.00 | 150.80 | 0.00 | 150.80 | L | Y | 200 |
| 19 TAIL LAMP RH | 1.00 | 688.40 | 0.00 | 688.40 | L | Y | 200 |
| 20 TAIL LAMP LH | 1.00 | 688.40 | 0.00 | 688.40 | L | Y | 200 |
| 21 REAR BUMPER LAMP RH | 1.00 | 501.30 | 0.00 | 501.30 | L | Y | 200 |
| 22 REAR BUMPER LAMP LH | 1.00 | 501.30 | 0.00 | 501.30 | L | Y | 200 |

CLAIM DETAILS

| DESCRIPTION | QTY | QUOTED COSTS | DISCOUNT | DISC PRICE | IND | SUR.DISP | REV PRICE |
|------------------------------------|------|--------------|----------|------------|-----|----------|-----------|
| 23 END PANEL | 1.00 | 601.96 | 0.00 | 601.96 | L | Y | X |
| 24 END PANEL TOP GARNISH | 1.00 | 151.64 | 0.00 | 151.64 | L | Y | X |
| 25 SPARE TYRE TOP BOARD | 1.00 | 512.90 | 0.00 | 512.90 | L | Y | X |
| 26 REVERSE SENSOR | 1.00 | 250.00 | 0.00 | 250.00 | S | Y | X |
| 27 REAR BUMPER CLIP SET | 1.00 | 45.00 | 0.00 | 45.00 | S | Y | X |
| 28 REAR BUMPER UNDERCOVER CLIP SET | 1.00 | 45.00 | 0.00 | 45.00 | S | Y | X |
| 29 END PANEL TOP GARNISH CLIP SET | 1.00 | 35.00 | 0.00 | 35.00 | S | Y | X |
| 30 BOOTLID TRIM BOARD CLIP SET | 1.00 | 45.00 | 0.00 | 45.00 | S | Y | X |
| 31 BOOTLID STICKER-COMFORT DELGRO | 1.00 | 40.00 | 0.00 | 40.00 | S | Y | X |
| 32 BOOTLID STICKER-65521111 | 1.00 | 40.00 | 0.00 | 40.00 | S | Y | X |
| 33 BOOTLID STICKER-BOOK NOW | 1.00 | 40.00 | 0.00 | 40.00 | S | Y | X |
| 34 REVERSE CAMERA | 1.00 | 350.00 | 0.00 | 350.00 | S | Y | X |
| 35 TAIL LAMP CLIP SET RH | 1.00 | 15.00 | 0.00 | 15.00 | S | Y | X |
| 36 TAIL LAMP CLIP SET LH | 1.00 | 15.00 | 0.00 | 15.00 | S | Y | X |
| 37 REAR NUMBER PLATE | 1.00 | 35.00 | 0.00 | 35.00 | S | Y | X |
| TOTAL: | | 9,568.06 | 0.00 | 9,568.06 | | | |

TOTAL PARTS & LABOUR : 11,708.06 0.00 11,708.06

EXCESS/LOADING:\$ 0.00

No. Of Day: 2

RE-SURVEY: BEFORE/AFTER PAINTING
PART-BY-PART OR LUMP SUM: \$

DATE OF SURVEY: 23 / 4 / 17

SURVEYED BY: Taphan

CONTACT NO: 97445747 FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL: FAX:

444
414.45
45
550
1009.45
458 800

27/11/17
sure lkkauto.com

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



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/EG117022343/T1tbe2

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

Date : 12-01-2018



Code : EGI

1. Policy Particulars - THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SGH 2125K | Veh. Inspected | SHA 340T |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | SGH2125K/SE/pl | Excess (\$) | 0.00 |
| Assign From | YEE PEI LI | Assign Date | 23/11/2017 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|------------|
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2017 |
| Chassis No. | JTDKB3FU203562771 | Colour | YELLOW |
| Odometer | 22620 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|----------|---------|
| R/H Front Tyre | 195/65 R15 | YOKOHAMA | 6 mm |
| L/H Front Tyre | 195/65 R15 | YOKOHAMA | 6 mm |
| R/H Rear Tyre | 195/65 R15 | YOKOHAMA | 6 mm |
| L/H Rear Tyre | 195/65 R15 | YOKOHAMA | 6 mm |

4. Description of Damages

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

5. General Information

| | | | |
|----------------|-------------------|-----------------|------------|
| Accident Date | 22/11/2017 | Inspection Date | 23/11/2017 |
| Survey held at | 31 CORPORATION RD | | |
| Repairer | DING AUTO PTE LTD | | |

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: | 2 Working Days |
|-------------------------------------|----------------|



