REF: CS/TP1702U654/Aqbnz

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 08 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: SLN5396J Yr Regn: 2013 April

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

Make: Mercedes Benz E250 c.c 1796

Colour: Grey. A/C: Insured / Std / NI / NA

Sp.Reading: 55173- T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2120472A675546.

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: 265/35 R18.

R: 265/35/R18.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	28/12/17.

Survey held at Henry Ice.

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
	TP INC Indyndent.
	SLN 5396J - X
	LS ₦12000, 8 days (Ked ₦15972, 57%.)
	RECEIVED 22 FEB 2018

Date/Time. File Pass to?

1) 22/2 [illegible]

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: 2

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

Report Format : TP

Lump Sum / L.P.T: ($ 12000)

18x15=270

Survey Fee:	1701 270
Transportation:	50
Photos:	50+50
Others:	92
	80
TOTAL	762

22/2/18

Survey Department Check List (Case Handler)

Reference No. : CR/TP/170746/54/Aqb
Policy Type: OD / (TP) / TP RES / TL / EVA

SLN5396J

Case Handler | Typist

Admin (Cathy): 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 (Patrick): Case handler to make sure the surveryor 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: [signature] 22/2/18
Case Handler Date

*C: Critical *N: Non-Critical

NPA217168599 / Progressive Automotive Pte Ltd - HQ
ENTRY DATE & TIME: 23/12/2017 12:54
SUBMITTED BY: Lee Jia Min

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	23/12/2017 12:54
Date Of Accident	22/12/2017 18:50
Exact Location Of Accident	MANDAI ZOO CAR PARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN5396J
Insured/Policyholder	
Name Of Registered Owner	ANF GHEE TIONG
NRIC No	S7631949I
Email Address	ANGGHEETIONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96896734
Alternative Phone No	OTHERS-96896734
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250-1.8 BLUE EFFICICENCY (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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA226233
Cover Note Number	
Driver	
Name of Driver	ANF GHEE TIONG
NRIC No	S7631949I
Date Of Birth	13/10/1976
Occupation	INDOOR
Date Of Driving Pass	09/06/1999
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96896734
Fax Number	
Contact Number	OTHERS-96896734
EMail Address	ANGGHEETIONG@GMAIL.COM

Address	135 SERANGOON AVENUE 3 # 08-16 SINGAPORE
Postcode	556114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	4
Passenger 1	NAME: : NG AI TING PRISCILLA GENDER: : FEMALE
Passenger 2	NAME: : NEO KIM CHOON GENDER: : FEMALE
Passenger 3	NAME: : ANG MIN XUAN CELESTE GENDER: : FEMALE

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 STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6155S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MR NG
NRIC/Passport Number	
Contact Number	81866869

Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG GHEE TIONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLN5396J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

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: 23/12/17 12.16pm

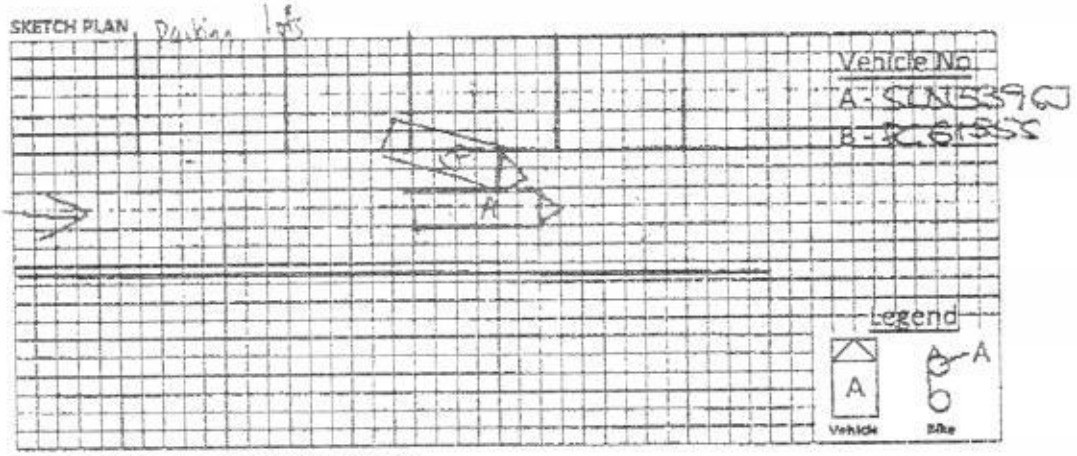
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

