

REF: CSI/ICS18001956/DTbsv

Special Instruction:

45: \$10100.00

ASSIGNMENT (Office)

From (Person): Janice Goh of ICS Date/Time: 30/12/2018
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: WG Appraisal

Workshop: Teamwork

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SKW 5411M Insured: SKP 5869M

at Workshop m/s Teamwork Tel: 6844 2475

of 53 Ubi Ave 1 #01-24

Policy No: _____ Claim No: DMPUL6000344/JG

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17-062016
(Client's Record)

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: 11 Person Contacted: _____ Vehicle IN / OUT

Date/Time: 7/2/18 Confirmed with W/Shop Final Fig 6200t, 5 days (Red \$ 300 / 32%; Original 7 days)
Date/Time: _____ Submit Final Fig _____, _____ days (Red \$ _____ / _____%; Original _____ days)

Date/Time: _____ Submit Final Fig _____, _____ days (Red S _____ / _____ %; Original _____ days)

| Date/Time | Action/Instruction |
|-----------|--|
| | SKW 5411M - NA / TML/6011300/13 |
| | 2P 5869M - X |
| 02/02/18 | Image with v/shy + 15 68001 - with 5 dg, 2 ryz |

| | |
|------------------------------------|---|
| Para(1) : Parts found not replaced | (To highlight <i>R or UB, LR, Etc</i>) |
|------------------------------------|---|

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value : _____

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date: _____

150

1) Date/Time 7/2/18 File Pass to Typist.

2) Date/Time _____ File Return to _____

3) Date/Time _____ File Pass to _____

4) Date/Time _____ File Return to _____

5) Date/Time _____ File Pass to _____

6) Date/Time _____ File Return to _____



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 : CS1/ICS18001956/tb

7 TEMASEK BOULEVARD
#10-01 SUNTEC TOWER ONE
SINGAPORE 038987

Date : 31-01-2018



Code : ICS

1. Policy Particulars :- PAPER SURVEY

| | | | |
|--------------|-----------------|----------------|------------|
| Insured Veh. | SKP 5869M | Veh. Inspected | SKW 5411M |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | DMPU1600034H/JG | Excess (\$) | 0.00 |
| Assign From | JANICE GOH | 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

| | |
|--|--|
| | |
|--|--|

5. General Information

| | | | |
|----------------|---|-----------------|------------|
| Accident Date | 17/06/2016 | Inspection Date | 31/01/2018 |
| Survey held at | TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934. | | |

5a. Remarks

| | |
|--|--|
| | |
|--|--|

Catherine Chong (LKK Auto)

From: Janice Goh Siew Geok (ECICS, Claims) <Janice_Goh@ecics.com.sg>
Sent: Tuesday, 30 January, 2018 3:20 PM
To: assignments
Subject: PAPER RESURVEY ; TPV NO SKW5411M ; OIV SKP5869M ; DOA
17.06.2016 ; OUR REF DMPU1600034H/JG
Attachments: img-130142646-0001.pdf; SKW5411M.PDF; SKP5869M.PDF

Dear Catherine

New assignment:

TP paper re-survey.

Attach is a copy of our insured's acdt report, third party's acdt report and TP's survey report for your necessary action.

Thank you.

Regards,
Janice Goh
Claims Division
DID: +65 6303 0182
FAX: +65 6338 9267

ECICS Limited
7 Temasek Boulevard, #10-01 Suntec Tower One, Singapore 038987

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sg directly.

Please bear with us should we take longer to response as we are currently experiencing a high volume of claims. Thank you for your kind patience and understanding.



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 his 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.

