

ASS. REC. BY:

REF:

RS/EQ218000174/Avber

Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)

From (Person):

Bazlin Ahmad

of

EQ2

Date/Time:

03/01/2018 3:05pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLH 5298R

Insured:

at Workshop m/s

Zen Werkz

Tel:

9228 0114

8200 3559

of

13 Kaki Bukit Rd 1 #03-04

Eliken

Policy No:

Claim No:

DM17H002890

Sum Insured:

Excess:

#0

Make of Veh:

D.O.A. 18-12-2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

04-01-2018 at Kuan Yeng Mun (Blk 3023A Ubi Rd 1 #01-57)

I.O.D. Endorsement:

Date/Time:

03/01/2018 4:24pm

Person Contacted:

Fang Long

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLH 5298R - X
5/1/18	Adrian has authorise repair
7/6/18	@248pm Eliken said vehicle no spare parts, insured bring back the vehicle & repair himself.
12/6/18	Submit preli report

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: 190k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days 12/6/18 Res. Adrian Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLH 5298R Yr Regn: 2016 NovType: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prado cc: 2754Colour: White A/C: Insured / Std / NI / NASp. Reading: 51360 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: 6DJ1500005790Gen. 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: 265/65R17R: 265/65R17BS / DUN / EXNOVA / GY / FS / LIZA / MIG / 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: 04/01/18Survey held at: ZenDes. 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

OD EQ

RECEIVED | 2 JUN 2018

Date/Time, File Pass to?



: Prel. Report



: Final Report

1)

Date/Time, File Return to?

2) 12/6 - typistReport Format: CD

Lump Sum / I.B.I: (3) _____

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS - S

Photos

Other:

Add Fee:



Site Insp: (\$



Interview: (\$



Tech. Insp: (\$



Weekend: (\$

TOTAL

160

160

Survey Department Check List (Case Handler)

Reference No. : CS E&I 18000 179 Avb
 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 12/6/18
 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

EQ INSURANCE COMPANY LTD

Ref : CS/EQI18000179/Avb

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Date : 03-01-2018



Code : EQI

1. Policy Particulars :- OWN DAMAGE

Insured Veh.	Veh. Inspected	SLH 5298R
Policy No.	Coverage (\$)	0.00
Claim No. DM17HO02890	Excess (\$)	0.00
Assign From BAZLIN AHMAD	Assign Date	03/01/2018

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 18/12/2017	Inspection Date 04/01/2018
Survey held at KWAN YING MUN - 3023A UBI RD 1 #01-57	
Repairer ZEN WERKZ LLP	

5a. Remarks

A)THE MARKET VALUE IS S\$------(EST. AVERAGE) B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.
--

ng (LKK Auto)

Shu Pei (LKKAuto) <shupeil@lkkauto.com>

Wednesday, 3 January, 2018 3:57 PM

assignments

Subject:

FW: EQ REF : DM17HO02890 - OD CLAIM Survey for SLH5298R ACCIDENT ON 18.12.2017 ALONG CHANGI EAST PERIMETER RD

Attachments:

SLH5298R Body Shop Repair Estimate Form.pdf; GIA REPORT-SLH5298R.PDF

"Wishes you a Merry Christmas & Happy New Year 2018"

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Bazlin Ahmad [mailto:bazlin.ahmad@eqinsurance.com.sg]

Sent: Wednesday, 3 January, 2018 3:05 PM

To: Lee Fang Long <leefanglong@gmail.com>; Admin A <admin-a@lkkauto.com>

Subject: EQ REF : DM17HO02890 - OD CLAIM Survey for SLH5298R ACCIDENT ON 18.12.2017 ALONG CHANGI EAST PERIMETER RD

Dear Fang Long

Premium just cleared.

We will appoint LKK Autoconsultant to survey our insured vehicle.

Aside to LKK,

Please refer to the above claim reference and new assignment.
\$0 excess as driver is the employee of the company

Thank You.

Regards,

Lynn Ahmad

Executive | Claims

eqinsurance

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

did 65 6496 9881 | tel 65 6223 9453 ext 881 | fax 65 6223 4190

www.eqinsurance.com.sg

 A Member of Citystate

 you've got a friend

Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of

From: Lee Fang Long [mailto:leefanglong@gmail.com]
Sent: Tuesday, January 2, 2018 12:53 PM
To: Bazlin Ahmad
Subject: Re: Request for Surveyor for SLH5298R

Yes the list of surveyors are fine, do we call them to arrange a timing to come down?

