

22/03/2002

ASS. REC. BY:

REF:

CS/ UOL17024286/ Agbn2

Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Felis

of

UOLDate/Time: 22.12.2017

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBE 8583 G

Insured:

GBD 4735S

at Workshop m/s

New Mode Tech

Tel:

of

Bik 1 Kaki Bukit Ave 6 #01-43

Policy No:

Claim No:

DHDM110149391601

Sum Insured:

Excess:

Make of Veh:

D.O.A.

21.12.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS 'Wp'

H.O.D. Endorsement:

Date/Time: 22.12.2017 2:34pm

Person Contacted:

SukyiVehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>GBE 8583 G - x</u>
	<u>GBD 4735S - x</u>
	<u>US \$5000, 8 days (Red \$7468.80, 60%)</u>

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 8 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBE85839 Yr Regn: 2016 AprilType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Nissan NV200 CC: 1597Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 50008 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VM20088245Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175 / 70 R14CR: 175 / 70 R14C

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 22/12/17Survey held at NHTDes. 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

TP WOI

RECEIVED 26 FEB 2018

Date/Time. File Pass to?

☐

Prel. Report

17/2/18 TP WOI☐

Final Report

Date/Time. File Return to?

2)

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

Survey Fee:

Transportation:

S - RS - SI

Photos:

Others:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

TOTAL

215+30

170+30

50

50

40

340

Report Format :

Lump Sum / L.B.T. (\$

TP
5000



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				
UNITED OVERSEAS INSURANCE LTD		Ref : CS/UOI17024286/Aqb		
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909		Date : 22-12-2017		
		Code : UOI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBD 4735S	Veh. Inspected	GBE 8583G	
Policy No.		Coverage (\$)	0.00	
Claim No.	DHOM110149391601	Excess (\$)	0.00	
Assign From	FELIS	Assign Date	22/12/2017	
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	21/12/2017	Inspection Date	22/12/2017	
Survey held at	NEW HOCK TECK MOTOR PTE LTD 1 KAKI BUKIT AVENUE 6 #01-43 AUTOBAY @ KAKI BUKIT SINGAPORE 417883			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

GRE 85836

Reference No. : CS/WD/1702K286/Agb
Policy Type: OD / TP / TP RES / TL / EVA

Typist

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

(1) Office Assign Form

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

(1) Assignment Form

17) 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			
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(3) Workshop Estimate/Assignment Form

N		C		C		C		C	
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Check By:

Case Handler

Date _____

*C: Critical *N: Non-Critical

21/05/2014



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road #28-01 Springleaf Tower
Singapore 079909
Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197100152R

To :	New Hock Teck Motor Pte Ltd Attn: Josh/Lily	Fax : 67417275
From :	Jenny Lew	Fax : 63273869
Date :	22.12.2017	Our ref: GBD4735S [DHOM110149391601] Yr ref : GBE8583G

FACSIMILE MESSAGE

WITHOUT PREJUDICE

REQUEST FOR PRE-REPAIR SURVEY – GBE8583G
ACCIDENT INVOLVING GBD4735S AND GBE8583G ON 21.12.2017

We refer to your letter dated 22.12.2017.

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case you have proposed to appoint M/s LKK Auto Consultants Pte Ltd to conduct the pre-repair survey on without prejudice basis.

Please forward us a copy of the estimated cost of repair and your client's accident report.

Please seek your client's instruction for the repair after the inspection has been completed.

We reserve all our rights in this matter.

Thank you.

Regards


Jenny Lew
Claims Dept

cc. LKK Auto Consultants Pte Ltd
Fax: 62564315
Attn Catherine

For your immediate attention.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 7814C

Vehicle Details

Vehicle No.: GBE8583G

Vehicle to be Exported: Yes

Intended De-registration Date: 21 Dec 2017

Vehicle Make: NISSAN

Vehicle Model: NV200 1.6 A

Primary Colour: Grey

Manufacturing Year: 2015

Engine No.: HR16055914D

Chassis No.: VM20088245

Maximum Power Output: -

Open Market Value: \$16,683.00

Original Registration Date: 13 Apr 2016

First Registration Date: 13 Apr 2016

Transfer Count: 0

Actual ARF Paid: \$835.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date:	12 Apr 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$8,124.00
COE Rebate Amount:	\$6,499.00
Total Rebate Amount:	\$6,499.00

The information contained herein is correct as at 21 Dec 2017

OK

MSME17168314 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 22/12/2017 16:39
SUBMITTED BY: Pei Ying