GIARMC SketchPlanForm_V3

Sketch Plan #2

SKETCH PLAN Parking lots



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on 22 Dec 2017 at 650pm.
Accident location is Mudai Zoo open-air carpark.
I was driving straight on the road and suddenly a bus from left make a sudden right turn and hit my left c/ body.

Passenger 1 : Ng Ai Ting Priscilla
Passenger 2 : Neo Kim Choan } Female
Passenger 3 : Ang Min Kwan Celeste

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature
Date & Time: 23/12/17 12.16pm

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

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

GIARMC SketchPlanForm_V1

Common Statement

ACCIDENT STATEMENT (Part I) *Reporting Centre: Progressive Automotive Pte Ltd*

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

To be signed by BOTH drivers

1 Date of accident: 22/12/17 Time: 1859

2 Exact location of accident: Mandai Zoo Car Park

3 Injuries even if slight: No ☐ Yes ☑

4 Material damage: To vehicles other than vehicles A and B: No ☑ Yes ☐ — To objects other than vehicles: No ☑ Yes ☐

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

Vehicle Video Camera Available: No ☐ Yes ☑

Registration No. (VEHICLE A): SLN5396T

6 Insured / policyholder (as insurance cert.)

Name (capital letters): Ang Chee Tiong

Address:

NRIC / Passport no.: S7631949I

Tel no. (Home 8am to 5pm):

HP: 96896234

7 Vehicle

Make, type: Mercedes Benz E200 Blue Efficiency 1796cc

8 Insurance company: AXA ☑ ☐TPFT ☐TPO

Does the policy cover damage to vehicle A? No ☐ Yes ☑

Policy No.: VAITRA226233

9 Driver ☑ If same as Owner

Name (capital letters):

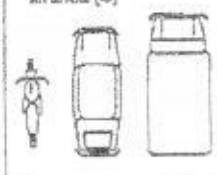
NRIC / Passport no.:

Class of licence:

HP:

Gender: Male ☐ Female ☐

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



11 Visible damage to vehicle A

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

A		B
01	Changing Lane	11
02	Collided with Stationary Vehicle	12
03	Collided with Oncoming Vehicle	13
04	Collided with Parked Vehicle	14
05	Collided with Pedestrian	15
06	Collided with Property	16
07	Collision - Emerging/Cross Lane	17
08	Collision - Cross Junction	18
09	Collision - Head on Collision	19
10	Collision - Overtaking/Pulling Out to Right	20
11	Collision - Reversing/Pulling In to Kerb	21
12	Collision - Opening Door of Vehicle	22
13	Collision - Turning Right	23
14	Collision - U-Turn	24
15	Driving / Riding Carelessly / Dangerously	25
16	Driving / Riding under the Influence of Drink / Drugs	26
17	Failure to Give Way / Stop / Comply with Traffic Light	27
18	Fire, Explosion or Lightning	28
19	Hazard	29
20	Hit and Run / Vandalism / Damaged whilst Parked	30
21	Tyre Burst / Brake Failure / Other Defect	31
22	Was Confused	32
23	Was Asleep	33
24	Other	34

State TOTAL number of boxes marked with a cross

13 Sketch of accident when impact occurred

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

REFER TO ATTACHED

14 My remarks

15 Signatures of drivers

A

Registration No. (VEHICLE B): PC6755S

6 Insured / policyholder (as insurance cert.)

Name (capital letters):

Address:

NRIC / Passport no.:

Tel no. (Home 8am to 5pm):

HP:

7 Vehicle

Make, type:

8 Insurance company: ☐C ☐TPFT ☐TPO

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy No. (if available):

9 Driver (See driving licence) (if different from insured in above)

Name (capital letters): MR NG

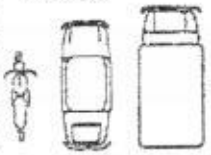
NRIC / Passport no.:

Class of licence:

HP: 91856267

Gender: Male ☐ Female ☐

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



11 Visible damage to vehicle B

14 My remarks

B

* In any event of injury or the event of damage to property other than to vehicles A and B, give particulars overleaf

Do not sign anything in the statement after signing. Subsequently, add anything you want to say.

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

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (if any): _____

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

Insured

1 Occupation (if more than one, state all) _____ Email: angghoetiong@gmail.com

2 Vehicle registration no. _____ CC _____ If commercial vehicle, state permissible carrying capacity _____

Of which vehicle are you the owner?

☐ A

☐ B

3 Is driver the owner? Yes ☑ No ☐ If no, State Particulars of Driver with owner _____ State the vehicle number and name of insurer of driver's own vehicle (where applicable) _____

4 State purpose for which vehicle was being used at time of accident ☑ Private use ☐ Commercial use ☐ Hire & reward ☐ Private Hire ☐ Others - please specify _____

5 Is the vehicle still in use? Yes ☑ No ☐ If no, state where it is at present _____ Tel no _____

6 Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ No ☑

If no, state action to be taken ☐ Third Party ☐ Reporting Only ☑ Third Party (Own Workshop)

Driver or person in charge of vehicle at the time of accident (including insured)

7 Date of birth	Occupation	Date of license past	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
13/10/76	Indoor ☑ Outdoor ☐	9/6/99	Yes ☑ No ☐	Yes ☐ No ☑

8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____

9 Full details of all driving convictions including pending prosecutions in the last 36 months

Date	Offence	Penalty

Injured persons

10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
Ang Ghee Tiong			Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐

Damage to property & vehicles (other than vehicles A and B)

11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)