The vehicle is currently at Kwan Ying Mun Motor Service
BLK 3023A
UBI ROAD 1 #01-57
Singapore 408717

I have attached the GIA Report in this email

On Tue, Jan 2, 2018 at 9:55 AM, Bazlin Ahmad <bazlin.ahmad@eqinsurance.com.sg> wrote:
Without Prejudice

Dear Sir,

We refer to your Notice of Accident of even date. Kindly forward us your client's GIA Report.

We shall be appointing our surveyor to attend to the pre-repair survey of your client's vehicle.

Below is a list of motor surveyors in our panel. Please revert within 2 working days if you agree or have any objections to the appointment of any of the motor surveyors. If we do not hear from you, you are deemed to have agreed to the appointment of any of the motor surveyors listed by us. Alternatively, please specify one or more of our proposed motor surveyors to the said assignment.

1) AJAX Inspection Services Pte Ltd Tel: 6255 0808 Fax: 6849 9155 Contact person : Joey/Joseh	2) Automobile Inspection Services Pte Ltd Tel: 6286 0155 Fax: 6284 1539 Contact Person: Sophia
3) LBS Automotive Appraisal Pte Ltd L.B.S. Auto Consultants Pte Ltd Tel: 6281 6690 / 62832866 Fax: 6281 8748 Contact Person: Amy/ Grace	4) Priority Services Tel: 62934822 Fax: 62963283 Contact Person: Sharon Kho

5) RT Appraisal Pte Ltd Tel: 67486076 Fax: 67480361 Contact Person: Ricky Teng	6) LKK Auto Consultants Pte Ltd Tel: 6256-3561 Fax: 6741-4108
7) Kelvin Automotive Appraising Services Tel: 81825263 Fax: 67461148 Contact Person: Kelvin	8) Automotive Appraiser & Surveying Services Tel: 96623655 Fax: 67655662 Contact Person: Mr Chee
9) JP Knights Pte Ltd Tel: 63450068 Fax: 63445328 Contact Person: Edna Lee	

If you object to all the motor surveyors as proposed by us, please provide a list of at least 10 motor surveyors whom you consider as suitable to appoint for our consideration. We shall revert to you within 2 working days.

Meanwhile, we reserve our rights on Post-Repair Inspection, kindly contact us or our appointed surveyor before you return your client's vehicle to him/her.

Thank You.

Regards,

Lynn Ahmad
Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6496 9881 | tel 65 6223 9433 ext 881 | fax 65 6223 4190



Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of

From: Lee Fang Long [<mailto:leefanglong@gmail.com>]

Sent: Saturday, December 30, 2017 9:30 AM

To: Marketing

Subject: Request for Surveyor for SLH5298R

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S77234140



Name
HARVINDER SINGH S/O PRITAM
SINGH



Sex
M
Date of Birth
12-08-1977
Place of Birth of holder
SINGAPORE

Age
36

S77234140

REPUBLIC OF SINGAPORE & DRIVING LICENSING



Identity Number S77234140

HARVINDER SINGH S/O PRITAM
SINGH

Valid from 12 Aug 2017
Valid until 27 Oct 2019



IDENTITY NO

S77234140

S457448



Identity Number S77234140



Date of issue
29-09-2019

Address
APT BLK 218 SRS MO KIO AVENUE 2
#02-2077
SINGAPORE 660348

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars (4-2000kg with not passengers, excluding 27 Oct 2019
of the 1997 and 2001 Motor Vehicle Act 1997/2001



Identity Number S77234140

MP425A

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	3909D
Vehicle Details	
Vehicle No.:	SLH5298R
Vehicle to be Exported:	No
Intended De-registration Date:	05 Jan 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRADO 2.8TX-L PACKAGE A/T DIESEL 4WD 5DR
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	1GD8024563
Chassis No.:	GDJ1500005790
Maximum Power Output:	130.0 kW (174 bhp)
Open Market Value:	\$43,804.00
Original Registration Date:	09 Nov 2016
First Registration Date:	09 Nov 2016
Transfer Count:	0
Actual ARF Paid:	\$53,326.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Nov 2026
PARF Rebate Amount:	\$39,994.00
Intended COE Rebate Details	

COE Expiry Date:	08 Nov 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,410.00
COE Rebate Amount:	\$49,875.00
Total Rebate Amount:	\$89,869.00

The information contained herein is correct as at 05 Jan 2018

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	19/12/2017 20:04
Date Of Accident	18/12/2017 14:00
Exact Location Of Accident	CHANGI EAST PERIMETER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH5298R
Insured/Policyholder	
Name Of Registered Owner	HOCK LIAN SENG INFRASTRUCTURE - SEMBCORP DESIGN
Co Reg No	200908903E 3909D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90087480
Alternative Phone No	OFFICE-90087480

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRADO 2.8TX
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-005530
Cover Note Number	

Driver

Name of Driver	HARVINDER SINGH S/O PRITAM SINGH
NRIC No	S7723414D
Date Of Birth	12/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2015
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90087480
Fax Number	
Contact Number	
EMail Address	IVYPEH@HLSSDCJV.SG

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 -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY

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?