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 | 20/06/2016 09:58 |
| Date Of Accident | 17/06/2016 17:30 |
| Exact Location Of Accident | SLIP RD OF STADIUM DRIVE TWDS NICOLL HIGHWAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKW5411M |
| Insured/Policyholder | |
| Name Of Registered Owner | YEE PEI ERNH |
| NRIC No | S7908065I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98500588 |
| Alternative Phone No | OTHERS-98500588 |

Vehicle Particulars

| | |
|--|------------------------------------|
| Manufacturer | BMW |
| Model | 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D |
| 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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MW009708 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YEE PEI ERNH |
| NRIC No | S7908065I |
| Date Of Birth | 13/03/1979 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/02/1998 |
| Driving Experience | 18 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98500588 |
| Fax Number | |
| Contact Number | OTHERS-98500588 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------|
| Address | 177 TANJONG RHU #09-20 |
| Postcode | 436607 |
| 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 (TP HIT INSURED) |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

| | |
|--|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | YES |
| Was any other material or property damaged? | YES |
| Was there any video captured by Car Camera? | 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

PLS REFER TO THE ATTACHED STATEMENT.

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
|---|-----|

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------------|
| Vehicle Registration Number | SKP5869M |
| Vehicle Make/Model/Colour | HONDA CRV 2.0L AT |
| Details Of Properties | |
| Name of Driver | LOO CHOO YOUNG |
| NRIC/Passport Number | S9135590F |
| Contact Number | 83321669 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

DETAILS OF INJURED PERSON 1

| | |
|----------------------------------|--------------|
| Name | YEE PEI ERNH |
| Approximate Age | |
| Injuries Sustain | NECK & BACK |
| Injured person in which vehicle? | SKW5411M |
| Were seat belts worn? | YES |

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

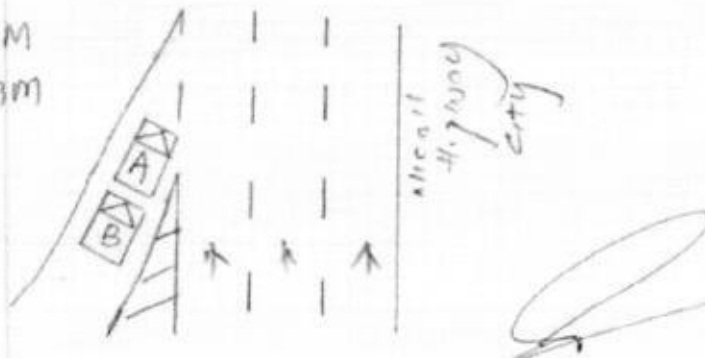
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SKW 5411M
B: SKP 5869M

