

1552010

INS. CASE OWNER:

CG6/TP.18000503 / Acs302

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

13/12/17

Date / Time:

09/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 12/12/17

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(VL: YES / NO)

Insured Liability : % Final ? Yes / No

OLL 6844L



INSRS: WSP: MA Solution  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

STAGE

DATE / PIC

09/01/18 (Ashw)

OLL 6844L - X ; SHF 7908 - X  
\* THIS CASE IS INDEPENDENT AND CONFIRM WITH M.S. HUNG BY MA SOLUTION PTE LTD ON DD. 09/01/18

Non-Reporting ltr (1st):  
Non-Reporting ltr (2nd):  
Non-Reporting ltr (Final):  
Notification ltr (if non-pickup):  
Call OI:  
After call ltr to OI:

16/01/18

\* FILE PASS TO TYPIST

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
PIR:	<input type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
LOD	<input type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED 16 JAN 2018

Post-Repair Photos:    
Others:

CONFIRMATION Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Email  Call

FINAL SETTLEMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Email  Call

Global Liability: % (Agreed / Assessed) BOLA S/N No. : \_\_\_\_\_  
If NO or B 28, Ass. Lia : \_\_\_\_\_

Repair Cost: \$S \_\_\_\_\_ ( \_\_\_\_\_ days) Reduction: % \_\_\_\_\_  
Email  Call

Loss of Rental (LOR): \$S \_\_\_\_\_ ( \_\_\_\_\_ days)  
Loss of Use (LOU): \$S \_\_\_\_\_ (S x \_\_\_\_\_ days)  
Loss of Income (LOI): \$S \_\_\_\_\_ (S x \_\_\_\_\_ days)

LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]

GIA/LTA Search: \$S \_\_\_\_\_  
Medical: \$S \_\_\_\_\_  
Disbursement: \$S \_\_\_\_\_ (e.g. Tow/ Independent )

Total Cost: \$S \_\_\_\_\_  
Total: \$S \_\_\_\_\_ Global Sum \$S: \_\_\_\_\_  
1) Claim status: Normal/Reject/Private Settle  
2) Report Format:  
3) Survey fee:

FINAL PAYMENT Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_  
Email  Call

Employee 1: \$S \_\_\_\_\_ Name 1: \_\_\_\_\_  
Employee 2: (Strike if N.A.) \$S \_\_\_\_\_ Name 2: \_\_\_\_\_  
Employee 3: (Strike if N.A.) \$S \_\_\_\_\_ Name 3: \_\_\_\_\_

COPY SENT 16/01/18

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 7 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLL6844 Yr Regn: 2009 SeptType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Altis C.G. 1598Colour: Black A/C: Insured / Std / NI / NASp. Reading: 83778 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MR053Z.EE.106/55310.Gen. 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: 195/65R15R: 195/65R15

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

TOYO / YOKO or Nexen.

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 13/12/17.Survey held at M6 Solution.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 AXA.

Hs: +5.600 (REO: +7.574.80 51/2)

Date/Time / File Pass to?

: Preli. Report

1)

: Final Report

Date/Time / File Return to?

3)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation

\_\_\_\_ \$ - PS \_\_\_\_ \$)

Photos

Others:

TOTAL

Add Fee:

Site Insp. (\$

Interview (\$

Tech. Insp. (\$

Weekend (\$

Report Format: \_\_\_\_\_

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

3x15 = 45

170 + 45

50

50

84

80

479



# 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

MG SOLUTION PTE LTD

Ref : CC6/TP18000503/Aes3

23 KAKI BUKIT AVE 4  
(SOUTH WING) #02-03B  
VICOM INSPECTION CENTRESINGAPORE 415933

Date : 09-01-2018



Code : TP441

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHF 790B	Veh. Inspected	SLL 6844L
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	09/01/2018

## 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	13/12/2017	Inspection Date	13/12/2017
Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933		

## 5a. Remarks

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

## 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	13/12/2017 11:32
Date Of Accident	12/12/2017 21:50
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE ONRAET ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6844L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHYE LEONG
NRIC No	S1529874Z
Email Address	TANCL41@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97350924
Alternative Phone No	OFFICE-88888888

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090484259
Cover Note Number	

### Driver

Name of Driver	TAN CHYE LEONG
NRIC No	S1529874Z
Date Of Birth	08/09/1962
Occupation	INDOOR
Date Of Driving Pass	13/02/1986
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97350924
Fax Number	
Contact Number	OFFICE-88888888
E-Mail Address	TANCL41@SINGNET.COM.SG

Address  
 Postcode  
 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 - HEAD TO REAR  
 Weather Conditions AFTER RAIN  
 Road Surface WET

