

REF: NS/TNC18000192/Srbel

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

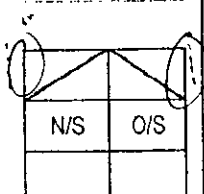
Insured: **SHC 69413**Policy No. **5095103893** **20.10.2017**Claims No. **MT/0976742-001**

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHC 4989K** Yr Regn: **20/11/2015**Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Prius** C.C. **1799**Colour: **Maroon** A/C: Insured / Std / NI / NASp. Reading: **317565** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JTDKN364605767229**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: ☒ S/Rim / STD A/Rim orTyre Size: F: **195/65R15**

R: _____

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

TOYO / YOKO or **Falken**Front **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. **26/12/2017** D.O.I. **28/12/2017**Survey held at **SHR7**

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

Fnt O/S, Fnt N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time / Action / Instruction

SHC 4989K - 20/11/2015 17:00:30 / h4**DFA: 10277 TAX/12/17/2145****SHC 69413 - 003/2017 07:19 / 4989K****DFA: 130317 LKK****NTRC****8/1/18 Sebastian Confirmed \$ 1268.71 (Red 5752.73, 8250)**

RECEIVED 2.01.18

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2) **10/1- typst**

Report Format :

Lump Sum / I.B.I. (\$) **1268.71**Days Of Repair: **2**Resurvey No. of Trip: **1**Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Invs (\$☐ Weekend (\$

Survey Fee:

Transportation:

) S + RS. \$

) Photos

) Others

TOTAL

160**35****195**

Survey Department Check List (Case Handler)

Reference No. : **NS/INC 18000192/Svb**
 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 | | Y-Date | N-Date | Y-Date | N-Date |
|---------------------|------------------------|--------|--------|--------|--------|
| 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** **10/11/18**
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18000192/Svb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-01-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|------------|----------------|------------|
| Insured Veh. | SHC 6941J | Veh. Inspected | SHC 4989K |
| Policy No. | 5095103893 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 28/12/2017 |

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 | 26/12/2017 | Inspection Date | 28/12/2017 |
| Survey held at | SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705 | | |

5a. Remarks

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

Denise Tay (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Monday, 8 January, 2018 12:32 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

All claims created.

With Regards

Samsia
Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Monday, January 08, 2018 11:54 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir,

TP Claims against NTUC Income: Follow-Through Survey

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Da |
|------|------------------|---------------------------------|----------------------|--------------------|----|
| 1 | MT/0962198-003 | SMRT TAXIS PTE LTD | SHB 380Y | SJH 7428T | |
| 2 | MT/0972413-003 | SMRT TAXIS PTE LTD | SHC 4561K | SJU 1405E | |
| 3 | MT/0974252-002 | SMRT TAXIS PTE LTD | SHB920P | SGL 7859Y | |
| 4 | MT/0974178-002 | SMRT TAXIS PTE LTD | SHF 18Z | PC 1481H | |
| 5 | MT/0976742-001 | SMRT TAXIS PTE LTD | SHC 4989K | SHC 6941J | |

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|-------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5095103893 | PREMIER TAXIS PTE. LTD. | 200304975H | GFT | Third Party | SHC6941J | SHC6941J | 20/10/2017 | |

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

| | |
|----------------|---------|
| Owner ID Type: | Company |
| Owner ID: | 5369K |

Vehicle Details

| | |
|--------------------------------|--------------------|
| Vehicle No.: | SHC4989K |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 02 Jan 2018 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS TAXI (SMRT) |
| Primary Colour: | Maroon |
| Manufacturing Year: | 2015 |
| Engine No.: | 2ZR6572444 |
| Chassis No.: | JTDKN36U605767229 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$29,508.00 |
| Original Registration Date: | 20 Nov 2015 |
| First Registration Date: | 20 Nov 2015 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$5,000.00 |

Intended PARF Rebate Details

| | |
|-------------------------------|-------------|
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 19 Nov 2023 |

PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 19 Nov 2023

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 8

PQP Paid: \$45,267.00

COE Rebate Amount: \$33,274.00

Total Rebate Amount: \$37,024.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 02 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 | 28/12/2017 08:23 |
| Date Of Accident | 26/12/2017 16:00 |
| Exact Location Of Accident | BEDOK NORTH AVE 3 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHC4989K |
| Insured/Policyholder | |
| Name Of Registered Owner | SMRT TAXIS PTE LTD |
| Co Reg No | 198905369K |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-800000000 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | PRIUS TAXI-1.8 (A) |
| Exact Purpose for which vehicle was being used at time of accident | HIRE AND REWARD |
| 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-17087562MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TOO KIM THOR |
| NRIC No | S6937130B |
| Date Of Birth | 01/11/1969 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/10/1987 |
| Driving Experience | 30 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

Address 418 WOODLANDS STREET 41
11-117

Postcode 730418

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 - CHANGE/CROSS LANE

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) 3

Passenger 1
NAME: : TEO YOU MING
GENDER: : MALE

Passenger 2
NAME: : KHOY EE HAN, EILLEN
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TANAH MERAH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4499999 - FAX NO: 62447251

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20171227/2097 On 26/12/2017 around 1600hrs, I was travelling along Bedok North Ave 3 with 2 passengers at the rear passenger seats towards the direction of PIE. As I was travelling along the 2 lane rd, I noticed a Silvercab taxi bearing registration plate number, SHC6941J on that was travelling on my right. The said car was behind another vehicle that was turning into the slip rd towards Blk 137/139. Suddenly, the said Silvercab taxi swerved into my lane without any signal and I immediately tried to avoid by moving to the left. However, the Silvercab taxi collided into the front bumper of my vehicle. I stopped my vehicle to make a check. I also had to horn at the Silvercab taxi driver to stop him as he was about to drive away after hitting my vehicle. He subsequently, stopped his vehicle about 200 metres away. I made a check on my 2 passengers as one of them was 9 months pregnant. They informed that they were not injured and just in shock. I also did not sustain any injuries. I made a check on my vehicle and discovered that the right side of my front bumper was scratched as a result of the collision and the front bumper was slightly misaligned. I also discovered that the front left side of my bumper was slightly scratched as a result of hitting the left side curb when trying to avoid the collision. The driver of the Silvercab taxi refused to exchange particulars and informed that he will just lodge an accident report. I then proceeded to drop my passengers off at Thomson Medical Centre and we exchanged particulars. Today, I felt pain on my lower back and neck and decided to visit Mount Alvernia Hospital where I was given 5 days of MC. I went to seek medical treatment together with the same 2 passengers during the accident who also informed me that they felt pain as a result of the collision. I wish to inform that at the time of the accident, the in-car camera of my vehicle was recording. However, the footage can only be obtained from SMRT

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: FILE TOO LARGE
Was there any audio recorded? NO

Details of Witness 1

Name TEO YOU MING
Phone Number
Email Address

Details of Witness 2

Name KHOY EE HAN, EILEEN
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC6941J
Vehicle Make/Model/Colour SILVERCAB
Details Of Properties
Vehicle Category TAXI
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 TOO KIM THOR
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHC4989K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KHOY EE HAN, EILEEN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHC4989K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.