Police action

12 Was the accident reported to the Police? Yes ☐ No ☑

If yes, please state which Police station _____

13 Was notice of intended prosecution given? Yes ☐ No ☑

If yes, against whom? _____

Accident details

14 Weather conditions: Clear ☑ Raining ☐ Others ☐

15 Road surface: Wet ☑ Dry ☐ Others ☐

16 Speed of vehicles: A ☐ km/hr B ☐ km/hr

17 What warnings were given by driver or other party? _____

18 Were stress lights illuminated? Yes ☑ No ☐

19 What lights were displayed on your vehicle/the other vehicle(s)? _____

20 If your vehicle is commercial, state weight of load carried at time of accident _____

21 State how accident happened, width of roads, speed limits, etc. (Refer to attached) _____

22 State number of Passengers (including Driver) 4

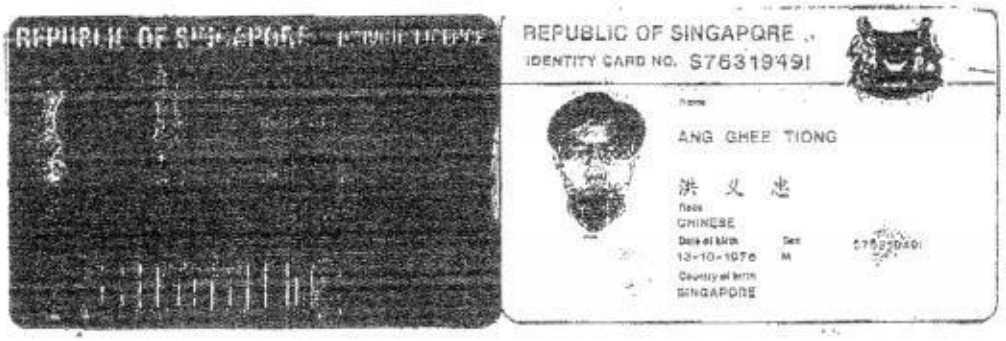
Declaration

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

Policyholder's signature _____ Date 23/12/17

Driver's signature (if driver is not the policyholder) _____ Date _____

DRIVER NRIC & LICENCE Pg. 1



WDD21204 12A675546

02-01-2018

HENG KEE WORKSHOP

BLK 1033 EUNOS AVE 5A #01-31 SINGAPORE 409703
HP: 8156 2761 FAX : 68425778

SLN 5396 J

LEFT FRONT DOOR	$2070.00 NETT
LEFT FRONT DOOR LOWER MOULDING	$75.00 NETT
LEFT FRONT DOOR TOP MOULDING	$108.00 NETT
LEFT FRONT DOOR OUTER HANDLE	$368.00 NETT
LEFT FRONT DOOR OUTER HANDLE SIDE COVER	$80.00 NETT
LEFT FRONT DOOR INNER RUBBER	$280.00 NETT
LEFT FRONT DOOR TOP RUBBER	$48.00 NETT
LEFT FRONT DOOR LOCK	$366.00 NETT
LEFT FRONT DOOR INNER LOCK HANDLE	$268.00 NETT
LEFT FRONT DOOR [redacted] POWER WINDOW MOTOR	$597.00 NETT
LEFT FRONT DOOR POWER WINDOW GEAR	$380.00 NETT
LEFT FRONT DOOR CONTROL INNER SWITCH	$285.00 NETT
LEFT FRONT DOOR RIVET X 15	$90.00 NET
LEFT REAR DOOR	$2129.00 NETT
LEFT REAR DOOR LOWER MOULDING	$78.00 NETT
LEFT REAR DOOR TOP MOULDING	$108.00 NETT
LEFT REAR DOOR OUTER HANDLE	$375.00 NETT
LEFT REAR DOOR OUTER HANDLE SIDE COVER	$85.00 NETT
LEFT REAR DOOR INNER RUBBER	$280.00 NETT
LEFT REAR DOOR TOP RUBBER	$58.00 NETT
LEFT REAR DOOR LOCK	$465.00 NETT
LEFT REAR DOOR INNER LOCK HANDLE	$290.00 NETT
LEFT REAR DOOR POWER WINDOW MOTOR	$625.00 NETT
LEFT REAR DOOR POWER WINDOW GEAR	$290.00 NETT
LEFT REAR DOOR CONTROL INNER SWITCH	$190.00 NETT
LEFT REAR DOOR RIVET X 15	$90.00 NET
LEFT REAR MUDGUARD	$2200.00 NETT
REAR BUMPER	$1465.00 NETT
REAR UNDERCARRIAGE UPPER ARM	$335.00 NETT
REAR UNDERCARRIAGE LOWER ARM	$385.00 NETT
REAR UNDERCARRIAGE LOWER ARM COVER	$325.00 NETT
REAR UNDERCARRIAGE KNUCKLE BEARING	$268.00 NETT
REAR UNDERCARRIAGE KNUCKLE	$1683.00 NETT
REAR UNDERCARRIAGE STAY BAR	$158.00 NETT
LEFT REAR ~~UNDERCARRIAGE~~ SHOCK ABSORBER	$495.00 NETT
LEFT REAR DRIVE SHAFT	$2895.00 NETT
LEFT REAR BRAKE DISC	$275.00 NETT
REAR BRAKE PAD THICKNESS SENSING WIRE	$280.00 NETT
SPORT RIMS $1,500.00 1200	

HENG KEE WORKSHOP

BLK 1033 EUNOS AVE 5A #01-31 SINGAPORE 409703
HP: 8156 2761

WIRE CHECKING ~~$80.00~~ 30

UNDERCOATED ~~$180.00~~ 80

REMOVE & INSTALL FUEL TANK $180.00 X

REMOVE & INSTALL REAR CUSHION SEAT ~~$150.00~~ 80

FOUR WHEEL ALIGNMENT ~~$150.00~~ 100

REMOVE & INSTALL LEFT REAR DOOR QUARTER GLASS $150.00 X

REMOVE & INSTALL LEFT SIDE REAR VIEW MIRROR ~~$200.00~~ 120

LEFT REAR VIEW MIRROR INNER SEAL ~~$60.00~~ 30

REAR WINDSCREEN RUBBER SEAL $100.00 X NH (IN)