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 2

**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**

ON 12/12/2017 AT ABOUT 2150HRS AT ALONG PIE TOWARDS CHANGI BEFORE ONRAET ROAD EXIT. I WAS TRAVELLING ON THE EXTREME RIGHT LANE AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC HENCE I FOLLOW SUIT. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SLL6844L (B) SHF790B

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: PLEASE ASK FROM WORKSHOP  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHF790B  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**Details of Witness**

Name  
 Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

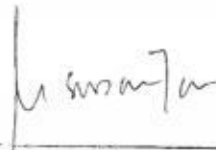
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

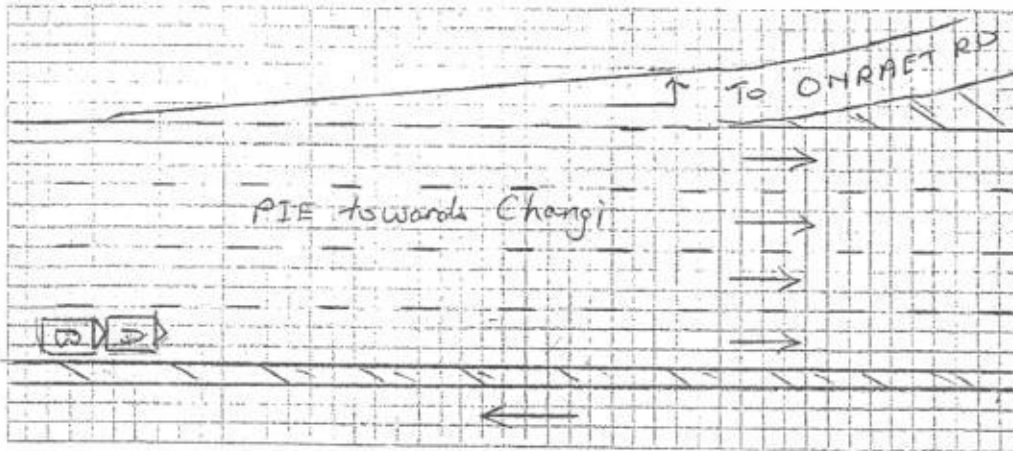
  
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 12/12/2017 at about 2150 hrs at along PIE towards Changi before Onraet Road exit. I was travelling on the extreme Right lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my Vehicle. I have one passenger inside my vehicle.

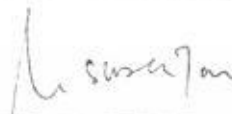
(A) SLL 6844 L  
(B) SHF 790 B

DECLARATION

(We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

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

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



# MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

TO	: AXA <i>(Independent)</i>	DATE	: 13-Dec-17
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT	:		
<i>MROS37EE106155310</i>			
<b><u>VEHICLE DETAILS</u></b>			
VEHICLE NO	: SLL6844L		
MODEL	: TOYOTA COROLLA ALTIS 1.6		
CHASSIS NO			
<b><u>ACCIDENT DETAILS</u></b>		DATE	: 12-Dec-17
		TIME	: 21:50HRS
THIRD PARTY REQUESTOR / CONTACT	:	DEON	

**CLAIM DETAIL : PARTS**

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	BOOTLID <i>Dented</i>	1	\$755.30	\$755.30
2	BOOTLID '1.6' EMBLEM <i>2</i>	1	\$52.00	\$52.00
3	BOOTLID 'VVT-i' EMBLEM <i>new</i>	1	\$43.65	\$43.65
4	BOOTLID CENTRE EMBLEM	1	\$68.00	\$68.00
5	BOOTLID 'COROLLA' EMBLEM	1	\$45.57	\$45.57
6	BOOTLID 'ALTIS' EMBLEM	1	\$44.17	\$44.17
7	BOOTLID 'LX' EMBLEM	1	\$44.17	\$44.17
8	BOOTLID LAMP <i>crushed</i>	2	\$260.00	\$520.00
9	BOOTLID LOCK <i>Byd</i>	1	\$189.20	\$189.20
10	BOOTLID LOCK CATCH <i>new</i>	1	\$58.00	\$58.00
11	BOOTLID HINGE <i>new</i>	2	\$98.30	\$196.60
12	BOOTLID WEATHERSTRIP <i>at</i>	1	\$255.30	\$255.30
13	REAR BUMPER <i>Distorted</i>	1	\$598.60	\$598.60
14	REAR BUMPER REFLECTOR <i>Byd</i>	2	\$85.30	\$170.60
15	REAR BUMPER RH SIDE RETAINER(FRONT) <i>new</i>	2	\$109.50	\$219.00
16	REAR BUMPER RH SIDE RETAINER(LOWER) <i>Byd</i>	2	\$109.50	\$219.00
17	REAR END REINFORCEMENT BAR <i>3er</i>	1	\$211.30	\$211.30
18	REAR END REINFORCEMENT SPONGE <i>crushed</i>	1	\$91.20	\$91.20