LKK Auto Consultants Pte Ltd

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

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 340T

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|-------------------------------|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | REAR BUMPER | TO REPAIR SEE LABOUR | 395.70 | - |
| 1 | REAR BUMPER LOWER GARNISH | DEFORMED | 552.60 | 552.60 |
| 1 | REAR BUMPER SIDE GARNISH RH | NOT NECESSARY | 140.76 | - |
| 1 | REAR BUMPER SIDE GARNISH LH | NOT NECESSARY | 140.76 | - |
| 1 | REAR BUMPER RETAINER RH | NOT NECESSARY | 121.70 | - |
| 1 | REAR BUMPER RETAINER LH | NOT NECESSARY | 121.70 | - |
| 1 | REAR BUMPER REINFORCEMENT | NOT NECESSARY | 368.90 | - |
| 1 | REAR BUMPER TOWING CAP | NOT NECESSARY | 45.80 | - |
| 1 | BOOTLID | NOT NECESSARY | 922.50 | - |
| 1 | BOOTLID LICENSE PLATE GARNISH | NOT NECESSARY | 801.75 | - |
| 1 | BOOTLID EMBLEM-LOGO | NOT NECESSARY | 67.80 | - |
| 1 | BOOTLID EMBLEM-HYBRID | NOT NECESSARY | 51.80 | - |
| 1 | BOOTLID EMBLEM-PRIUS | NOT NECESSARY | 48.85 | - |
| 1 | BOOTLID LOCK | NOT NECESSARY | 477.47 | - |
| 1 | BOOTLID TRIM BOARD | NOT NECESSARY | 422.67 | - |
| 1 | BOOTLID LICENSE LAMP RH | NOT NECESSARY | 67.80 | - |
| 1 | BOOTLID LICENSE LAMP LH | NOT NECESSARY | 67.80 | - |
| 1 | BOOTLID RUBBER BEADING | NOT NECESSARY | 150.80 | - |
| 1 | TAIL LAMP RH | NOT NECESSARY | 688.40 | - |
| 1 | TAIL LAMP LH | NOT NECESSARY | 688.40 | - |
| 1 | REAR BUMPER LAMP RH | NOT NECESSARY | 501.30 | - |
| 1 | REAR BUMPER LAMP LH | NOT NECESSARY | 501.30 | - |
| 1 | END PANEL | NOT NECESSARY | 601.96 | - |
| 1 | END PANEL TOP GARNISH | NOT NECESSARY | 151.64 | - |
| 1 | SPARE TYRE TOP BOARD | NOT NECESSARY | 512.90 | - |
| | LESS 25% DISCOUNT | | - | -138.15 |
| | | | 8,613.06 | 414.45 |
| SPECIAL NETT ITEMS | | | | |
| 1 | REVERSE SENSOR (SN) | NOT NECESSARY | 250.00 | - |
| 1 | SET REAR BUMPER CLIP (SN) | NECESSARY | 45.00 | 45.00 |

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| Qty | Description of Parts | Condition | Estimate (S) Workshop (C) | Out-Adjusted (S) |
|--------------------|--|---------------|------------------------------|---------------------|
| 1 | SET REAR BUMPER UNDERCOVER CLIP (SN) | NOT NECESSARY | 45.00 | - |
| 1 | SET END PANEL TOP GARNISH CLIPS (SN) | NOT NECESSARY | 35.00 | - |
| 1 | SET BOOTLID TRIM BOARD CLIP (SN) | NOT NECESSARY | 45.00 | - |
| 1 | BOOTLID STICKER - COMFORT DELGRO (SN) | NOT NECESSARY | 40.00 | - |
| 1 | BOOTLID STICKER - 65521111 (SN) | NOT NECESSARY | 40.00 | - |
| 1 | BOOTLID STICKER - BOOK NOW (SN) | NOT NECESSARY | 40.00 | - |
| 1 | REVERSE CAMERA (SN) | NOT NECESSARY | 350.00 | - |
| 1 | TAIL LAMP CLIP SET RH (SN) | NOT NECESSARY | 15.00 | - |
| 1 | TAIL LAMP CLIP SET LH (SN) | NOT NECESSARY | 15.00 | - |
| 1 | REAR NUMBER PLATE (SN) | NOT NECESSARY | 35.00 | - |
| | | | 955.00 | 45.00 |
| | LABOUR | | | |
| | TO REMOVER AND REFIT REAR BUMPER REVERSE SENSOR. | | 60.00 | 30.00 |
| | TO CHECK WIRING AND LIGHTING SYSTEM. | | 60.00 | 20.00 |
| | TO APPLY UNDERCOATING ON AFFECTED AREAS. | NOT NECESSARY | 60.00 | - |
| | TO REPAIR, REPLACE AND REALIGN DAMAGE AREAS. INCLUSIVE OF THE REPAIR OF REAR BUMPER. | | 1,000.00 | 300.00 |
| | TO SPRAY PAINTING ON REAR BUMPER. | | 250.00 | 200.00 |
| | TO SPRAY PAINTING ON BOOTLID. | NOT NECESSARY | 250.00 | - |
| | TO SPRAY PAINTING ON BOOTLID LICENSE PLATE GARNISH | NOT NECESSARY | 150.00 | - |
| | TO SPRAY PAINTING ON END PANEL. | NOT NECESSARY | 250.00 | - |
| | TO SPRAY PAINTING ON REVERSE SENSOR. | NOT NECESSARY | 60.00 | - |
| | | | 2,140.00 | 550.00 |
| GRAND TOTAL | | | 11,708.06 | 1,009.45 |

**RECOMMENDED COST OF LUMP SUM REPAIRS
(TO ITS PRE-ACCIDENT CONDITION)****800.00**

Report Ref No. CS/EG117022343/T1tbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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