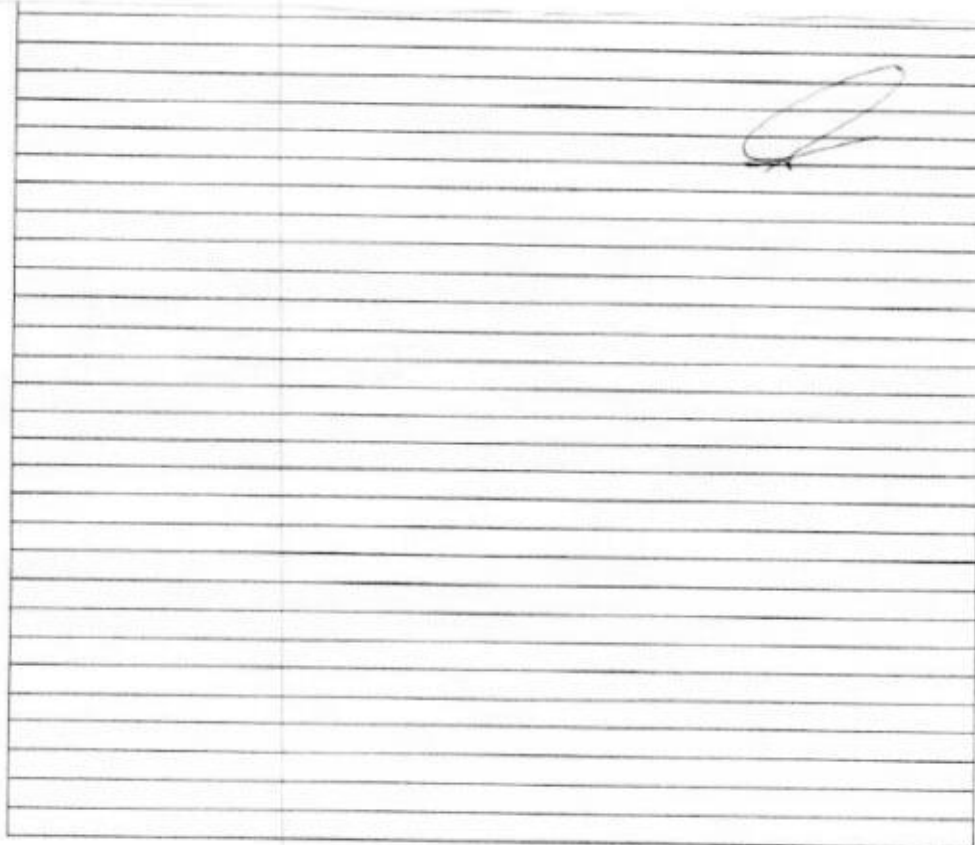


Site Road of Stadium Drive Towards Nicoll Highway

Sketch Plan #2


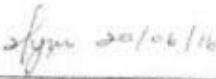
Describe Circumstances of the Accident

I was at the Slip Road of Stadium Drive towards Nicoll Highway waiting for the traffic to clear before moving off. While I was waiting, suddenly I felt an impact from the rear portion of my car.



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
Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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 | 27/06/2016 11:31 |
| Date Of Accident | 17/06/2016 17:45 |
| Exact Location Of Accident | EXITING INTO NICOLL HIGHWAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKP5869M |
| Insured/Policyholder | |
| Name Of Registered Owner | LCY SERVICES |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-83321669 |
| Alternative Phone No | OFFICE-83321669 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | HONDA |
| Model | HONDA CRV 2.0L AT |
| 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 | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|----------------|
| Name of Insurance Company | ECICS LIMITED |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MPU16A00007400 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LOO CHOO YOUNG |
| NRIC No | S9135590F |
| Date Of Birth | 30/09/1991 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/05/2013 |
| Driving Experience | 3 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

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 (INSURED HIT TP)

Weather Conditions RAINING

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

Was there any video captured by Car Camera? 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 ATTACHED REPORT.

Are accident photos available for attachment? YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKW5411M

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number 98500588

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

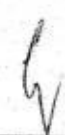
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Sketch Plan



Car A: SKF 5869 M
Car B: SKW 5411 M

Describe Circumstances of the Accident

I was ~~driving~~ driving behind a BMW (SKW 5411 M). Upon exiting from a divider lane into North Highway, I saw the vehicle SKW 5411 M moving off into North Highway. Hence, I inclined out to see if there's any oncoming vehicle as there was a construction site blocking my view. In the process of inclining out to observe, I felt a tiny collision at the front of the vehicle. It was pouring that particular day on the scene of accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224

Email: winsongkk@hotmail.com Contact: 9747 0063

Company Register No. 53326249J

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S : YEE PEI ERNH
C/O TEAMWORK GARAGE PTE LTD
53 Ubi Ave 1, #01-24, Paya Ubi Industria Park
Singapore 408934

Date : 09 July 2016
Our Ref : WG/TP/2016-133

REFERENCE PARTICULARS

Date of Accident : 17 June 2016
Date of Inspection : 18 June 2016

Type of Inspection : Third Party Claim
Date of Re-Inspn : 19 June 2016

VEHICLE PARTICULARS

Registration No : SKW5411M
Make : B.M.W.
Model : 523i 2.5 AT ABS D/AB 2WD 4DR GAS/D
Year : 2011

Engine No : 11897800N52B25AF
Chassis No : WBAFP32060C866933
Odometer : 15520km
Colour : White

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

| | Make | Size |
|-----------------|--------|-----------|
| Front Near side | Dunlop | 225/50R17 |
| Front Off Side | Dunlop | 225/50R17 |
| Rear Near Side | Dunlop | 225/50R17 |
| Rear off Side | Dunlop | 225/50R17 |

| Thread Balance |
|----------------|
| 5 mm |
| 5 mm |
| 5 mm |
| 5 mm |

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the rear portion.
For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was \$10,100.00 nett at lump sum basis.(Subject to GST if applicable)

Under normal circumstances, estimated period required for repairs : Seven (07) working days.