19	TAIL-LAMP <i>at</i>	2	\$480.30	\$960.60	- 684
20	TAIL-LAMP PANEL <i>RH dent</i>	2	\$135.00	\$270.00	+ 135
21	REAR FENDER <i>Repair</i>	2	\$1,020.00	\$2,040.00	+
22	REAR FENDER INNER COWLING <i>new</i>	2	\$109.50	\$219.00	+
23	REAR FENDER INNER TRIM <i>RH torn</i>	2	\$422.30	\$844.60	- 285
24	REAR FENDER AIR VENT <i>new</i>	2	\$167.50	\$335.00	+
25	REAR WINDSCREEN MOULDING <i>new</i>	1	\$150.00	\$150.00	+
26	END PANEL <i>Distorted</i>	1	\$685.00	\$685.00	- 595
27	END PANEL INNER GARNISH <i>Dented</i>	1	\$280.00	\$280.00	-
28	FLOOR PANEL <i>Rips</i>	1	\$920.00	\$920.00	+
29	FLOOR PANEL TOP BOARD <i>Dented</i>	1	\$355.20	\$355.20	- 276.60

*Res Bumpers Impact Bracket 202 dent*  
 (9) 85.6      171.20 ✓  
 5734.86  
 4301.14

TOTAL PRICE	\$	10,841.06
LESS 25%	\$	2,710.27
<b>SUB TOTAL PRICE</b>	<b>\$</b>	<b>8,130.80</b>

**SPECIAL NETT ITEMS**

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT	
1	REAR NUMBER PLATE <i>new</i>	1	\$50.00	\$ 50.00	+
2	REAR BUMPER CLIPS(SET) <i>new</i>	1	\$20.00	\$ 20.00	✓
3	REAR FENDER INNER TRIM CLIPS (1 SET) <i>new</i>	1	\$24.00	\$24.00	✓
4	REAR FENDER INNER COWLING CLIPS(SET) <i>new</i>	1	\$20.00	\$20.00	+
5	REAR WINDSCREEN INNER SEAL <i>2 new</i>	1	\$150.00	\$150.00	+
6	REAR WINDSCREEN SEALANT	1	\$120.00	\$120.00	+
7	END PANEL INAULATOR SEAL <i>new</i>	1	\$150.00	\$150.00	- 60.
8	END PANEL INNER GARNISH CLIPS (1 SET) <i>new</i>	1	\$30.00	\$30.00	- 10
9	FLOOR PANEL INAULATOR SEAL <i>new</i>	1	\$150.00	\$150.00	✓
10	REVERSE SENSOR <i>2 new</i>	1	\$220.00	\$ 220.00	✓
<b>TOTAL</b>				<b>\$ 934.00</b>	

**CLAIM DETAILS: LABOUR AND SPRAY PAINTING ( REAR)**

1	PANEL BEATING, REMOVAL AND REPLACING PARTS	\$ 1,600.00	2100
2	TO SPRAY PAINT AFFECTED AREA	\$ 1,400.00	1000.
3	TUFF COAT	\$ 350.00	60.
4	WIRING CHECK	\$ 150.00	30
5	REMOVE AND REFIX CUSHION SEAT/ UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR	\$ 250.00	60.

6	CONDUCT WATER LEAKAGE TEST	\$ 120.00	X	
7	REMOVE AND REFIX REAR WINDSCREEN	\$ 120.00	X	
8	REMOVE AND REFIX REVERSE SENSOR	\$ <del>120.00</del>	50	

2300

TOTAL

\$4,110.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 9,064.80

TOTAL LABOUR COST : \$ 4,110.00

TOTAL REPAIR COST : \$ 13,174.80

APPROVED DETAILS

SURVEYOR :

CONTACT NO :

PART BY PART / LUMP SUM :

NO OF DAYS :

Adrian Lj

13/12/17.

2/s 08 Pays.