REMOVE & INSTALL UNDERCARRIAGE ~~$380.00~~ 250 28272

SPRAY PAINTING ~~$1,800.00~~ 1200

PANEL BEATING REAR BODY PANEL ~~$2,200.00~~ 1200

To transfer front and rear door fittings ~~300~~ 200

Nett 13109 Labour 3270

Tax 10% 1179.90 Total 15068.10

H/S: 12K

08 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

Affiliated to Federation Internationale Des Experts En Automobile

HENG KEE WORKSHOP

1033 EUNOS AVENUE 5A #01-31
EUNOS INDUSTRIAL ESTATE SINGAPORE 409703

ON BEHALF OF ANG GHEE TIONG

Ref : CS/TP17024654/Aqbn2

Date : 22-02-2018

Code : TP483

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	**Veh. Inspected**	SLN 5396J
	Policy No.	**Coverage ($)**	0.00
	Claim No.	**Excess ($)**	0.00
	Assign From	**Assign Date**	28/12/2017

2. Vehicle Particulars & Condition

	Make & Model	MERCEDES BENZ E 250	**c.c**	1796
	Engine No.	HIDDEN	**Year of Reg.**	2013
	Chassis No.	WDD2120472A679546	**Colour**	GREY
	Odometer	55173	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	265/35 R18	PIRELLI	6 mm
	L/H Front Tyre	265/35 R18	PIRELLI	6 mm
	R/H Rear Tyre	265/35 R18	PIRELLI	6 mm
	L/H Rear Tyre	265/35 R18	PIRELLI	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND UNDERCARRIAGE.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	22/12/2017	**Inspection Date**	28/12/2017
	Survey held at	HENG KEE WORKSHOP 1033 EUNOS AVENUE 5A #01-31 EUNOS INDUSTRIAL ESTATE SINGAPORE 409703		

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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLN 5396J

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	LEFT FRONT DOOR (N)	DENTED	2,070.00	2,070.00
1	LEFT FRONT DOOR LOWER MOULDING (N)	NECESSARY	75.00	75.00
1	LEFT FRONT DOOR TOP MOULDING (N)	NECESSARY	108.00	108.00
1	LEFT FRONT DOOR OUTER HANDLE (N)	DAMAGED	368.00	368.00
1	LEFT FRONT DOOR OUTER HANDLE SIDE COVER (N)	DAMAGED	80.00	80.00
1	LEFT FRONT DOOR INNER RUBBER (N)	NECESSARY	280.00	280.00
1	LEFT FRONT DOOR TOP RUBBER (N)	NECESSARY	48.00	48.00
1	LEFT FRONT DOOR LOCK (N)	DAMAGED	366.00	366.00
1	LEFT FRONT DOOR INNER LOCK HANDLE (N)	NOT NECESSARY	268.00	-
1	LEFT FRONT DOOR POWER WINDOW MOTOR (N)	DAMAGED	597.00	597.00
1	LEFT FRONT DOOR POWER WINDOW GEAR (N)	DAMAGED	380.00	380.00
1	LEFT FRONT DOOR CONTROL INNER SWITCH (N)	NOT NECESSARY	285.00	-
15	LEFT FRONT DOOR RIVET (N)	NECESSARY	90.00	90.00
1	LEFT REAR DOOR (N)	DISTORTED	2,129.00	2,129.00
1	LEFT REAR DOOR LOWER MOULDING (N)	NECESSARY	78.00	78.00
1	LEFT REAR DOOR TOP MOULDING (N)	NECESSARY	108.00	108.00
1	LEFT REAR DOOR OUTER HANDLE (N)	TO REPAIR SEE LABOUR	375.00	-
1	LEFT REAR DOOR OUTER HANDLE SIDE COVER (N)	NOT NECESSARY	85.00	-
1	LEFT REAR DOOR INNER RUBBER (N)	NECESSARY	280.00	280.00
1	LEFT REAR DOOR TOP RUBBER (N)	NECESSARY	58.00	58.00
1	LEFT REAR DOOR LOCK (N)	DAMAGED	465.00	465.00
1	LEFT REAR DOOR INNER LOCK HANDLE (N)	NOT NECESSARY	290.00	-
1	LEFT REAR DOOR POWER WINDOW MOTOR (N)	DAMAGED	625.00	625.00
1	LEFT REAR DOOR POWER WINDOW GEAR (N)	DAMAGED	290.00	290.00
1	LEFT REAR DOOR CONTROL INNER SWITCH (N)	NOT NECESSARY	190.00	-
15	LEFT REAR DOOR RIVET (N)	NECESSARY	90.00	90.00
1	LEFT REAR MUDGUARD (N)	TO REPAIR SEE LABOUR	2,200.00	-
1	REAR BUMPER (N)	TO REPAIR SEE LABOUR	1,465.00	-
1	REAR UNDERCARRIAGE UPPER ARM (N)	BENT	335.00	335.00
1	REAR UNDERCARRIAGE LOWER ARM (N)	BENT	385.00	385.00
1	REAR UNDERCARRIAGE LOWER ARM COVER (N)	NOT NECESSARY	325.00	-
1	REAR UNDERCARRIAGE KNUCKLE BEARING (N)	NECESSARY	268.00	268.00