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	22/12/2017 16:39
Date Of Accident	21/12/2017 15:25
Exact Location Of Accident	INTERNATIONAL RD & CHIN BEE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8583G
Insured/Policyholder	
Name Of Registered Owner	FIRE MAINTENANCE PTE LTD
Co Reg No	199307814C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62585191
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078819338-01
Cover Note Number	
Driver	
Name of Driver	MUTHAIAH MURUGARAJ
NRIC No	G7066955U
Date Of Birth	16/04/1977
Occupation	INDOOR
Date Of Driving Pass	20/06/2005
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97887000
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address -
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1 NAME: : ARULANDU JOHN PETER
 GENDER: : MALE

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

I WAS DRIVING ALONG INTERNATIONAL ROAD AND CHIN BEE ROAD AT EXTREME RH LANE OF 2 LANES. SUDDENLY, I FELT AN IMPACT. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE. DUE TO STRONG IMPACT, CAUSED MY VEHICLE SURGED FORWARD. AFTER THE ACCIDENT, I AND MY PASSENGER FELT DISCOMFORT.

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 GBD4735S
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUTHAIAH MURUGARAJ
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBE8583G
Were seat belts worn?
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ARULANDU JOHN PETER
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBE8583G
Were seat belts worn?
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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 rescind 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 lodging 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:

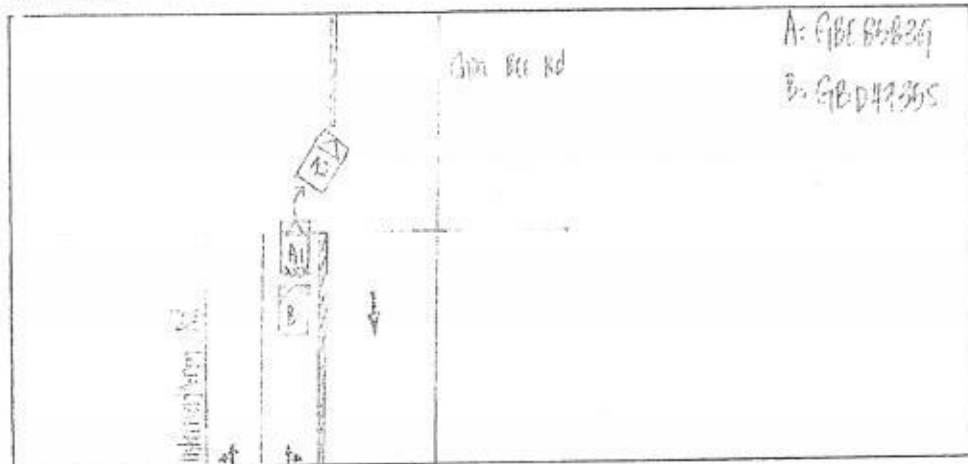
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

2017/12/22 17:39 FAX

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along International Rd x Chim Bee Rd at extreme RH lane of 2 lanes.

Suddenly, I felt an impact. Veh "B" collided into rear portion of my vehicle, due to strong impact caused my vehicle surged forward.

After the accident, I and my passenger feel discomfort.

DECLARATION

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

X
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

NEW HOCK-TEC

WORK PERMIT Pg. 1

VISIT PASS
Immigration Regulations

Name

MUTHAIAH MURUGARAJ



Date of Birth	Sex	Nationality
16-04-1977	M	INDIAN
FIN	Date of Issue	Date of Expiry
G7066955U	25-07-2017	07-09-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer

FIRE PROTECTION COMPANY PTE LTD

Sector: CONSTRUCTION

Name

MUTHAIAH MURUGARAJ

Occupation

PROJECT SUPERVISOR

S Pass No.
0 32280684

Date of Application

13-07-2017

Date of Issue

25-07-2017

Date of Expiry

07-09-2019



L8168614

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along International Rd x Chin Bee Rd at extreme RH lane of 2 lanes.

Suddenly, I felt an impact. Ven "B" collided into rear portion of my vehicle, due to strong impact caused my vehicle surged forward.

After the accident, I and my passenger feel discomfort.

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.:



新福德車廠私人有限公司

NEW HOCK TECK MOTOR PTE. LTD.

