

ASS. REC. BY:

REF:

CS/ICS18001944/Ggbnz

Special Instructions:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Lionel Chua

of

ICS

Date/Time:

31.01.2018 3:09pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLQ 1603Y

Insured:

GY 435P

at Workshop m/s

Trans Eurokars

Tel:

6395 8685

of

5 Ubi close

Policy No:

Claim No:

DM CV 180006H

Sum Insured:

Excess:

Make of Veh:

D.O.A. 23012018

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement

Date/Time:

31012018 3:54pm

Person Contacted:

Eric

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLQ 1603Y - x
	GY 435P - CJA / 17609029187 / ki
04/4/18 @ 3.01pm	confirmed with Catherine final fig to 3450.23, 4 days - (Red to 3706.88, 52%.)



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			
ECICS LTD		Ref : CS/ICS18001944/Gqb	
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987		Date : 31-01-2018	
		Code : ICS	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GY 435P	Veh. Inspected	SLQ 1603Y
Policy No.		Coverage (\$)	0.00
Claim No.	DMCV180006H	Excess (\$)	0.00
Assign From	LIONEL CHUA	Assign Date	31/01/2018
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	23/01/2018	Inspection Date	
Survey held at	TRANS EUROKARS PTE LTD NO 5 UBI CLOSE SINGAPORE 408605		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Nivitha (LKK Auto)

From: ECICS Claims <claims@ecics.com.sg>
Sent: Wednesday, 31 January 2018 3:09 PM
To: vion.lim@eurokars.com.sg; eric.pau@eurokars.com.sg; assignments@lkkauto.com; admin-d@lkkauto.com
Cc: ECICS Claims; jess.francis@eurokars.com.sg; ronald.yap@eurokars.com.sg; catherinechua@eurokars.com.sg; kevin.lee@eurokars.com.sg; SUR; Lionel Chua Kok Keong (ECICS, Claims)
Subject: RE: YOUR REF: GY435P / OUR REF: SLQ1603Y THIRD PARTY CLAIM (REQUESTING FOR SURVEY AND A DIRECT SETTLEMENT)
Attachments: VIDEO.mp4; 2560_001.pdf

Without Prejudice

Our claim no. DMCV180006H

Thank you for your email with the attachment.
We will appoint LKK for the Survey.

Aside to LKK,
Please assist to arrange for TP Survey.

Thank you.

Regards,
Lionel Chua
DID: +65 6303 0167
FAX: +65 6338 9267
ECICS LIMITED
Email: claims@ecics.com.sg

follow us on  facebook follow us on  twitter visit our website ecics.com.sg 

From: vion.lim@eurokars.com.sg [mailto:vion.lim@eurokars.com.sg]
Sent: Thursday, 25 January, 2018 10:58 AM
To: ECICS Claims; eric.pau@eurokars.com.sg
Cc: jess.francis@eurokars.com.sg; ronald.yap@eurokars.com.sg; catherinechua@eurokars.com.sg; kevin.lee@eurokars.com.sg
Subject: RE: YOUR REF: GY435P / OUR REF: SLQ1603Y THIRD PARTY CLAIM (REQUESTING FOR SURVEY AND A DIRECT SETTLEMENT)

Dear Lionel,

Thank you for the prompt reply. Please find the attached the video footage. Thank you.

Best Regards.

 **EUROKARS GROUP**

Vion Lim

Insurance Claims Officer

TRANS EUROKARS PTE LTD

5 Ubi Close, Singapore 408605

D: (65) 6395 7877 H: (65) 9111 7463

E: vion.lim@eurokars.com.sg

Website: www.eurokars.com.sg

From: ECICS Claims [<mailto:claims@ecics.com.sg>]

Sent: Thursday, January 25, 2018 10:56 AM

To: Eric Pau <eric.pau@eurokars.com.sg>

Cc: ECICS Claims <claims@ecics.com.sg>; Vion Lim <vion.lim@eurokars.com.sg>; Jess Francis <jess.francis@eurokars.com.sg>; Ronald Yap <ronald.yap@eurokars.com.sg>; Siew Guek Catherine Chua <catherinechua@eurokars.com.sg>; Kevin Lee <kevin.lee@eurokars.com.sg>

Subject: RE: YOUR REF: GY435P / OUR REF: SLQ1603Y THIRD PARTY CLAIM (REQUESTING FOR SURVEY AND A DIRECT SETTLEMENT)

Without Prejudice

Dear Eric,

We wish to inform you that our Insured has not reported the accident as to-date, we will sent out the non-reporting letter. Please let us have your evidence to show for our perusal and action before we could revert to you in due course.