Enclosed Forty-six (46) photographs depicting damage to the vehicle.

Inspection conducted at : TEAMWORK GARAGE PTE LTD
53 Ubi Ave 1, #01-24, Paya Ubi Industria Park .Singapore 408934

In accordance to your instruction, we have not authorise repairs and inspection
was conducted strictly on a "WITHOUT PREJUDICE BASIS".

VEHICLE NO: SKW5411M
MODEL : 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D

Our Ref : WG/TP/2016-133

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

| SPARE PARTS | QTY PC/SET | ASSESSED CONDITION | ORIGINAL QUOTATION | REVISED QUOTATION |
|--------------------------------------|---------------|-----------------------|-----------------------|----------------------|
| 1 REAR BOOT LID | 1 | DENTED | \$ 1,487.30 | \$ 1,487.30 |
| 2 REAR BOOT LID CENTRE LOGO | 1 | NECESSARY | \$ 63.20 | \$ 63.20 |
| 3 REAR BOOT LID HINGES | 2 | NECESSARY | \$ 235.40 | \$ 235.40 |
| 4 REAR BOOTLID WEATHERSTRIP | 1 | NOT NECESSARY | \$ 177.00 | \$ - |
| 5 REAR LOCK MECHANISM | 1 | JAMMED | \$ 214.00 | \$ 214.00 |
| 6 REAR BOOTLID CATCH | 1 | NOT NECESSARY | \$ 58.90 | \$ - |
| 7 REAR END PANEL | 1 | DENTED | \$ 765.10 | \$ 765.10 |
| 8 REAR END PANEL TOP GARNISH | 1 | NOT NECESSARY | \$ 370.00 | \$ - |
| 9 REAR BUMPER | 1 | CRACKED | \$ 1,789.30 | \$ 1,789.30 |
| 10 REAR BUMPER RETAINER | 2 | NECESSARY | \$ 299.60 | \$ 299.60 |
| 11 REAR BUMPER BRACKET CENTRE | 1 | CRACKED | \$ 348.00 | \$ 348.00 |
| 12 REAR BUMPER CENTRE UPPER HOLDER | 1 | CRACKED | \$ 98.90 | \$ 98.90 |
| 13 REAR BUMPER CENTRE HOLDER | 1 | CRACKED | \$ 105.30 | \$ 105.30 |
| 14 REAR BUMPER REINFORCEMENT | 1 | DENTED | \$ 695.10 | \$ 695.10 |
| 15 REAR BUMPER REINFORCEMENT BEAM | 1 | DENTED | \$ 166.00 | \$ 166.00 |
| 16 REAR BUMPER REINFORCEMENT GARNISH | 1 | CRACKED | \$ 53.50 | \$ 53.50 |
| 17 REAR BUMPER REFLECTOR | 2 | NOT NECESSARY | \$ 260.00 | \$ - |
| 18 REAR TOW COVER | 1 | NOT NECESSARY | \$ 66.50 | \$ - |
| 19 PARKING SENSOR | 4 | MALFUNCTION | \$ 941.60 | \$ 941.60 |
| 20 REAR BUMPER PARKING SENSOR HOLDER | 4 | NECESSARY | \$ 168.00 | \$ 168.00 |
| 21 EXHAUST ASSY | 1 | BENT | \$ 1,559.95 | \$ 1,559.95 |
| 22 EXHAUST MOUNTING | 2 | NECESSARY | \$ 80.60 | \$ 80.60 |
| | | | \$ 10,003.25 | \$ 9,070.85 |
| | | | Less 10% | \$ 1,000.32 |
| | | | | \$ 9,002.93 |
| | | | | \$ 8,163.77 |