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Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
1	REAR UNDERCARRIAGE KNUCKLE (N)	BENT	1,683.00	1,683.00
1	REAR UNDERCARRIAGE STAY BAR (N)	BENT	158.00	158.00
1	LEFT REAR SHOCK ABSORBER (N)	BENT	495.00	495.00
1	LEFT REAR DRIVE SHAFT (N)	NOT NECESSARY	2,895.00	-
1	LEFT REAR BRAKE DISC (N)	NOT NECESSARY	275.00	-
1	REAR BRAKE PAD THICKNESS SENSING WIRE (N)	NOT NECESSARY	280.00	-
1	SPORT RIMS (N)	CUT	1,500.00	1,200.00
	LESS 10% DISCOUNT		-	-1,310.90
			22,342.00	11,798.10
	SPECIAL NETT ITEMS			
1	REAR WINDSCREEN RUBBER SEAL (SN)	NOT NECESSARY	100.00	-
			100.00	-
	LABOUR			
	WIRE CHECKING.		80.00	30.00
	UNDERCOATED.		180.00	60.00
	REMOVE & INSTALL FUEL TANK.	NOT NECESSARY	180.00	-
	REMOVE & INSTALL REAR CUSHION SEAT.		150.00	80.00
	FOUR WHEEL ALIGNMENT.		150.00	100.00
	REMOVE & INSTALL LEFT REAR DOOR QUARTER GLASS.	NOT NECESSARY	150.00	-
	REMOVE & INSTALL LEFT SIDE REAR VIEW MIRROR.		200.00	120.00
	LEFT REAR VIEW MIRROR INNER SEAL.		60.00	30.00
	REMOVE & INSTALL UNDERCARRIAGE.		380.00	250.00
	SPRAY PAINTING.		1,800.00	1,200.00
	PANEL BEATING REAR BODY PANEL.INCLUSIVE OF THE REPAIR OF LEFT REAR DOOR OUTER HANDLE,LEFT REAR MUDGUARD AND REAR BUMPER.		2,200.00	1,200.00
	TO TRANSFER FRONT AND REAR DOOR FITTINGS.		300.00	200.00
			5,830.00	3,270.00
	GRAND TOTAL		**28,272.00**	**15,068.10**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**12,000.00**

Report Ref No. CS/TP17024654/Aqbn2

ADRIAN LING WAI PING

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

Licensed Appraiser