Thank you.

Regards,

Lionel Chua

DID: +65 6303 0167

FAX: +65 6338 9267

ECICS LIMITED

Email: claims@ecics.com.sg

follow us on  facebook follow us on  twitter visit our website ecics.com.sg 

From: eric.pau@eurokars.com.sg [<mailto:eric.pau@eurokars.com.sg>]

Sent: Thursday, 25 January, 2018 8:44 AM

To: ECICS Claims; vion.lim@eurokars.com.sg

Cc: jess.francis@eurokars.com.sg; ronald.yap@eurokars.com.sg; catherinechua@eurokars.com.sg; kevin.lee@eurokars.com.sg

Subject: YOUR REF: GY435P / OUR REF: SLQ1603Y THIRD PARTY CLAIM (REQUESTING FOR SURVEY AND A DIRECT SETTLEMENT)

YOUR REF: GY435P / OUR REF: SLQ1603Y THIRD PARTY CLAIM (REQUESTING FOR SURVEY AND A DIRECT SETTLEMENT)

Dear Sir/Mdm,

Kindly arrange the survey of our client's vehicle.

Attached is the ESTIMATE, SAS REPORT, SKETCH PLAN for your perusal.

Liaise with Vion for survey arrangement.

Best Regards,

Eric Pau

Insurance Claims Officer

TRANS EUROKARS PTE LTD

5 Ubi Close, Singapore 408605

D: (65) 6395 8685 H: (65) 9618 5991

E: eric.pau@eurokars.com.sg

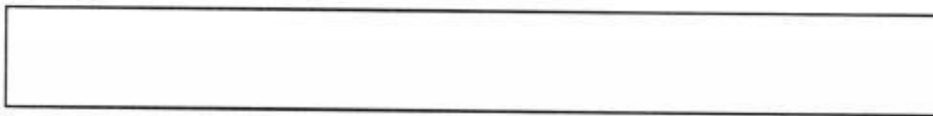
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From: mazdacanone@mazda.com.sg [mailto:mazdacanone@mazda.com.sg]

Sent: Thursday, January 25, 2018 8:52 AM

To: Eric Pau <eric.pau@eurokars.com.sg>

Subject: Attached Image



This message may contain privileged and confidential information and is only intended for use by the addressee. No representation, warranty, guarantee or undertaking expressed or implied is made by ECICS Limited; as to the fairness, accuracy or completeness of any information, projections or opinions contained in this message. Any unauthorized disclosure, use or dissemination either in whole or in part is prohibited. If you are not the addressee indicated in this message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message and kindly notify the sender by reply email. Opinions contained herein are the personal opinions of the sender and do not necessarily represent the views of ECICS Limited.

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 4 April 2018 3:01 PM
To: Mei Kwan (LKKAUTO); catherinechua@eurokars.com.sg; Guo Qiang (LKKAUTO)
Cc: CS A Team; Admin A; vion.lim@eurokars.com.sg; SUR
Subject: RE: SLQ1603Y - FINALIZATION OF COR *** LKK REF: CS/ICS18001944/Gqb

Dear Catherine,

Confirm final fig \$3,450.23 before GST and 4 repair days.

Please send the relevant documents to insurance company.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Mei Kwan (LKKAUTO)
Sent: Thursday, 22 March 2018 3:41 PM
To: catherinechua@eurokars.com.sg; Guo Qiang (LKKAUTO) <GuoQiang@lkkauto.com>; Shiau Chan (LKKAUTO) <siewsc@lkkauto.com>
Cc: CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>; vion.lim@eurokars.com.sg; SUR <sur@lkkauto.com>
Subject: RE: SLQ1603Y - FINALIZATION OF COR *** LKK REF: CS/ICS18001944/Gqb

Dear Catherine,

Thank you for your email.