B) S/NETT ITEM

| | | | | |
|---|-------|-----------|-------------|-------------|
| 23 REAR BUMPER CLIP | 1 SET | NECESSARY | \$ 60.00 | \$ 60.00 |
| 24 REAR BUMPER LOWER GARNISH (CARBON FIBER) | 1 | GRAZED | \$ 1,800.00 | \$ 1,500.00 |
| 25 REAR JOINT SEALANT | 1 | NECESSARY | \$ 150.00 | \$ 120.00 |
| | | | \$ 2,010.00 | \$ 1,680.00 |

Parts Total :

| | |
|--------------|-------------|
| \$ 11,012.93 | \$ 9,843.77 |
|--------------|-------------|

C) LABOUR CHARGES & MISC

| | | | | |
|---|--|--|-------------|-------------|
| 26 CHECK REAR WIRING AND LIGHTNING SYSTEM | | | \$ 60.00 | \$ 60.00 |
| 27 REMOVE AND REFIT REAR GARNISH, TRIM AND LINING | | | \$ 200.00 | \$ 180.00 |
| 28 REMOVE AND RENEW REVERSE SENSOR | | | \$ 150.00 | \$ 120.00 |
| 29 REMOVE AND RENEW EXHAUST ASSY | | | \$ 150.00 | \$ 150.00 |
| 30 TRANSFER OLD PARTS, ATTACHMENT FROM OLD BOOTLID TO NEW | | | \$ 200.00 | \$ 180.00 |
| 31 PANEL BEATING ON AFFECTED AREAS | | | \$ 1,200.00 | \$ 1,000.00 |
| 32 SPRAY PAINTING ON AFFECTED AREAS | | | \$ 1,200.00 | \$ 1,000.00 |
| 33 APPLY ANTI RUST ON AFFECTED AREAS | | | \$ 150.00 | \$ 120.00 |
| | | | \$ 3,310.00 | \$ 2,810.00 |

Labour Total :

Total Parts and Labour

| | |
|--------------|--------------|
| \$ 14,322.93 | \$ 12,653.77 |
|--------------|--------------|

FINAL LUMP SUM ADJUSTMENT

| |
|--------------|
| \$ 10,100.00 |
|--------------|

9038.19

4/5 6800/-

5 days

POINT OF IMPACT

The impact was confined to the rear portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair the vehicle at a lump sum basis of \$10,100.00 nett corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully
WG APPRAISAL SERVICES

Winson Goh
Automotive Appraiser





Your Ref: DMPU1600034H/JG

Date: 12th February 2018

Our Ref: CS1/ICS18001956/Dtbs2

M/s ECICS Ltd
7 Temasek Boulevard
#10-01 Suntec Tower One
Singapore 038987
(The Motor Claims Department)

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO:
SKW 5411M
INSURED VEHICLE: SKP 5869M
ACCIDENT DATE: 17/06/2016

We thank you for your instruction on 30/01/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SKW 5411M from M/s WG Appraisal Services.
- b) Singapore Accident Statement of Vehicles SKW 5411M and SKP 5869M.
- c) Colour damaged vehicle photographs of SKW 5411.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

| | |
|----------------------|--|
| Registration Number | : SKW 5411M |
| Make & Model | : B.M.W 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D |
| Year of Registration | : 2011 |
| Chassis Number | : WBAFP32060C866933 |

2. We recommend that the repairs of the entire damage require about 5 (Five) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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. SKW 5411M