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

STATEMENT GIVEN BY REPRESENTATIVE AS INFORMED BY DRIVER, DRIVER HIT ONTO A POT HOLE AND THE VEHICLE SWERVE TO THE RIGHT SIDE. INSTEAD OF APPLYING BRAKES, DRIVER ACCIDENTALLY STEP ON ACCELERATE PEDAL AND CAUSE THE VEHICLE MOUNTED ONTO THE SLOPE OF THE ROAD SIDE. DRIVER AND PASSENGER HAD BEEN CONVEYED TO THE HOSPITAL THRU AMBULANCE AND BEEN WARDED.

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

Vehicle Make/Model/Colour

Details Of Properties PROPERTY

Vehicle Category

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	HARVINDER SINGH S/O PRITAM SINGH
Approximate Age	40
Injuries Sustain	
Injured person in which vehicle?	SLH5298R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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 Authorized 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 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 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.



19/12/17
4:45pm

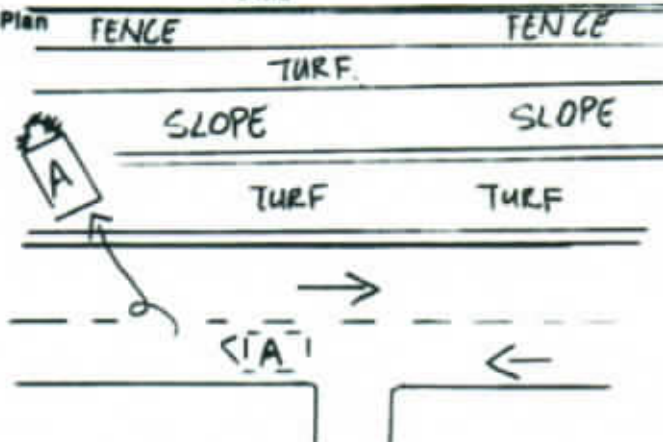
VERIFIED BY AJAX MARKS
REPORTING OFFICER
EUGENE KOH

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ALONG CHANGI
EAST PERIMETER RD
A) SLH5298R

ACCIDENT STATEMENT (2000 characters)

STATEMENT GIVEN BY REPRESENTATIVE AS INFORMED BY DRIVER, DRIVER HIT ONTO A POT HOLE AND THE VEHICLE SWERVE TO THE RIGHT SIDE. INSTEAD OF APPLYING BRAKES, DRIVER ACCIDENTALLY STEP ON ACCELERATE PEDAL AND CAUSE THE VEHICLE MOUNTED ONTO THE SLOPE OF THE ROAD SIDE. DRIVER AND PASSENGER HAD BEEN CONVEYED TO THE HOSPITAL THRU AMBULANCE AND BEEN WARDED.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
EUGENE KOH YEW KIAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