1 Kaki Bukit Ave 6, Blk C #01-43 Autobay@Kaki Bukit, Singapore 417883

Email: admin@nhtmotor.com Website: www.nhtmotor.com

Tel: 6747 9241 Fax: 6741 7276

UEN: 201718370K

FIRE MAINTENANCE PTE LTD

26/12/2017

Blk 1 Kaki Bukit Ave 6

01-43

Singapore 417883

TP 401

Xiao Chan.

Accident date: 21/12/2017

Estimated repair cost for vehicle no: GBE8583G NISSAN NV200 1.6 A '16

CHASSIS: VM20088245

S/N	QTY	ITEMS / Nett	U/PRICE	AMOUNT
L 1	1	Rear Boot Lid Dented.		\$1,891.20 ✓
N 2	2	Rear Boot Lid Hinge 2 H	\$99.10	\$198.20 ✓
N 3	2	Rear Boot Lid Shock Absorber 2 H	\$184.60	\$369.20 ✓
N 4	1	Rear Boot Lid Emblem Logo 2		\$64.60 ✓
N 5	1	Rear Boot Lid Nv200 Logo 1 H		\$151.50 ✓
N 6	1	Rear Boot Lid Vanette Logo		\$77.40 ✓
N 8	1	Rear Boot Lid Inner Lock Dented		\$261.00 ✓
N 9	1	Rear Boot Lid Inner Rubber 1 H		\$133.80 ✓
L 10	1	Rear Boot Lid Inner Trim Board 1 H		\$152.50 +
N 11	8	Rear Boot Lid Inner Trim Board Clip 1 H	\$6.50	\$52.00 -30
N 13	1	Rear R/H Tail Lamp 1 H		\$258.70 ✓
N 14	2	Rear R/H Tail Lamp Clip 1 H	\$8.00	\$16.00 ✓
L 15	1	Rear R/H Tail Lamp Panel 1 H		\$277.20 ✓
L 16	1	Rear Bumper Dented.		\$490.80 ✓
L 17	1	Rear R/H Bumper Side Retainer 1 H		\$53.50 ✓
N 18	1	Rear Bumper Towing Cover Dented		\$38.60 ✓
L 20	1	Rear End Panel Outer Dented		\$464.10 ✓
L 21	1	Rear R/H Fender 2 H		\$1,709.70 X
L 22	1	Rear End Panel Inner Dented		247.50 ✓
N 23	2	Rear Bumper Inner Sponge 1 H		110.20 ✓
N 24	1	Tailgate Side Side Catch Latch Dented	71.50	Subtotal:- \$5,819.00
N 25	1	Tailgate Maximum Weight Sticker 1 H	45.20	

S/N	QTY	ITEMS / Special Nett	U/PRICE	AMOUNT
1	1	Rear Boot Lid 70km/H Sticker 1 H		\$30.00 (5.00)
2	1	Rear Boot Lid Windscreen Seal 1 H		\$205.00 (60.00)
3	1	Rear Bumper Reverse Sensor 1 H		\$294.00 (200.00)
4	1	Rear R/H Fender Glass Seal 1 H		\$195.00 X
5	1	Rear End Panel Sealant 1 H		\$60 ✓
			335	Subtotal:- \$724.00

list 3147.10
10%: 2202.97

Nett: 1258.50
10%: 1133.01

Labour charges

To remove & refit rear windscreen

\$120.00 /

Gum

no

\$50.00 /

To remove & refit reverse sensor

~~\$100.00~~ 50

To remove & refit R/H fender glass

\$120.00 /

Gum

\$50.00 /

To remove & refit cushion

~~\$280.00~~ 40

To check wiring

2580

~~\$100.00~~ 30

Tuff kote

~~\$150.00~~ 30

Panel beating

~~\$1,800.00~~ 1200

Spray painting

~~\$1,600.00~~ 1000

To transfer tailgate fittings

~~180~~ 80

Subtotal:- \$4,370.00

Total:- \$10,913.00

total 6250.98

4/s 5K
08 days

SK.
08 days

12468.80



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

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI17024286/Aqbn2

3 ANSON ROAD #28-01
SPRINGLEAF TOWER SINGAPORE 079909

Date : 26-02-2018



Code : UOI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBD 4735S	Veh. Inspected	GBE 8583G
Policy No.		Coverage (\$)	0.00
Claim No.	DHOM110149391601	Excess (\$)	0.00
Assign From	FELIS	Assign Date	22/12/2017