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|---|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | REAR BOOT LID | TO REPAIR SEE LABOUR | 1,487.30 | - |
| 1 | REAR BOOT LID CENTRE LOGO | NECESSARY | 63.20 | 63.20 |
| 2 | REAR BOOT LID HINGES | NOT NECESSARY | 235.40 | - |
| 1 | REAR BOOTLID WEATHERSTRIP | NOT NECESSARY | 177.00 | - |
| 1 | REAR LOCK MECHANISM | NOT NECESSARY | 214.00 | - |
| 1 | REAR BOOTLID CATCH | NOT NECESSARY | 58.90 | - |
| 1 | REAR END PANEL | DENTED | 765.10 | 765.10 |
| 1 | REAR END PANEL TOP GARNISH | NOT NECESSARY | 370.00 | - |
| 1 | REAR BUMPER | CRACKED | 1,789.30 | 1,789.30 |
| 2 | REAR BUMPER RETAINER | NECESSARY | 299.60 | 299.60 |
| 1 | REAR BUMPER BRACKET CENTRE | CRACKED | 348.00 | 348.00 |
| 1 | REAR BUMPER CENTRE UPPER HOLDER | CRACKED | 98.90 | 98.90 |
| 1 | REAR BUMPER CENTRE HOLDER | CRACKED | 105.30 | 105.30 |
| 1 | REAR BUMPER REINFORCEMENT | DENTED | 695.10 | 695.10 |
| 1 | REAR BUMPER REINFORCEMENT BEAM | DENTED | 166.00 | 166.00 |
| 1 | REAR BUMPER REINFORCEMENT GARNISH | CRACKED | 53.50 | 53.50 |
| 2 | REAR BUMPER REFLECTOR | NOT NECESSARY | 260.00 | - |
| 1 | REAR TOW COVER | NOT NECESSARY | 66.50 | - |
| 4 | PARKING SENSOR | MALFUNCTION | 941.60 | 941.60 |
| 4 | REAR BUMPER PARKING SENSOR HOLDER | NECESSARY | 168.00 | 168.00 |
| 1 | EXHAUST ASSY | BENT | 1,559.95 | 1,559.95 |
| 2 | EXHAUST MOUNTING | NOT NECESSARY | 80.60 | - |
| | LESS 10% DISCOUNT | | -1,000.32 | -705.36 |
| | | | 9,002.93 | 6,348.19 |
| SPECIAL NETT ITEMS | | | | |
| 1 | SET REAR BUMPER CLIP (SN) | NECESSARY | 60.00 | 30.00 |
| 1 | REAR BUMPER LOWER GARNISH (CARBON FIBER) (SN) | GRAZED | 1,800.00 | 800.00 |
| 1 | REAR JOINT (SN) | NECESSARY | 150.00 | 40.00 |
| | | | 2,010.00 | 870.00 |

Report Ref No. CS1/ICS18001956/Dtbs2

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

Page No.:2 of 2

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|---------------|---------------------------|-------------------|
| | LABOUR | | | |
| | CHECK REAR WIRING AND LIGHTING SYSTEM. | NOT NECESSARY | 60.00 | - |
| | REMOVE AND REFIT REAR GARNISH, TRIM AND LINING. | | 200.00 | 80.00 |
| | REMOVE AND RENEW REVERSE SENSOR. | | 150.00 | 40.00 |
| | REMOVE AND RENEW EXHAUST ASSY. | | 150.00 | 60.00 |
| | TRANSFER OLD PARTS, ATTACHMENT FROM OLD BOOTLID TO NEW. | NOT NECESSARY | 200.00 | - |
| | PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF REAR BOOT LID. | | 1,200.00 | 800.00 |
| | SPRAY PAINTING ON AFFECTED AREAS. | | 1,200.00 | 800.00 |
| | APPLY ANTI RUST ON AFFECTED AREAS. | | 150.00 | 40.00 |
| | | | 3,310.00 | 1,820.00 |
| | GRAND TOTAL | | 14,322.93 | 9,038.19 |
| | RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 6,800.00 |

Report Ref No. CS1/ICS18001956/Dtbs2

ANG BRYAN TANI

Automotive Assessor / Investigator

K.K.LAU CPT(RET)**BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEA, MASME, MIRTE****REGD Auto Consultant-SAE, Licensed Appraiser**

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