

ASS. REC. BY:

REF: CS / U0118001783 / Urb m2 Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Felis of UOT Date/Time: 30012018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKP 5845 Insured: SGZ 5989U

at Workshop m/s Pous Auto Tel: 6886 9097

of 31k 1 Kaki Bukit Ave 6 #02-48

Policy No: DHOM120025191600 Claim No:

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 26 012018

CA / REV / REP. / REV 24 HRS 'wp' H.O.D. Endorsement:

Date/Time: 30012018 10.10am Person Contacted: Ms Sim Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKP 5845 - X
	SGZ 5989U - X

Surveys, Marcus

REF:

U01/

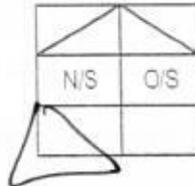
ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: SKP5845
 at Workshop m/s: Focus
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SKP5845 Yr Regn: P 14
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or LA /
 Make: Honda insight Hybrid 1339
 Colour: wh-t A/C: Insured / Std / NI / NA
 Sp Reading: P7054 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JHMAE280E5200131
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Ins / Jammed / Leaked / Burnt or
 Brake: Ins / Jammed / Leaked / Burnt or
 Modi: Nil / B/Rim / STD A/Rim or
 Tyre Size: F: 205/50ZR16
 R: _____

(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
 GW / PR Seen: 2 Consistent? : Yes or No
 Est. Repairs: 3 days Res: Yes or No
 Lum Sum: 20 % 3 Val: Yes or No
 CA / REV / REP: / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or F.ILN28
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 26/1/18 D.O.I. 3/1/18
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear n/s.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
5/4/18 Confund LTA 44993
4/5 @ 1600 with md way
Red: \$2168,80, 58%.

RECEIVED 05 APR 2018

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee
Transportation

130
50
50
36
266

Add Fee: Site Insp. (\$) Photos
 Interview (\$) Cert
 Tech. Invs (\$)
 Weekend (\$)

Report Format: TP
 Lump Sum ~~1600~~: (\$) 1600

TOTAL



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI18001783/Urb

3 ANSON ROAD #28-01
SPRINGLEAF TOWER SINGAPORE 079909

Date : 30-01-2018



Code : UOI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGZ 5989U	Veh. Inspected	SKP 584S
Policy No.	DHOM120025191600	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	FELIS	Assign Date	30/01/2018

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

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5. General Information

Accident Date	26/01/2018	Inspection Date	30/01/2018
Survey held at	FOCUS AUTO PTE LTD NO 1 KAKI BUKIT AVE 6 AUTOBAY #02-48 SINGAPORE 417883		

5a. Remarks

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



MEMBER OF THE UOB GROUP

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

To :	Focus Auto Pte Ltd Attn: Ms Sin	Fax : 64819095
From :	Jenny Lew	Fax : 63273869
Date :	30 .01.2018	Our ref: SGZ5989U [DHOM120025191600] Yr ref : SKP584S

FACSIMILE MESSAGE

WITHOUT PREJUDICE

**REQUEST FOR PRE-REPAIR SURVEY – SKP584S
ACCIDENT INVOLVING SGZ5989U AND SKP584S ON 26.01.2018**

We refer to your email dated 29.1.2018 and 30.1.2018.

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

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

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

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

We reserve all our rights in this matter.

Thank you.

Regards


Jenny Lew
Claims Dept

cc. LKK Auto Consultants Pte Ltd
Fax: 62564315
Attn Shiau Chan

For your immediate attention.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2152Z
Vehicle Details	
Vehicle No.:	SKP584S
Vehicle to be Exported:	No
Intended De-registration Date:	31 Jan 2018
Vehicle Make:	HONDA
Vehicle Model:	HONDA INSIGHT 1.3 CVT HYBRID
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	LDA35002619
Chassis No.:	JHMZE2850ES200131
Maximum Power Output:	72.0 kW (96 bhp)
Open Market Value:	\$18,347.00
Original Registration Date:	11 Aug 2014
First Registration Date:	11 Aug 2014
Transfer Count:	1
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Aug 2024
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	10 Aug 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$63,190.00
COE Rebate Amount:	\$41,243.00
Total Rebate Amount:	\$44,993.00