2. Vehicle Particulars & Condition

Make & Model	NISSAN NV200	c.c	1597
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	VM20088245	Colour	GREY
Odometer	50008	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	175/70 R14C	TOYO	6 mm
L/H Front Tyre	175/70 R14C	TOYO	6 mm
R/H Rear Tyre	175/70 R14C	TOYO	6 mm
L/H Rear Tyre	175/70 R14C	TOYO	6 mm

4. Description of Damages

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

5. General Information

Accident Date	21/12/2017	Inspection Date	22/12/2017
Survey held at	NEW HOCK TECK MOTOR PTE LTD 1 KAKI BUKIT AVENUE 6 #01-43 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	8 Working Days
-------------------------------------	----------------



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBE 8583G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BOOT LID	DENTED	1,891.20	1,891.20
1	REAR BOOT LID INNER TRIM BOARD	NOT NECESSARY	152.50	-
1	REAR R/H TAIL LAMP PANEL	TO REPAIR SEE LABOUR	277.20	-
1	REAR BUMPER	DEFORMED	490.80	490.80
1	REAR R/H BUMPER SIDE RETAINER	NECESSARY	53.50	53.50
1	REAR END PANEL OUTER	DENTED	464.10	464.10
1	REAR R/H FENDER	TO REPAIR SEE LABOUR	1,709.70	-
1	REAR END PANEL INNER	DENTED	247.50	247.50
	LESS 30% DISCOUNT		-	-944.13
			5,286.50	2,202.97
<u>NETT ITEMS</u>				
2	REAR BOOT LID HINGE @\$99.10 (N)	NOT NECESSARY	198.20	-
2	REAR BOOT LID SHOCK ABSORBER @\$184.60 (N)	NOT NECESSARY	369.20	-
1	REAR BOOT LID EMBLEM LOGO (N)	NECESSARY	64.60	64.60
1	REAR BOOT LID NV200 LOGO (N)	NECESSARY	151.50	151.50
1	REAR BOOT LID VANETTE LOGO (N)	NECESSARY	77.40	77.40
1	REAR BOOT LID INNER LOCK (N)	DAMAGED	261.00	261.00
1	REAR BOOT LID INNER RUBBER (N)	NECESSARY	133.80	133.80
8	REAR BOOT LID INNER TRIM BOARD CLIP @\$6.50 (N)	NECESSARY	52.00	30.00
1	REAR R/H TAIL LAMP (N)	CUT	258.70	258.70
2	REAR R/H TAIL LAMP CLIP @\$8.00 (N)	NECESSARY	16.00	16.00
1	REAR BUMPER TOWING COVER (N)	DEFORMED	38.60	38.60
2	REAR BUMPER INNER SPONGE (N)	CRACKED	110.20	110.20
1	TAILGATE SIDE CATCH LATCH (N)	DAMAGED	71.90	71.90
1	TAILGATE MAXIMUM WEIGHT STICKER (N)	NECESSARY	45.20	45.20
	LESS 10% DISCOUNT		-	-125.89
			1,848.30	1,133.01
<u>SPECIAL NETT ITEMS</u>				
1	REAR BOOT LID 70KM/H STICKER (SN)	NECESSARY	30.00	15.00
1	REAR BOOT LID WINDSCREEN SEAL (SN)	NECESSARY	205.00	60.00
1	REAR BUMPER REVERSE SENSOR (SN)	DAMAGED	294.00	200.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR R/H FENDER GLASS SEAL (SN)	NOT NECESSARY	195.00	-
1	REAR END PANEL SEALANT (SN)	NECESSARY	60.00	60.00
1	GUM (SN)	NECESSARY	100.00	50.00
			884.00	385.00
	LABOUR			
	TO REMOVE & REFIT REAR WINDSCREEN.		120.00	120.00
	TO REMOVE & REFIT REVERSE SENSOR.		100.00	50.00
	TO REMOVE & REFIT R/H FENDER GLASS.	NOT NECESSARY	120.00	-
	TO REMOVE & REFIT CUSHION.		280.00	40.00
	TO CHECK WIRING.		100.00	30.00
	TUFF KOTE.		150.00	30.00
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR R/H TAIL LAMP PANEL AND REAR R/H FENDER.		1,800.00	1,200.00
	SPRAY PAINTING.		1,600.00	1,000.00
	TO TRANSFER TAILGATE FITTINGS.		180.00	80.00
			4,450.00	2,550.00
GRAND TOTAL			12,468.80	6,270.98
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,000.00

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ADRIAN LING WAI PING

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

Licensed Appraiser

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