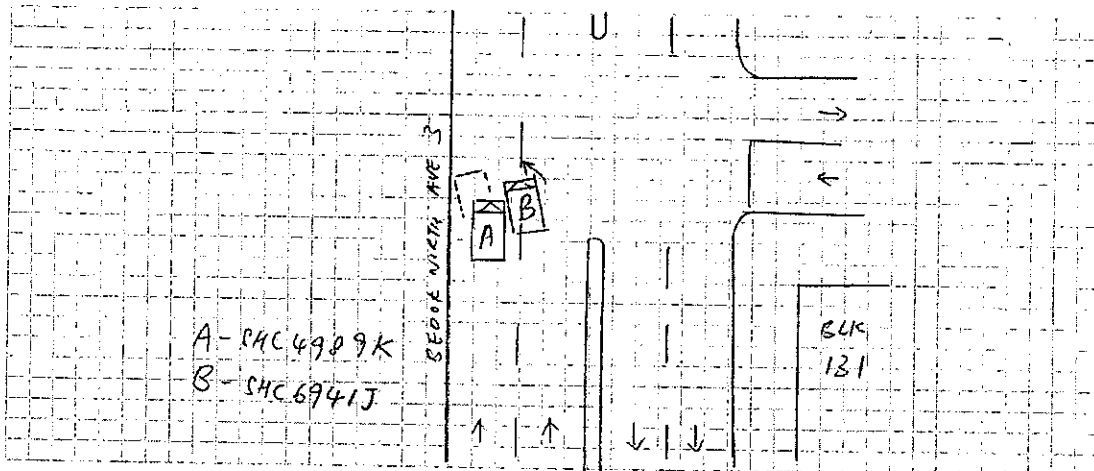
[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/12/12

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - 7/26/71 227/297

DECLARATION

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

Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/8/12

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



**SINGAPORE
POLICE FORCE**



T/20171227/2097

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

1 of 4

Report No. T/20171227/2097

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|-------------------------|
| Date/Time Report Made: 27/12/2017 15:58 | | Vide Report No.: | | Station Diary No.: 9 |
| Informant's Particulars | | | | |
| Name of Informant: TOO KIM THOR | | Address: APT BLK 418 WOODLANDS STREET 41 #11-117 SINGAPORE 730418 | | |
| ID Type / ID No.: NRIC NO / S6937130B | | Contact No.: Home/Office: Mobile: 96677489 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 48 | Date of Birth: 01/11/1969 | Type of Informant: Driver | |
| Race: Chinese | | Language: English | Institution / School Name: | |
| Occupation: Taxi driver | | Driving Licence Information: Class: 2B,3,4,5 Date of Expiry: | | |

| | | | | |
|---|----------------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 26/12/2017 16:00 | Type of Location: Straight Road |
| Location: Along Road 1 Traveling Toward Road 2 BEDOK NORTH AVENUE 3 PAN ISLAND EXPRESSWAY Along Bedok North Avenue 3 towards direction of PIE | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|--------|-------|--------|------------------|-----------------|
| Vehicle No | Type | Make | Model | Color | Condition | No of Passenger |
| SHC4989K | Car | TOYOTA | PRIUS | Maroon | Slightly Damaged | 2 |
| SHC6941J | Car | KIA | | Silver | Slightly Damaged | 1 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20171227/2097

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

2 of 4

Report No. T/20171227/2097

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|-------------------------|------------------|--|--|
| Name | KHOY EE HAN, EILEEN | | ID No. | S9204017H |
| Related Vehicle | SHC4989K (Car) | | Contact No. | 97324129 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 27/12/2017 | Date Discharge | 27/12/2017 | |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight | |
| Driver | | | | |
| Name | TOO KIM THOR | | ID No. | S6937130B |
| Related Vehicle | SHC4989K (Car) | | Contact No. | 96877489 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry Date | Class: 2B,3,4,5 Date of Expiry: NIL |
| Date Treatment | 27/12/2017 | Date Discharge | 27/12/2017 | |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight | |
| Passenger | | | | |
| Name | TEO YOU MING | | ID No. | S9111729J |
| Related Vehicle | SHC4989K (Car) | | Contact No. | 82391530 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 27/12/2017 | Date Discharge | 27/12/2017 | |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight | |

Brief Details.

On 26/12/2017 around 1600hrs, I was travelling along Bedok North Ave 3 with 2 passengers at the rear passenger seats towards the direction of PIE. As I was travelling along the 2 lane road, I noticed a Silvercab taxi bearing registration plate number, SHC6941J on that was travelling on my right. The said car was behind another vehicle that was turning into the slp road towards Blk 137/139.