The information contained herein is correct as at 31 Jan 2018

OK

MSME16026157 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 23/02/2018 12:43
 SUBMITTED BY: Chia Pui Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 23/02/2018 13:02

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 GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	23/02/2018 12:43
Date Of Accident	26/01/2018 16:05
Exact Location Of Accident	ALONG SOUTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP584S
Insured/Policyholder	
Name Of Registered Owner	SD PROGRESS PRIVATE LIMITED
Co Reg No	201712152Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91397251
Vehicle Particulars	
Manufacturer	HONDA
Model	INSIGHT
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092637794
Cover Note Number	
Driver	
Name of Driver	HAAMAT BIN HASSAN
NRIC No	S8922253B
Date Of Birth	07/07/1989
Occupation	INDOOR
Date Of Driving Pass	31/05/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91397251
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 115 JALAN BUKIT MERAH #05-1617
 Postcode 160115
 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 COLLISION - CHANGE/CROSS LANE
 Weather Conditions RAINING
 Road Surface WET

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? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1 NAME: : UNKNOWN
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

ON 26/01/2018 TIME ABOUT 4.05PM, I WAS DRIVING MY VEHICLE (SKP584S) ALONG SOUTH BRIDGE ROAD ON LANE 2. LORRY 1 SUDDENLY CUT INTO MY LANE THEN I SLOW DOWN. SUDDENLY, VEHICLE B (SGZ5989U) HIT ONTO MY VEHICLE REAR PORTION. AFTER I GO DOWN CHECK, VEHICLE B HIT ONTO MY VEHICLE LEFT HAND SIDE REAR PORTION.

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 SGZ5989U
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver SEOW KHIM CHUANG
 NRIC/Passport Number S7724990G
 Contact Number 96495036
 Address
 Postcode
 Insurance Company Name

desmondwong@sd-progress.com

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26 / 01 / 2018 (dd/mm/yy) Time of Accident: 16 : 05 (24-HR-FORMAT)

Vehicle No.: SKP584S Vehicle Make & Model: Florida Insight

Exact location of Accident: Along South Bridge Road

Policyholder's Name / IC No.: SD Progress Private Limited / Pas: 2017121522

Driver's Name / IC No.: Harmat Bin Hassan / S89222538 (As Above)

Driver's Contact No.: 91397251 Company Contact No: _____

Driver's Address: BK 115 Jalan Bukit Merah #05-1617 3(160115)

Email address (if any): _____ Insurance Company: NTUC

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / **Employee** / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 2 (Male)

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: Mr Seow Khm Chuang / S7724990G Vehicle No: SGZ5989U

Driver's Contact No: 96495036 Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