Please note that: -

LKK ref	Officer in charge
CS/ICS18001944/Gqb	Shiau Chan

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

From: catherinechua@eurokars.com.sg [mailto:catherinechua@eurokars.com.sg]
Sent: Thursday, 22 March, 2018 3:20 PM
To: Guo Qiang (LKKAUTO) <GuoQiang@lkkauto.com>
Cc: CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>; vion.lim@eurokars.com.sg
Subject: SLQ1603Y - FINALIZATION OF COR

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	23/01/2018 19:26
Date Of Accident	23/01/2018 08:30
Exact Location Of Accident	NUS CARPARK (S4)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1603Y
Insured/Policyholder	
Name Of Registered Owner	LOKE PENG YEE
NRIC No	S1278295J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98365837
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 STANDARD SKYACTIV (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100510475
Cover Note Number	

Driver

Name of Driver	LOKE PENG YEE
NRIC No	S1278295J
Date Of Birth	27/10/1957
Occupation	INDOOR
Date Of Driving Pass	04/03/1987
Driving Experience	30 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98365837
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address	24 CACTUS DRIVE #06-08
Postcode	809694
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	COLLIDED INTO PARKED VEHICLE
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?	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)	1

Details of Police Action

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

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY435P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOLAIMALAI ARUNACHALAM
NRIC/Passport Number	G6844031P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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**.
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:

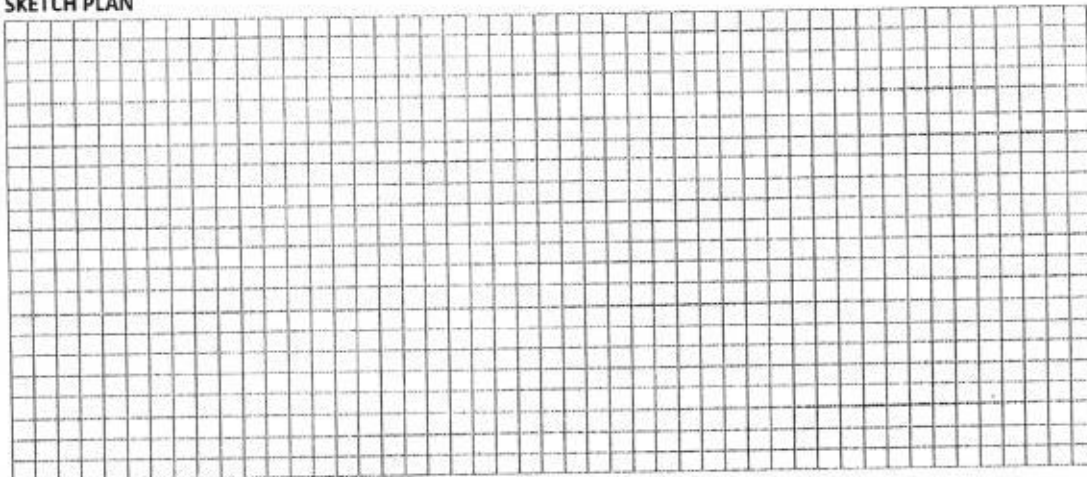
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Trans Eurokars Pte Ltd
5 Ubi Close
Singapore 408665
Tel: 6443 3403 / 6749 4333
Fax: 6748 0660

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SLQ1643Y

ACCIDENT DATE: 23/1/18

CONTACT NUMBER: 98365837

ACCIDENT TIME: ABT 8:30AM

EMAIL:

LOCATION: NUS CARPARK (S4)

MY DAUGHTER WAS ABOUT TO ALIGHT FROM THE CAR WHEN GY435P DRIVEN BY SOLAIMALAI ARUNACHALAM (G6844031P) REVERSE HIS COMPANY VAN & HIT ONTO MY CAR. GY435P BELONGS TO SIEW ENGINEERING SERVICES (S) PTE LTD TEL: 65679189.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☐ CLAIM OWN POLICY ☒ CLAIM THIRD PARTY ☐ REPORTING ONLY

