| S. REC. BY: | REF: CS GAI 180040 48 Urd3 Special Instruction: ASSIGNMENT (Office) Celvyna Ngian of |
|--|--|
| Stimated Cost. DD TP +WS+T To Inspect Vehicle Mat Workshop m/s | PRESIOD RESIEVA/INVIMVICS (BE 6397R Insured: SIX7787) Liu's Brother Tel: 67411730 |
| of Policy No: Sum Insured: | Claim No: |
| Make of Veh: (Client's Record) CA / REV / Date/Time: (| REP. / REV 24 HRS WP' H.O.D. Endorsement. 1 120m 3 2 3 118 Person Contacted: SUSCIO Vehicle INDOUT |
| Date/Time | Action/Instruction (>> Estimate GBF G379R-X S1X7787Y-CS TMI13007340/Run 150.4:13/4/13 |
| | Sent preli thru amail |

| (08/11/13) wef ASS. REC. BY: MC/C45 | REF: | 601/ |
|--|--------------------------------------|--|
| A30. RE0. 3117 7-1-5 | | ASSIGNMENT |
| From: C | Date: | Veh No: 68E 6397R Yr Regn: 2/6 Type: M.Car / M.Cycle / Bus (Van / Lorry / Taxi / Prime Mover / |
| OD I TR I WS I TP RES I OD RES I EV | A / INV / MV | Truck / Trailer or M/ |
| To Inspect Vehicle No: 60 | E 63978 | Make: Toyota hise c.c 2982 |
| at Workshop m/s | 11-15 80 | Colour While A/C: Insured / Std / NI / NA |
| of | | Sp.Reading 1-1637 T/Radio: Insured / Std / NI / NA |
| Insured: | | Eng/No: |
| Policy No. Claims No. | e (-6.66)*.00(-11) | Gen. Cond: Gold / Fair / Poor / Burnt |
| Service Annual Control of the Contro | Excess: | Steering: Inacter / Jammed / Leaked / Burnt or |
| (Client's Record) | | Brake: Interder / Jammed / Leaked / Burnt or Modi: Nir / S/Rim / STD A/Rim or |
| Make of Veh: | | Modi: (WH/ / S/Rim / STD A/Rim or Tyre Size: F: /95-2/5 |
| (Policy Condition) | | R: |
| Remark: The veh had commenced it | | O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| repair at the time of inspec | tion. | TOYO/YOKO or Auston |
| Bal. or Market Value: | | Front Rear |
| DAY HOUSE HE TOTAL | nsistent? : Yes or No | R/Bal. 6 mm R/Bal. 6 mm |
| Est Repairs: 7 days | Res.: Yes or No 3 Val.: Yes or No | D.O.A. 1.3/1/8 D.O.I. 2/3/18 |
| Lum Sum: 60 % CA / REV / REP. / 24 HRS | | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or |
| | Vehicle: IN | |
| Date: Person Conta | | The U/C / Chassis frame / Body Structure affected due to collision. |
| 21/3/18 Con | A 18589 | \$ 6300 mrh Susan, |
| REC | FIVED 2 2 HAR | N 2018 |
| The M | | |
| | eli. Report nal Report | Days Of Repair: Survey Fee: |
| Date/Time, File Return to? | A*450V | Transportation: |
| 2) | Ac | dd Fee: : Site Insp (\$)S+RSSI |
| To | | : Interview (\$) Photos |
| Report Format : TP | | : Tech. Invs (\$) Others / |
| Lump Sum / I.B.J: (\$ 630 | . | :Weekend (\$ |
| | | TOTAL HSD |