JennyLev@uoi.com.sg

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

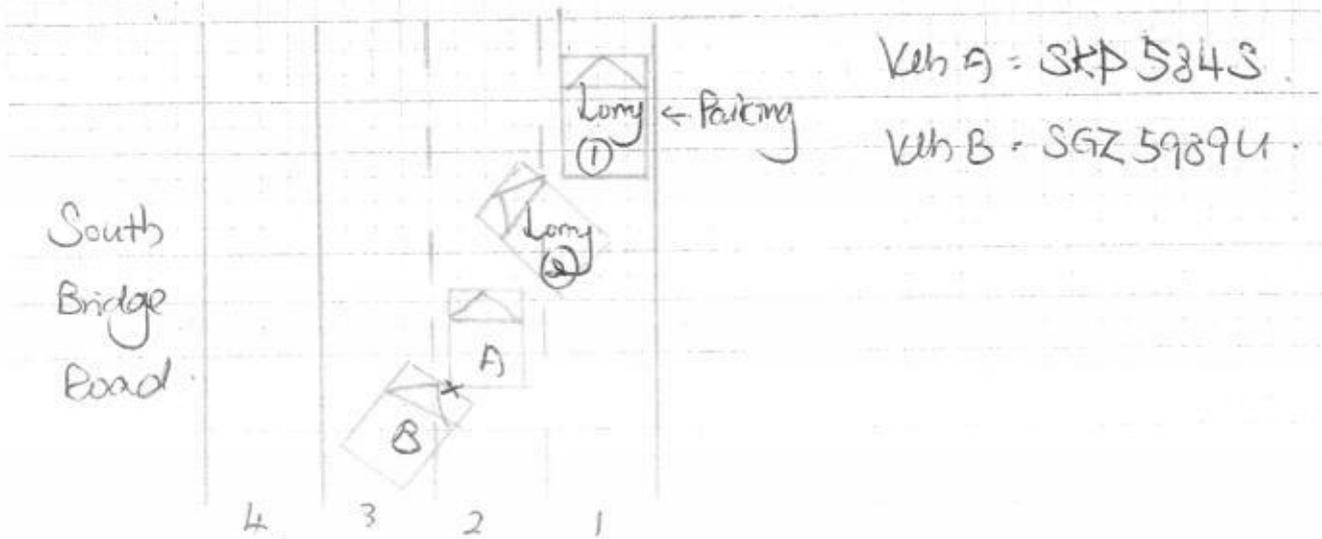


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



SKETCH PLAN



Veh A = SKP 584S

Veh B = SGZ 5989U

South
Bridge
Road

4 3 2 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/01/18 time about 4.05pm, I was driving my vehicle SKP 584S along South Bridge Road Lane 2, Lorry 1 suddenly cut in my lane then I slow down, suddenly vehicle B SGZ 5989U hit onto my vehicle rear portion, after I go down check vehicle B hit onto my vehicle left hand side rear portion.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:



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

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

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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

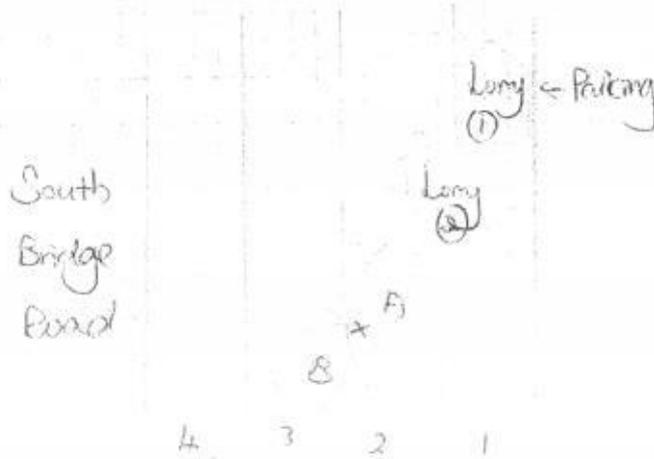

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

PROFESSIONAL

Sketch Plan #2 Pg. 1

SKETCH PLAN



Veh A - SKP 584S
 Veh B - SGZ 5989U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/01/18 time about 4.05pm, I was driving my vehicle SKP 584S along South Bridge Road lane 2, Lany 1 suddenly cut in my lane then I slow down, suddenly vehicle B SGZ 5989U hit onto my vehicle rear position, after I go down check vehicle B hit onto my vehicle left hand side rear portion.

DECLARATION

I/We declare the above 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.:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 2152Z

Vehicle Details

Vehicle No.: SKP584S
Vehicle to be Exported: No
Intended De-registration Date: 29 Jan 2018
Vehicle Make: HONDA
Vehicle Model: HONDA INSIGHT 1.3 CVT HYBRID
Primary Colour: White
Manufacturing Year: 2014
Engine No.: LDA35002619
Chassis No.: JHMZE2850ES200131
Maximum Power Output: 72.0 kW (96 bhp)
Open Market Value: \$18,347.00
Original Registration Date: 11 Aug 2014
First Registration Date: 11 Aug 2014
Transfer Count: 1
Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 10 Aug 2024
PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 10 Aug 2024
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$63,190.00
COE Rebate Amount: \$41,277.00
Total Rebate Amount: \$45,027.00

The information contained herein is correct as at 29 Jan 2018

OK

Not followed
date
d/s #1600
3/1/18
take photo after repair
3 day.