DECLARATION

I/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:

Trans Eutokars Pte Ltd
3 US Court
Singapore 104603
Tel: (65) 6349 4333
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



TRANS EUROKARS PTE LTD
NO:5 UBI CLOSE, SINGAPORE 408605
ESTIMATE COST OF REPAIRS



ECICS LIMITED 7 Temasek Boulevard #10-01 Suntec Tower One Singapore 038987. ATTN : MOTOR CLAIMS FAX :		NAME : Mr Loke Peng Yee ADDRESS : 24 Cactus Drive #06-08 Singapore 809694 TEL : 98365837		WIP : 59014 EXCESS : DATE: 25-Jan-18	
VEH NO :	SLQ1603Y	DATE IN :		CONTACT PERSON :	VION 6395 7877
CHASSIS NO :	JM6BN22A8H0167006	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	MAZDA3 1.5L SDN	DATE REG.:	28-Jun-17	POLICY NO. :	
NATURE OF WORKS					
Parts Description					
NO	QTY	REVISED	PRICES		
1	REAR BUMPER	1	MBHN1-50-221ABB		\$ 1,074.80
2	RETAINER(LHS), REAR BUMPER	1	MBHN1-50-2J1A		\$ 36.10
3	RETAINER(RHS), REAR BUMPER	1	MBHN1-50-2H1A		\$ 36.10
4	BRACKET(LHS), REAR BUMPER	1	MBHN9-51-077B		\$ 45.60
5	BRACKET(RHS), REAR BUMPER	1	MBHN9-51-067B		\$ 45.60
6	BRACKET CENTER, REAR BUMPER	1	MKD53-50-251		\$ 5.10
7	REFLECTOR LHS	1	MD350-51-5L0E		\$ 50.40
8	REFLECTOR RHS	1	MD350-51-5M0E		\$ 50.40
9	COVER(LHS), TOWING	1	MBHN1-50-EL1 BB		\$ 15.70
10	COVER(RHS), TOWING	1	MBHN1-50-EK1 BB		\$ 16.20
11	REINFORCEMENT REAR	1	MB45A-50-260		\$ 537.30
12	FASTENER, REAR BUMPER	4	MB45A-56-146A		\$ 11.20
13	RIVET, REAR BUMPER	4	MBBM4-50-355		\$ 16.80
14	GROMMET, REAR BUMPER	1	M9991-00-501		\$ 2.80
15	GROMMET, REAR BUMPER	4	MBHN1-50-0Z1A		\$ 10.00
16	GASKET(LHS), TAILLAMP	1	MBHN1-51-163		\$ 20.90
17	GASKET(RHS), TAILLAMP	1	MBHN1-51-153		\$ 20.90
18	LHS TAILLAMP	1	MB45A-51-160B		\$ 509.40
19	FASTENER, TAILLAMP	2	MKD53-51-146B		\$ 7.80
20	GROMMET, TAILLAMP	2	MGJ6A-51-14Y		\$ 29.80
21	LHS BOOT LID LAMP	1	MB45A-51-3G0		\$ 265.00
TOTAL PARTS					\$ 2,807.90
LESS 10%					\$ 280.79
TOTAL PARTS COST					\$ 2,527.11
Labour Description					

1	MZ-BR-REAR02	TO REPLACE REAR BUMPER AND REAR REINFORCEMENT. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.	660	\$ 1,800.00
2	MZ-SP-SREAR2	TO RESPRAY REAR BUMPER AND REAR REINFORCEMENT.	630	\$ 1,500.00
3	MZ-BR-REVSEN	TO TRANSFER REVERSE SENSORS.	315	\$ 630.00
4	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	120	\$ 250.00
5	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	180	\$ 350.00
6	MZ-BR-SUNDRI	SUNDRIES.	nec 20	NETT \$ 100.00

TOTAL LABOUR	\$ -	\$ 4,630.00
TOTAL PARTS	\$ -	\$ 2,527.11
TOTAL	\$ -	\$ 7,157.11
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	
GST 7%	\$ -	\$ -
GRAND TOTAL	\$ -	\$ -

TRANS EUROKARS PTE LTD

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT. TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A **QUOTATION FEE OF \$400** WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

Authorised Signature

4 Days.

before paint photos.