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 Interna | ationale Des Experts En Autom | - Control of the Cont | |
|--|---|-------------------------------|--|--|
| GREAT AMERICAN INS | URANCE COMPANY | Ref : CS/GAI180040 | 48/Uvd3 | |
| | | | | |
| 3 TEMASEK AVENUE #16-01 CENTENNIAL TO | JWED | Date: 02-03-2018 | | |
| SINGAPORE 039190 | OVVEIN | Julio 1 42 33 23 1 | | |
| | | Code: GAI | | |
| 1. | Policy Particula | ars :- THIRD PARTY CLA | IM | |
| Insured Veh. | SJX 7787Y | Veh. Inspected | GBE 6397R | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | | Excess (\$) | 0.00 | |
| Assign From | KELVYNA NGIAN | Assign Date | 02/03/2018 | |
| 2. | Vehicle Pa | articulars & Condition | | |
| Make & Model | | c.c | 0 | |
| Engine No. | HIDDEN | Year of Reg. | | |
| Chassis No. | | Colour | | |
| Odometer | • | Steering | | |
| Brakes | | Modification | | |
| General | - DESCRIPTION OF THE PROPERTY | | | |
| 3. | Con | ditions 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. | Descr | iption of Damages | | |
| 5. | Ger | neral Information | | |
| Accident Date | 13/02/2018 | Inspection Date | 02/03/2018 | |
| Survey held at | LIU'S BROTHER AUTO EN | | ART DESCRIPTION (A STARR) | |
| Survey field at | | 01-01 AUTOBAY @ KAKI BU | KIT | |
| 5a. | | Remarks | | |

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

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your Ref: TBA

Our Ref: CS/GAI18004048/Urd3

The Motor Claims Department
GREAT AMERICAN INSURANCE COMPANY

Dear Sir/Madam,

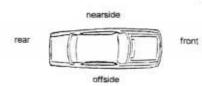
INITIAL INSPECTION REPORT OF GBE 6397R .

Please be informed that we had conducted the inspection of the above mentioned vehicle on <u>02/03/2018</u> at the premises of M/s <u>LIU'S BROTHER AUTO ENGINEERING</u> <u>WORKSHOP</u> and have the following to report:-

| Workshop Estimate Amount | : S\$ | 17,539.00 | |
|--------------------------|--------------|----------------|------|
| Revised Estimate Amount | : S\$ | 8,487.72 | |
| "Check" Items Amount | : S\$ | - | |
| Market Value | : <u>S\$</u> | () = () | |
| LTA Reimbursement Value | : <u>S\$</u> | 141 | - 10 |
| Nett Value | : <u>S\$</u> | • | |

Description of Damage:

The vehicle sustained damages at the rear portion..



Yours faithfully

MARCUS Automotive Assessor



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No:

GR-18-031928

Date of Request: 01/03/2018

Your Ref No:

Online Purchase

LIU'S BROTHER AUTO WORKSHOP 1 Kaki Bukit Ave 6 #01-01 Auto Bay@Kaki Bukit Singapore 417883

Dear Sir/Madam.

Enquiry Date

01/03/2018

Enquiry By

Susan Low Siew Yian

TP Vehicle No.

SJX7787Y

Accident Date

13/02/2018

| Enquiry Result | | D : 4 - Clasurance | Insurer Tel. No. |
|----------------|----------------------------------|-----------------------|------------------|
| TP Vehicle No. | Insurer | I CHOU OF THOU WILL | |
| S1X7787Y | Great American Insurance Company | 12/07/2017-11/07/2018 | 6804 6047 |

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature

Nivitha (LKK Auto)

From:

Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>

Sent:

Friday, 2 March 2018 9:53 AM

To:

SUR; Catherine Chong (LKK Auto)

Subject:

FW: Request for 3rd party survey GBE6397R Claims against insd SJX7787Y

Attachments:

GBE6397R180213.pdf

Hi team

Please conduct TP survey. Our insured has not report.

Thanks Kelvyna

From: Liu's Brother [mailto:liusbro@ymail.com]

Sent: Friday, March 02, 2018 5:25 AM

To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>

Subject: Re: Request for 3rd party survey GBE6397R Claims against SJX7787Y

We did like to chose as follow

5. LKK Auto Consultants

Kindly arrange

Thank

Best Regard

Susan Low

M/s Liu's Brother Auto Engineering Workshop

No. 1 Kaki Bukit Avenue 6 #01-01 AutoBay @ Kaki Bukit

Singapore 417883 **2**: 6741 1730 **4**: 6744 5746

On 1 Mar 2018, at 16:24, Ngian, Kelvyna < Kelvyna. Ngian@sg.gaig.com > wrote:

LKK Auto Consultants

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/02/2018 01:24

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to
- 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.
- 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 5. Any false reporting may be referred to the Police for investigation.
- 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.

| aforesaid. | ACCIDENT STATEMENT |
|--|------------------------|
| at Deced | 14/02/2018 22:29 |
| Date Of Report | 13/02/2018 15:50 |
| Date Of Accident | ALONG ANG MO KIO AVE 1 |
| Exact Location Of Accident | SINGAPORE |
| 1000 N 100 N | SHOAFOILE |

DETAILS OF OWN VEHICLE

GBE6397R Vehicle Registration Number

Insured/Policyholder

Country/State of Loss

STVE PTE LTD Name Of Registered Owner 198703585C

Co Reg No NOEMAIL Email Address

Mobile Phone No

OFFICE-64942833 Alternative Phone No

Vehicle Particulars

ATOYOTA Manufacturer

HIACE-3.0 D DX (M) Model

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage YES

Fleet Policy D-17087422MFCV Policy Number

Cover Note Number

Driver

NAH LYE KHOON Name of Driver

S1525413J NRIC No. 16/12/1962 Date Of Birth OUTDOOR Occupation 03/01/1985

Date Of Driving Pass 33 YEARS AND 1 MONTH

Driving Experience MALE

Gender

(LOCAL) +65-83166960 Mobile Number

Fax Number Contact Number EMail Address

NOEMAIL

Address

BLK 125 RIVERVALE STREET #16-906

Postcode

540125

Was driver an employee of the Insured's Company NO

The arms are ampleyed of the initiation a company

If No, Relationship of the Driver with the Insured

OTHER - LESSEE

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

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?

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TANAH MERAH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE:

461051, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4499999 - FAX NO: 62447251

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180213/2149:- ON 13/02/2018 AT ABOUT 1550HRS, I WAS DRIVING MY COMPANY VAN BERING PLATE GBE6397R ALONG ANG MO KIO AVE 1 TOWARDS BOULEVARD ROAD. I THEN STOPPED AT THE JUNCTION OF LORONG CHUAN AND WAS ON THE SECOND LANE AND WAS THE THIRD VEHICLE. I WAS WAITING FOR THE TRAFFIC LIGHT WHEN SUDDENLY A VEHICLE (SJX7787Y) CAME FROM THE BACK AND HIT ONTO THE REAR OF MY VAN. I FELT NUMBNESS AND PAIN AT THE BACK OF MY BODY. I THEN CAME OUT AND CHECK THAT THE REAR BUMPER OF THE VAN WAS SLIGHTLY DENTED IN. I THEN EXCHANGE PARTICULARS WITH THE DRIVER AND THEN LEFT TO SEE DOCTOR. I WAS THEN GIVEN 3 DAYS OF MC. I WISHED TO INFORM THAT MY COMPANY VAN HAVE A CCTV IN BUILT AT THE FRONT ONLY.

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

SJX7787Y

Vehicle Make/Model/Colour

TOYOTA / ALTIS

Details Of Properties

VEH B

Vehicle Category

PRIVATE CAR

Name of Driver

TAN CHOH KOON

NRIC/Passport Number

S0297558J

Contact Number

98330187



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

REPORT OF A TRAFFIC ACCIDENT

| Date/Tim 13/02/20 | 18 19:46 | fade: | Vide Report No | Star on Stary No. |
|----------------------|------------------------|--|--|---------------------------|
| Informa | Re Partic | dera de la companya d | ZANIII SICESSE SIGNA | |
| Name of | Informant: E KHOON | | Address APT BLK 125 RIVERVALE S | TREE FIELDS NOAFCHE |
| ID Type | / ID No. D / S15254 | 13J | 540125 Contact No Home/Office | Mos + 3 - 17/605 |
| National | ty: ORE CITIZ | EN | Email | |
| Sex. Male | Age 55 | Date of Birth: 16/12/1962 | Type of informant Driver | |
| Race: Chinese | | | Language, English | Institution / School Name |
| Occupat DELIVE | ON DRIVE | R | Driving Licence Information Class: 28,3 | Date of Expiry; |