FOCUS AUTO PTE LTD

NO. 1 KAKI BUKIT AVENUE 6 #02-50 AUTOBAY @ KAKI BUKIT SINGAPORE 417883
 TEL: 6886 9097 FAX: 6841 9095 Email: focus.autopteltd@yahoo.com.sg
 GST:200712509E RCB NO:201004495R

M/S : United Overseas Insurance Limited
 3 Anson Road
 #28-01 Springleaf Tower
 Singapore 079909
 TEL: 62227733 FAX: 63273869
 ATTN: Motor Claim Department
 Your Ref No: SKP584S
 Claim Type: Third Party
 Accident Date: 26-01-2018
 TP Veh Reg No: SGZ5989U

Estimate No: EST0000609
 Date: 21 Mar 2018
 Policy No: 5092637794
 Veh Reg No: SKP584S
 Make/Model: HONDA INSIGHT
 Chassis No: JHMZE2850ES200131
 Engine No: LDA35002619
 Reg. Date: 11-08-2014

Estimate Repair Cost to Vehicle No :SKP584S

PAGE:1/1

Description	U/Price	Quantity	List Price SS	Amount SS
HONDA INSIGHT 1.3 CVT				
List Price				
1 Rear Bumper	950.2000	1 PC	950.20	==
2 Rear Bumper Lower Spoiler	426.4000	1 PC	426.40	==
3 Rear Bumper Reflector LH	52.2000	1 PC	52.20	==
4 Rear End Panel	657.2000	1 PC	657.20	X 1428.8
			2,086.00	
		Less 20%	417.20	1,668.80 1143.04
Special Net				
5 Rear Bumper Sensor	300.0000	1 SET	300.00	X 300.00
Labour				
6 Panel Beating	850.0000	1 PC	850.00	350
7 Check Wiring	60.0000	1 PC	60.00	20
8 Rust Proofing	60.0000	1 PC	60.00	X
9 To Remove & Replace Bumper Sensor	80.0000	1 PC	80.00	50
10 To Spray Painting	750.0000	1 PC	750.00	450
			1,800.00	1,800.00
		Total		SS 3,768.80

TOTAL: SINGAPORE DOLLAR THREE THOUSAND SEVEN HUNDRED SIXTY EIGHT AND CENTS EIGHTY ONLY

- 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 is on a "Without Prejudice" basis
 - No illegal modification(s) is allowed
 - Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

For FOCUS AUTO PTE LTD
 Focus Auto Pte Ltd
 No 1 Kaki Bukit Ave 6 Auto Bay
 #02-50 Singapore 417883
 AUTHORISED SIGNATURE

2013.04





LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI18001783/Urbn2

3 ANSON ROAD #28-01
SPRINGLEAF TOWER SINGAPORE 079909

Date : 10-04-2018



Code : UOI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGZ 5989U	Veh. Inspected	SKP 584S
Policy No.	DHOM120025191600	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	FELIS	Assign Date	30/01/2018

2. Vehicle Particulars & Condition

Make & Model	HONDA INSIGHT HYBRID (A)	c.c	1339
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JHMZE2850ES200131	Colour	WHITE
Odometer	87054	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/50 ZR16	FIRENZA	6 mm
L/H Front Tyre	205/50 ZR16	FIRENZA	6 mm
R/H Rear Tyre	205/50 ZR16	FIRENZA	6 mm
L/H Rear Tyre	205/50 ZR16	FIRENZA	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	26/01/2018	Inspection Date	31/01/2018
Survey held at	FOCUS AUTO PTE LTD NO 1 KAKI BUKIT AVE 6 AUTOBAY #02-48 SINGAPORE 417883		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **3 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKP 584S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DISTORTED	950.20	950.20
1	REAR BUMPER LOWER SPOILER	DISTORTED	426.40	426.40
1	REAR BUMPER REFLECTOR LH	CRACKED	52.20	52.20
1	REAR END PANEL	TO REPAIR SEE LABOUR	657.20	-
	LESS 20% DISCOUNT		-417.20	-285.76
			1,668.80	1,143.04
SPECIAL NETT ITEMS				
1	SET REAR BUMPER SENSOR (SN)	NOT NECESSARY	300.00	-
			300.00	-
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR END PANEL.		850.00	350.00
	CHECK WIRING.		60.00	20.00
	RUST PROOFING.	NOT NECESSARY	60.00	-
	TO REMOVE & REPLACE BUMPER SENSOR.		80.00	50.00
	TO SPRAY PAINTING.		750.00	450.00
			1,800.00	870.00
GRAND TOTAL			3,768.80	2,013.04
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,600.00

Report Ref No. CS/UOI18001783/Urbn2

CHUA KANG SENG

Licensed Appraiser

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