13303-20

Label: 708514

1/s 56K ✓

FAX :



## 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**

MG SOLUTION PTE LTD

Ref : CC6/TP18000503/Aes3n2

23 KAKI BUKIT AVE 4  
(SOUTH WING) #02-03B  
VICOM INSPECTION CENTRESINGAPORE 415933  
ON BEHALF OF TAN CHYE LEONG

Date : 23-01-2018



Code : TP441

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SLL 6844L
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	13/12/2017

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA ALTIS	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	MR053ZEE106155310	Colour	BLACK
Odometer	83778	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	NEXEN	6 mm
L/H Front Tyre	195/65 R15	NEXEN	6 mm
R/H Rear Tyre	195/65 R15	NEXEN	6 mm
L/H Rear Tyre	195/65 R15	NEXEN	6 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	12/12/2017	Inspection Date	13/12/2017
Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933		

### 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: **7 Working Days**



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLL 6844L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BOOTLID	DENTED	755.30	755.30
1	BOOTLID "1.6" EMBLEM	NECESSARY	52.00	52.00
1	BOOTLID "VVT-I" EMBLEM	NECESSARY	43.65	43.65
1	BOOTLID CENTRE EMBLEM	NECESSARY	68.00	68.00
1	BOOTLID "COROLLA" EMBLEM	NECESSARY	45.57	45.57
1	BOOTLID "ALTIS" EMBLEM	NECESSARY	44.17	44.17
1	BOOTLID "LX" EMBLEM	NECESSARY	44.17	44.17
2	BOOTLID LAMP @\$260.00	CRACKED	520.00	520.00
1	BOOTLID LOCK	DAMAGED	189.20	189.20
1	BOOTLID LOCK CATCH	NOT NECESSARY	58.00	-
2	BOOTLID HINGE @\$98.30	NOT NECESSARY	196.60	-
1	BOOTLID WEATHERSTRIP	CUT	255.30	255.30
1	REAR BUMPER	DISTORTED	598.60	598.60
2	REAR BUMPER REFLECTOR @\$85.30	DAMAGED	170.60	170.60
2	REAR BUMPER RH SIDE RETAINER (FRONT) @\$109.50	NOT NECESSARY	219.00	-
2	REAR BUMPER RH SIDE RETAINER (LOWER) @\$109.50	DAMAGED	219.00	219.00
1	REAR END REINFORCEMENT BAR	BENT	211.30	211.30
1	REAR END REINFORCEMENT SPONGE	CRACKED	91.20	91.20
2	TAIL-LAMP @\$480.30	CUT	960.60	684.00
2	TAIL-LAMP PANEL @\$135.00	N/S DENTED	270.00	135.00
2	REAR FENDER @\$1020.00	TO REPAIR SEE LABOUR	2,040.00	-
2	REAR FENDER INNER COWLING @\$109.50	NOT NECESSARY	219.00	-
2	REAR FENDER INNER TRIM @\$422.30	N/S TORN	844.60	285.00
2	REAR FENDER AIR VENT @\$167.50	NOT NECESSARY	335.00	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	150.00	-
1	END PANEL	DISTORTED	685.00	595.00
1	END PANEL INNER GARNISH	DEFORMED	280.00	280.00
1	FLOOR PANEL	TO REPAIR SEE LABOUR	920.00	-
1	FLOOR PANEL TOP BOARD	DEFORMED	355.20	276.60
2	REAR BUMPER IMPACT BRACKET @\$85.60	DENTED	171.20	171.20
	LESS 25% DISCOUNT		-2,753.06	-1,433.71
			<b>8,259.20</b>	<b>4,301.15</b>



# 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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	50.00	-
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	20.00	20.00
1	SET REAR FENDER INNER TRIM CLIPS (SN)	NECESSARY	24.00	24.00
1	SET REAR FENDER INNER COWLING CLIPS (SN)	NOT NECESSARY	20.00	-
1	REAR WINDSCREEN INNER SEAL (SN)	NOT NECESSARY	150.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	120.00	-
1	END PANEL INSULATOR SEAL (SN)	NECESSARY	150.00	60.00
1	SET END PANEL INNER GARNISH CLIPS (SN)	NECESSARY	30.00	10.00
1	FLOOR PANEL INSULATOR SEAL (SN)	NECESSARY	150.00	150.00
1	REVERSE SENSOR (SN)	DAMAGED	220.00	220.00
			<b>934.00</b>	<b>484.00</b>
<b><u>LABOUR</u></b>				
PANEL BEATING,REMOVAL AND REPLACING PARTS.INCLUSIVE OF THE REPAIR OF REAR FENDER AND FLOOR PANEL.			1,600.00	1,100.00
TO SPRAY PAINT AFFECTED AREA.			1,400.00	1,000.00
TUFF COAT.			350.00	60.00
WIRING CHECK.			150.00	30.00
REMOVE AND REFIX CUSHION SEAT/UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR.			250.00	60.00
CONDUCT WATER LEAKAGE TEST.			120.00	-
REMOVE AND REFIX REAR WINDSCREEN.			120.00	-
REMOVE AND REFIX REVERSE SENSOR.			120.00	50.00
			<b>4,110.00</b>	<b>2,300.00</b>
<b>GRAND TOTAL</b>			<b>13,303.20</b>	<b>7,085.15</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>5,600.00</b>

Report Ref No. CC6/TP18000503/Aes3n2

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.