Suddenly, the said Silvercab taxi swerved into my lane without any signal and I immediately tried to avoid by moving to the left. However, the Silvercab taxi collided into the front bumper of my vehicle. I stopped my vehicle to make a check. I also had to horn at the Silvercab taxi driver to stop him as he was about to drive away after hitting my vehicle. He subsequently, stopped his vehicle about 200 metres away. I made a check on my 2 passengers as one of them was 9 months pregnant. They informed that they were not injured and just in shock. I also did not sustain any injuries.



**SINGAPORE
POLICE FORCE**



T/20171227/2097

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

3 of 4

Report No. T/20171227/2097

CONTINUATION OF REPORT

I made a check on my vehicle and discovered that the right side of my front bumper was scratched as a result of the collision and the front bumper was slightly misaligned. I also discovered that the front left side of my bumper was slightly scratched as a result of hitting the left side curb when trying to avoid the collision. The driver of the Silvercab taxi refused to exchange particulars and informed that he will just lodge an Accident report. I then proceeded to drop my passengers off at Thomson Medical Centre and we exchanged particulars.

Today, I felt pains on my lower back and neck and decided to visit Mount Alvernia Hospital where I was given 5 days of MC. I went to seek medical treatment together with the same 2 passengers during the accident who also informed me that they felt pains as a result of the collision.

I wish to inform that at the time of the accident, the in-car camera of my vehicle was recording. However, the footage can only be obtained from SMRT.



**SINGAPORE
POLICE FORCE**



T/20171227/2097

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

4 of 4

Report No. T/20171227/2097

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

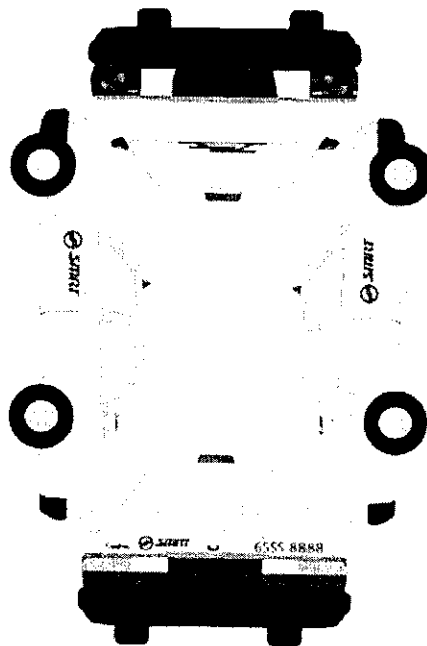
| | |
|---|--------------------------------|
| Signature Of Officer Recording The Report: G / Sgt 3 MUHAMMAD DANIAL BIN SUMANAN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 27/12/2017 15:58 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430 | Classification Of Case: |
| Authentication Stamp NP168 | SIGNATURE |

SMRT Accident Vehicle Repair Estimates

NTUC

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SHC4989K
 Ref. No : TAX/12/17/2145
 Reg. Date : 20/11/2015
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : TOO KIM THOR
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 26/12/2017 04:00:00 PM
 Accident Reported Date / Time : 28/12/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : IDAC
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024093823
 Special Instruction to ARC, if any :
 DROVE / SHC6941J (NTUC) - IDAC
 Prepared Date : 28/12/2017 08:52:47 AM



Sebastian
 28/12/2017.