Guo Qiq - 82880262.

01/2/18.

[Signature]
22/1/18

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 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:



TRANS EUROKARS PTE LTD
NO:5 UBI CLOSE, SINGAPORE 408605
FINALISED COST OF REPAIRS



ECICS LIMITED 7 Temasek Boulevard #10-01 Suntec Tower One Singapore 038987. ATTN. : MOTOR CLAIMS FAX :		NAME : Mr Loke Peng Yee ADDRESS : 24 Cactus Drive #06-08 Singapore 809694 TEL : 98365837		WIP : 59014 EXCESS : DATE: 25-Jan-18		
VEH NO :	SLQ1603Y	DATE IN :		CONTACT PERSON :	VION 6395 7877	
CHASSIS NO :	JM6BN22A8H0167006	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM	
MODEL :	MAZDA3 1.5L SDN	DATE REG.:	28-Jun-17	POLICY NO. :		
NATURE OF WORKS						
Parts Description						
NO	QTY			REVISED	PRICES	
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2	1	RETAINER(LHS), REAR BUMPER	MBHN1-50-2J1A		\$ 36.10	
3	1	RETAINER(RHS), REAR BUMPER	MBHN1-50-2H1A		\$ 36.10	
4	1	BRACKET(LHS), REAR BUMPER	MBHN9-51-077B		\$ 45.60	
5	1	BRACKET(RHS), REAR BUMPER	MBHN9-51-067B		\$ 45.60	
6	1	BRACKET CENTER, REAR BUMPER	MKD53-50-251		\$ 5.10	
7	1	REFLECTOR LHS	MD350-51-5L0E		\$ 50.40	
8	1	REFLECTOR RHS	MD350-51-5M0E		\$ 50.40	
9	1	COVER(LHS), TOWING	MBHN1-50-EL1 BB		\$ 15.70	
10	1	COVER(RHS), TOWING	MBHN1-50-EK1 BB		\$ 16.20	
11	1	REINFORCEMENT REAR	MB45A-50-260	\$ 537.30	\$ 537.30	
12	4	FASTENER, REAR BUMPER	MB45A-56-146A	\$ 11.20	\$ 11.20	
13	4	RIVET, REAR BUMPER	MBBM4-50-355	\$ 16.80	\$ 16.80	
14	1	GROMMET, REAR BUMPER	M9991-00-501	\$ 2.80	\$ 2.80	
15	4	GROMMET, REAR BUMPER	MBHN1-50-021A	\$ 10.00	\$ 10.00	
16	1	GASKET(LHS), TAILLAMP	MBHN1-51-163	\$ 20.90	\$ 20.90	
17	1	GASKET(RHS), TAILLAMP	MBHN1-51-153	\$ 20.90	\$ 20.90	
18	1	LHS TAILLAMP	MB45A-51-160B		\$ 509.40	
19	2	FASTENER, TAILLAMP	MKD53-51-146B		\$ 7.80	
20	2	GROMMET, TAILLAMP	MGJ6A-51-14Y		\$ 29.80	
21	1	LHS BOOT LID LAMP	MB45A-51-3G0		\$ 265.00	
TOTAL PARTS				\$ 1,694.70	\$ 2,807.90	
LESS 10%				\$ 169.47	\$ 280.79	
TOTAL PARTS COST				\$ 1,525.23	\$ 2,527.11	
Labour Description						
1	MZ-BR-REAR02	TO REPLACE REAR BUMPER AND REAR REINFORCEMENT. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.			\$ 660.00	\$ 1,800.00

2	MZ-SP-SREAR2	TO RESPRAY REAR BUMPER AND REAR REINFORCEMENT.	\$ 630.00	\$ 1,500.00
3	MZ-BR-REVSER	TO TRANSFER REVERSE SENSORS.	\$ 315.00	\$ 630.00
4	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	\$ 120.00	\$ 250.00
5	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	\$ 180.00	\$ 350.00
6	MZ-BR-SUNDRI	SUNDRIES.	\$ 20.00	\$ 100.00
TOTAL LABOUR			\$ 1,925.00	\$ 4,630.00
TOTAL PARTS			\$ 1,525.23	\$ 2,527.11
TOTAL			\$ 3,450.23	\$ 7,157.11
LESS EXCESS			\$ -	\$ -
TOTAL AFTER EXCESS			\$ 3,450.23	
GST 7%			\$ 241.52	\$ -
GRAND TOTAL			\$ 3,691.75	\$ -