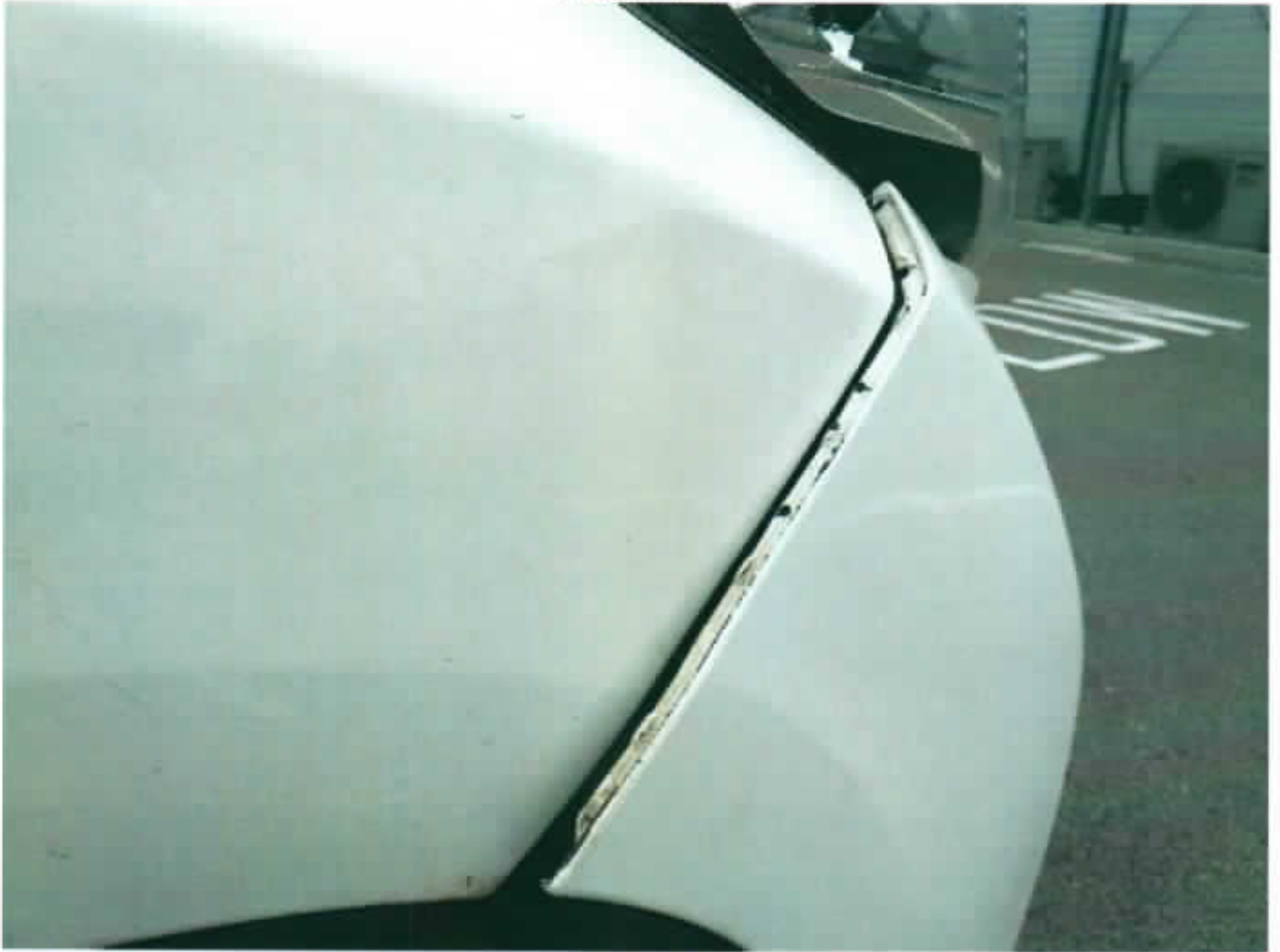
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



leefanglong@gmail.com

Date: 29/12/2017

Mileage _____ License No. **SLH5298R** Paint No. **WHITE/BLACK** Trim No. _____ Insurance Co. **EQ Insurance DMPPHQ17-005530**

GRAND TOTAL \$ 6000



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				
EQ INSURANCE COMPANY LTD			Ref : CS/EQI18000179/Avbe2	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110			Date : 19-06-2018	
			Code : EQI	
1. Policy Particulars :- OWN DAMAGE				
Insured Veh.	Veh. Inspected		SLH 5298R	
Policy No.	DMPPHQ17-005530	Coverage (\$)	0.00	
Claim No.	DM17HO02890	Excess (\$)	0.00	
Assign From	BAZLIN AHMAD	Assign Date	03/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRADO	c.c	2754	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	GDJ1500005790	Colour	WHITE	
Odometer	51360	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	265/65 R17	MICHELIN	6 mm	
L/H Front Tyre	265/65 R17	MICHELIN	6 mm	
R/H Rear Tyre	265/65 R17	MICHELIN	6 mm	
L/H Rear Tyre	265/65 R17	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/12/2017	Inspection Date	04/01/2018	
Survey held at	KWAN YING MUN - 3023A UBI RD 1 #01-57			
Repairer	ZEN WERKZ LLP			
5a. Remarks				
A)THE MARKET VALUE IS S\$190,000.00(EST. AVERAGE) B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE 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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLH 5298R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	INSTALLATION & REPLACEMENT OF FRONT BUMPER, REPAIRS OF FRONT INTERIOR.		4,000.00	4,000.00
	SPRAY PAINTING OF BUMPER & VEHICLE TO ORIGINAL COLOR.		1,200.00	250.00
	WHEEL ALIGNMENT.	NOT NECESSARY	100.00	-
	LABOUR.		800.00	200.00
			6,100.00	4,450.00
	GRAND TOTAL		6,100.00	4,450.00
	RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)			4,450.00

Report Ref No. CS/EQ18000179/Avbe2

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.