- Part by part repair
 - Question Mark Item Photo
 - Photo Before Paint
- 90036124

Sebastian.yeang@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 in on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplemental part(s) must be surveyed and is subject to final approval by Insurance Company

Acknowledge

Signature:

Date:

[Signature]
 5/1/18

Chassis No : JTDKN36U605767229

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

| | Quotation from ARC | Adjusted by Surveyor, if applicable |
|--------------------------------|------------------------|-------------------------------------|
| Total Labour Charges : | 507.00 | 0.00 |
| Total Spray Painting Charges : | 1,116.00 | 0.00 |
| Total Material Charges : | 3,721.03 | 3,721.03 |
| Other Charges : | 728.44 | 0.00 |
| TOTAL : | 6,072.47 | 0.00 |
| Lum Sum Total : | 0.00 | 0.00 |
| No. of Repair Days : | 5.00 | 0.00 |
| Prepared / Adjusted By : | | 2 days |
| Arc / Surveyor Sign Off Date : | 28/12/2017 11:18:05 AM | 01/01/1900 12:00:00 AM |

F

Prepared / Adjusted Date :

Remarks :

Prepared Date : 28/12/2017 11:17:49 AM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

| | |
|------------------|-----------------|
| Quotation No : | Invoice No : |
| Quotation Date : | Invoice Date : |
| Invoice Amount : | Prepared Date : |

Part 1 - Labour Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|----------------------------|--------------------|-------------------------------------|
| TO REPAIR RH FRONT PORTION | 507.00 | 0.00 300 |
| Total Labour | 507.00 | 0.00 |

Part 2 - Spray Painting & Panel Beating Related Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| TO REPSRAY FRONT BUMPER | 378.00 | 0.00 200 |
| TO RESPRAY FRONT FENDER RH | 378.00 | 0.00 X |
| RESPRAY WHEEL CAP | 180.00 | 0.00 50 |
| TO RESPRAY RIM | 180.00 | 0.00 X |
| Total Spray Painting & Panel Beating | 1,116.00 | 0.00 |

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| TO CHECK WIRING AND SYSTEM FUNCTION | 80.00 | 0.00 X |
| TO APPLY RUST-PROOFING ON AFFECTED AREA | 100.00 | 0.00 X |
| TO DO WHEEL ALIGNMENT / TYRE BALANCING | 120.00 | 0.00 60 |
| TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE) | 120.00 | 0.00 X |
| TO REPLACE SUNDRY PARTS | 100.00 | 0.00 20 |
| TO WASH AND VACUUM | 60.00 | 0.00 X |
| TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET) | 148.44 | 0.00 ✓ |
| Total Other Costs | 728.44 | 0.00 |

Part 4 - Spare Parts / Material Usage

| Part Number | Portion | Stock No | Part Name | Qty | List Price (\$) | Discount (%) | Final Price (\$) | ARC Recommended | Surveyor Approved | Photos Attached |
|------------------------------------|---------|----------|-------------------------------|-----|-----------------|--------------|------------------|-----------------|-------------------|-----------------|
| 52119-47930 | | 6505517 | BUMPER FRT | 1 | 482.00 | 25.00 | 361.50 | Replace | Replace | No |
| 81511-47050 | | | LENS & BODY, FR TURN RH | 1 | 511.80 | 10.00 | 460.62 | Replace | Replace | No |
| 52115-47040 | | 6505515 | BUMPER SUPPORT F/RH | 1 | 76.40 | 25.00 | 57.30 | Replace | Replace | No |
| 81130-47500 | | 6505437 | HEAD LAMP RH | 1 | 945.20 | 10.00 | 850.68 | Replace | Replace | No |
| 53801-47050 | | 6505557 | FENDER FRT/RH | 1 | 723.40 | 25.00 | 542.55 | Replace | Replace | No |
| 75374-47051 | | | NAME PLATE (HYBRID) | 1 | 51.90 | 25.00 | 38.92 | Replace | Replace | No |
| 53875-47030 | | 6505553 | FENDER LINER FRT/RH | 1 | 171.70 | 25.00 | 128.77 | Replace | Replace | No |
| 53851-47040 | | | FENDER LINER PAD, FR WHEEL RH | 1 | 49.30 | 25.00 | 36.97 | Replace | Replace | No |
| 42602-47060 | | 6505676 | CAP SUB-ASSY, WHEEL | 1 | 174.10 | 25.00 | 130.57 | Replace | Replace | No |
| 42611-47140 (Frt) | | 6505658 | WHEEL DISC. FRONT | 1 | 1,484.20 | 25.00 | 1,113.15 | Replace | Replace | No |
| TOTAL MATERIALS | | | | | | | | 3,721.05 | 3,721.03 | |
| TOTAL MATERIALS(Discounted) | | | | | | | | 3,721.03 | 3,721.03 | |