REMARKS: SLQ1603Y

4 REPAIR DAYS (exclude preparation of estimate, wait for survey/authorization/spare parts, Sat/Sun/PH)




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			
ECICS LTD		Ref : CS/ICS18001944/Gqbn2	
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987		Date : 05-04-2018	
		Code : ICS	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GY 435P	Veh. Inspected	SLQ 1603Y
Policy No.		Coverage (\$)	0.00
Claim No.	DMCV180006H	Excess (\$)	0.00
Assign From	LIONEL CHUA	Assign Date	31/01/2018
2. Vehicle Particulars & Condition			
Make & Model	MAZDA 3	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JM6BN22A8H0167006	Colour	SILVER
Odometer	15881	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	TOYO	9 mm
L/H Front Tyre	205/60 R16	TOYO	9 mm
R/H Rear Tyre	205/60 R16	TOYO	9 mm
L/H Rear Tyre	205/60 R16	TOYO	9 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	23/01/2018	Inspection Date	01/02/2018
Survey held at	TRANS EUROKARS PTE LTD NO 5 UBI CLOSE SINGAPORE 408605		
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:		4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLQ 1603Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	1,074.80	1,074.80
1	RETAINER (LHS) REAR BUMPER	NOT NECESSARY	36.10	-
1	RETAINER (RHS) REAR BUMPER	NOT NECESSARY	36.10	-
1	BRACKET (LHS) REAR BUMPER	NOT NECESSARY	45.60	-
1	BRACKET (RHS) REAR BUMPER	NOT NECESSARY	45.60	-
1	BRACKET CENTER,REAR BUMPER	NOT NECESSARY	5.10	-
1	REFLECTOR LHS	NOT NECESSARY	50.40	-
1	REFLECTOR RHS	NOT NECESSARY	50.40	-
1	COVER (LHS) TOWING	NOT NECESSARY	15.70	-
1	COVER (RHS) TOWING	NOT NECESSARY	16.20	-
1	REINFORCEMENT REAR	BENT	537.30	537.30
4	FASTENER,REAR BUMPER	NECESSARY	11.20	11.20
4	RIVET,REAR BUMPER	NECESSARY	16.80	16.80
1	GROMMET,REAR BUMPER	NECESSARY	2.80	2.80
4	GROMMET,REAR BUMPER	NECESSARY	10.00	10.00
1	GASKET (LHS) TAILLAMP	NECESSARY	20.90	20.90
1	GASKET (RHS) TAILLAMP	NECESSARY	20.90	20.90
1	LHS TAILLAMP	NOT NECESSARY	509.40	-
2	FASTENER,TAILLAMP	NOT NECESSARY	7.80	-
2	GROMMET,TAILLAMP	NOT NECESSARY	29.80	-
1	LHS BOOT LID LAMP	NOT NECESSARY	265.00	-
	LESS 10% DISCOUNT		-280.79	-169.47
			2,527.11	1,525.23
<u>SPECIAL NETT ITEMS</u>				
1	SUNDRIES (SN)	NECESSARY	100.00	20.00
			100.00	20.00
<u>LABOUR</u>				
	TO REPLACE REAR BUMPER AND REAR REINFORCEMENT.REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.		1,800.00	660.00
	TO RESPRAY REAR BUMPER AND REAR REINFORCEMENT.		1,500.00	630.00
	TO TRANSFER REVERSE SENSORS.		630.00	315.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		250.00	120.00
	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		350.00	180.00
			4,530.00	1,905.00
	GRAND TOTAL		7,157.11	3,450.23
RECOMMENDED COST OF REPAIRS				3,450.23

Report Ref No. CS/ICS18001944/Gqbn2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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