Added Spare Parts / Material Usage After Surveyor Signed off

| Part Number | Portion | Part Name | Qty | List Price (\$) | Discount (%) | Final Price (\$) | ARC Check | Surveyor Check | LT Check |
|--------------------------------------|---------|-----------|-----|-----------------|--------------|------------------|-----------|----------------|----------|
| TOTAL SUPPLEMENTARY MATERIALS | | | | | | | | | |



21-10-11/10-11

SMRT Automotive Service Pte Ltd

60 Woodlands Industrial Park E4, Singapore 757705

APV = 30-12-17 / 11:56

FAX Number : 63685592

30-12-17 / 15:50

Estimator Telephone Number : 68662623

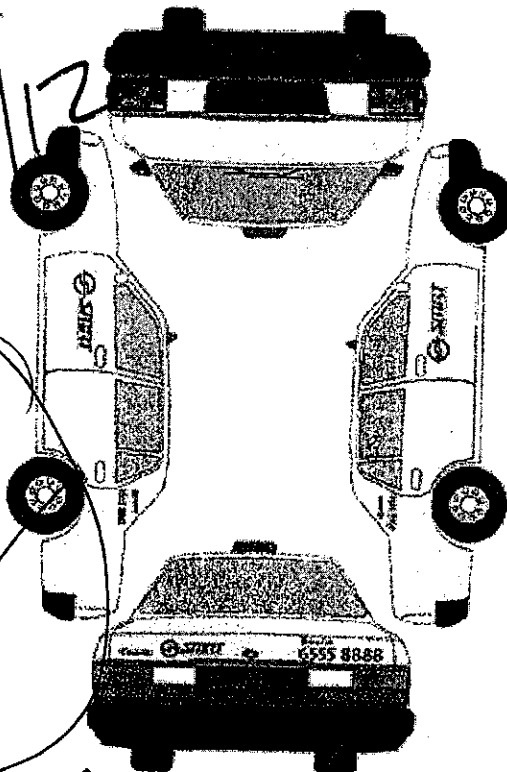
Accident Reporting Number : 68662672

SMRT Accident Vehicle Repair Estimates

28-12-17 / 15:50

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SHC4989K
 Ref. No : TAX/12/17/2145
 Reg. Date : 20/11/2015
 Vehicle Type : TAXI
 Make : TOYOTA PRIUS
 Model : PRIUS
 Name of Driver : TOO KIM THOR
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 26/12/2017 04:00:00 PM
 Accident Reported Date / Time : 28/12/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by Sebastian : IDAC
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024093823
 Special Instruction to ARC, if any :
 DROVE / SHC6941J (NTUC) - IDAC
 BEFORE PAINT PHOTO, FOR CHECK ITEM AND REPLACE ITEM
 & Email : sebastianeang @lkkauto.com HP: 90036121
 Prepared Date : 28/12/2017 08:52:47 AM



Recording Camera

☐ ☒

Radio Antenna

☐ ☒

1st witness

Date

28-12-17

2nd witness

Date

QC 30/12/17 9:40

319626

LEE SHENG AUTO PTE LTD

Vehicle Return Date:

27-12-2017

Vehicle Return Time:

16:10

SMRT staff sign:

[Signature]

319565 km

1/4 1/2 3/4 → 8格油

Chassis No : JTDKN36U605767229

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

| | Quotation from ARC | Adjusted by Surveyor, if applicable |
|--------------------------------|--------------------------------|-------------------------------------|
| Total Labour Charges : | 507.00 | 300.00 |
| Total Spray Painting Charges : | 1,116.00 | 250.00 |
| Total Material Charges : | 1,895.84 | 490.27 |
| Other Charges : | 728.44 | 228.44 |
| TOTAL : | 4,247.28 <i>7021.44</i> | 1,268.71 |
| Lum Sum Total : | 0.00 | 0.00 |
| No. of Repair Days : | 5.00 | 2.00 / |
| Prepared / Adjusted By : | | SEBASTIAN (LKK) |
| Arc / Surveyor Sign Off Date : | 28/12/2017 11:18:05 AM | 28/12/2017 03:50:18 PM |

F

L/KK

Prepared / Adjusted Date :

Remarks :

Prepared Date : 28/12/2017 11:17:49 AM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

Quotation No : *QN-1801-0001*

Invoice No :

Quotation Date : *2/1*

Invoice Date :

Invoice Amount :

Prepared Date :

Part 1 - Labour Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|----------------------------|--------------------|-------------------------------------|
| TO REPAIR RH FRONT PORTION | 507.00 ✓ | 300.00 / |
| Total Labour | 507.00 | 300.00 |

Part 2 - Spray Painting & Panel Beating Related Works

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| TO REPSRAY FRONT BUMPER | 378.00 ✓ | 200.00 / |
| TO RESPRAY FRONT FENDER RH | 378.00 X | 0.00 |
| RESPRAY WHEEL CAP | 180.00 ✓ | 50.00 / |
| TO RESPRAY RIM | 180.00 X | 0.00 |
| Total Spray Painting & Panel Beating | 1,116.00 | 250.00 |

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

| Job Scope | Quotation from ARC | Adjusted by Surveyor, if applicable |
|---|--------------------|-------------------------------------|
| TO CHECK WIRING AND SYSTEM FUNCTION | 80.00 | 0.00 |
| TO APPLY RUST-PROOFING ON AFFECTED AREA | 100.00 | 0.00 |
| TO DO WHEEL ALIGNMENT / TYRE BALANCING | 120.00 | 60.00 / |
| TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE) | 120.00 | 0.00 |
| TO REPLACE SUNDRY PARTS | 100.00 | 20.00 / |
| TO WASH AND VACUUM | 60.00 | 0.00 |
| TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET) | 148.44 | 148.44 / |
| Total Other Costs | 728.44 | 228.44 |

7021.44

| Part Number | Portion | Stock No | Part Name | Qty | List Price (\$) | Discount (%) | Final Price (\$) | ARC Recommendation | Surveyor Approved | Photos Attached |
|-----------------------------|---------|----------|--------------------------------|-----|-----------------|--------------|------------------|--------------------|-------------------|-----------------|
| 52119-47930 | | 6505517 | BUMPER FRT | ✓ 1 | 482.00 | 25.00 | 361.50 | Replace | Replace | No ✓ <i>tn</i> |
| 81511-47050 | | | LENS & BODY, FR TURN RH | X 1 | 511.80 | 10.00 | 460.62 | Replace | Check | No X |
| 52115-47040 | | 6505515 | BUMPER SUPPORT F/RH | X 1 | 76.40 | 25.00 | 57.30 | Replace | Check | No X |
| 81130-47500 | | 6505437 | HEAD LAMP RH | X 1 | 945.20 | 10.00 | 850.68 | Replace | Check | No X |
| 53801-47050 | | 6505557 | FENDER FRT/RH | X 0 | 723.40 | 25.00 | 0.00 | Replace | Not given | No X |
| 75374-47051 | | | NAME PLATE (HYBRID) | X 0 | 51.90 | 25.00 | 0.00 | Replace | Not given | No X |
| 53875-47030 | | 6505553 | FENDER LINER FRT/RH | ✓ 1 | 171.70 | 25.00 | 128.77 | Replace | Replace | No ✓ <i>tn</i> |
| 53851-47040 | | | FENDER LINER PAD, FR WHEEL, RH | X 1 | 49.30 | 25.00 | 36.98 | Replace | Check | No X <i>tn</i> |
| 42602-47060 | | 6505676 | CAP SUB-ASSY, WHEEL | R 1 | 174.10 | 100.00 | 0.00 | Replace | Repair | No R |
| 42611-47140 (Frt) | | 6505658 | WHEEL DISC. FRONT | X 0 | 1,484.20 | 25.00 | 0.00 | Replace | Not given | No X <i>tn</i> |
| TOTAL MATERIALS | | | | | | | 1,895.85 | 490.27 | | |
| TOTAL MATERIALS(Discounted) | | | | | | | 1,895.84 | 490.27 | | |

Added Spare Parts / Material Usage After Surveyor Signed off

| Part Number | Portion | Part Name | Qty | List Price (\$) | Discount (%) | Final Price (\$) | ARC Check | Surveyor Check | LT Check |
|-------------------------------|---------|-----------|-----|-----------------|--------------|------------------|-----------|----------------|----------|
| TOTAL SUPPLEMENTARY MATERIALS | | | | | | | | | |

490.27 ✓
 + 300.00 ✓
 + 478.44 ✓

 1268.71 ✓

Sebastian

8/1/18

**National Assessment Centre Services**


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

TEL: 6841 0055 FAX: 6841 6315

Thatcham escribe

Reg. No: 52983356E GST Reg. No. 20-0405911-H



| | | | |
|---|--|---------------------------|---|
| NTUC INCOME INSURANCE CO-OPERATIVE LTD | | Ref: NS/INC18000192/Svbe2 | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 15-01-2018 |  |
| | | Code: INC4 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SHC 6941J | Veh. Inspected | SHC 4989K |
| Policy No. | 5095103893 | Coverage (\$) | 0.00 |
| Claim No. | MT/0976742-001 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 28/12/2017 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2015 |
| Chassis No. | JTDKN36U605767229 | Colour | MAROON |
| Odometer | 319565 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | FAIR | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 195/65 R15 | FALKEN | 6 mm |
| L/H Front Tyre | 195/65 R15 | FALKEN | 6 mm |
| R/H Rear Tyre | 195/65 R15 | FALKEN | 6 mm |
| L/H Rear Tyre | 195/65 R15 | FALKEN | 6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S AND FRONT N/S PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 26/12/2017 | Inspection Date | 28/12/2017 |
| Survey held at | SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705 | | |
| 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 | |



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4989K

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|---------------|---------------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | BUMPER FRT (DISC 25%) | TORN | 482.00 | 361.50 |
| 1 | FENDER LINER FRT / RH (DISC 25%) | TORN | 171.70 | 128.77 |
| 1 | LENS & BODY, FR TURN RH | NOT NECESSARY | 511.80 | - |
| 1 | BUMPER SUPPORT F/RH | NOT NECESSARY | 76.40 | - |
| 1 | HEAD LAMP RH | NOT NECESSARY | 945.20 | - |
| 1 | FENDER FRT/RH | NOT NECESSARY | 723.40 | - |
| 1 | NAME PLATE (HYBRID) | NOT NECESSARY | 51.90 | - |
| 1 | FENDER LINER PAD, FR WHEEL RH | NOT NECESSARY | 49.30 | - |
| 1 | WHEEL DISC. FRONT | NOT NECESSARY | 1,484.20 | - |
| 1 | CAP SUB-ASSY, WHEEL | TO REPAIR | 174.10 | - |
| | | | 4,670.00 | 490.27 |
| | LABOUR | | | |
| | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. | | 975.44 | 508.44 |
| | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. | | 1,216.00 | 250.00 |
| | TO REPLACE SUNDRY PARTS. | | 100.00 | 20.00 |
| | TO WASH AND VACUUM. | NOT NECESSARY | 60.00 | - |
| | | | 2,351.44 | 778.44 |
| | GRAND TOTAL | | 7,021.44 | 1,268.71 |
| | RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | 1,268.71 |

Report Ref No. NS/INC18000192/Svbe2

YEANG WAI KEEN

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, 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.