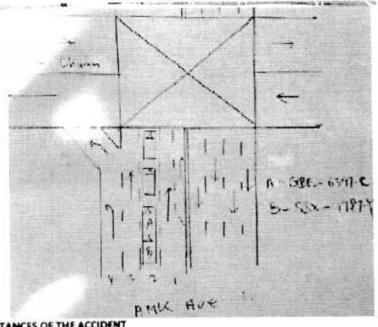
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 13/02/2018 15:50 | Type of Location X-Junction |
|-----------------------------------|------------------|--|--|--------------------------------|
| ANG MO KIO | UAN | d Lorong Chuan, towards Bo | oundary Road at the | second lane from the |
| Weather | | Road Surface: Dry | R | oad Speed Limit |
| | | La Contraction of the Contractio | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | |
| Clear Traffic Flow: Two Way | | Traffic Control: Traffic Light - Workin | The second secon | affic Volume: |

| Dec March | nucle lines | Ned Try No. | | | |
|-----------|-------------|-------------|--|---------------------|---|
| GBE6397R | Van | | | Slightly Damaged | 0 |
| SJX7787Y | Car | | | Stightly Damaged | 0 |

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

Sketch Plan #2

SMETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| EFER TO POLICE REPORT NO. T/20180213/2149 | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| A | |
| | |
| **** | |
| The state of the s | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

DECLARATION

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

- 69

Policyholder's Signature Dalp & Time:

DESCRIPTION OF THE

Delver's Signature (If delves is not the policyholder) make it fime: Reporting Centre Personnel's Signature Majora:





3 0 3

Report No T/20180213/2149

NUAPORE 461051

CONTINUATION OF REPORT

| - | etch | - | |
|---|------|---|-----|
| | | - | а п |

Informant is no

rovide sketch plan

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

| Signature Of Officer Recording The Report G / Sgt 2 MUHAMMAD SHAHREL BIN ALI | Signature Of Informant |
|--|-------------------------------|
| Signature Of Interpreter Not applicable | Date/Time 13/02/2018 19 48 |
| Officer in Charge Of Case TP / AEIT / | Classification Of Case |
| SI DZUL HAIRIE BIN RAMLI Contact No. 65476220 SINGAPORE POLICE FORCE | 411- |
| Authentication Stamp | NATURE |

CONTRACTOR S



Tenen Merek NPP
Tenen Merek NPP
11 New Upper Changi Road #01-1514
SINGAPORE 461051
Te No 1600-4409090



Apper in 1201409 Still

10 No NAH LYE KHOON Name 83 ---Contact No GBE6397R (Van) Related Vehicle Class Class of OASIS FAMILY CLINIC Hospital/Clinic Onte Driving Licence & Expry Date Date Discharge 13/02/2015 Date Treatment 13/02/2018 Degree of Injury Sught No of Days granted Medical Leave 03 50297558. D No TAN CHOH KOON Name Contact No 98330187 NIL Related Vehicle CINSO NIL Class of Date of Expery NIL NIL Hospital/Clinic Driving Licence & Expiry Date Date Discharge NIL Degree of Injury NIL Date Treatment | NIL No of Days granted Medical Leave NIL

On 13/02/2018 at about 1550hrs, I was driving my company van bearing plate G8E6397R along Ang Mo Cio Ave 1 towards Boundary Road. I then stopped at the junction of Lorong Chush and was on the second lane and was the third vehicle.

was waiting for the traffic light when suddenly a vehicle (SUX7787Y) came from the back and hit on to the rear of my van. I felt numbness and pain at the back of my body. I then came out and check that the rear of my van. I felt numbness and pain at the back of my body. I then came out and check that the rear of my van. I felt numbness and pain at the back of my body. I then came out and check that the driver and then set to rear bumper of the van was slightly dented in I then exchange particulars with the driver and then set to see doctor. I was then given 3 days of MC.

I wished to inform that my company van have a CCTV in built at the front orbi

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars
Owner ID Type: Company
Owner ID: 3585C

Vehicle Details

Vehicle No.: GBE6397R

Vehicle to be Exported: No

Intended De-registration Date: 02 Mar 2018

Vehicle Make: TOYOTA

Vehicle Model: TOYOTA HIACE VAN TURBO 5 DR MANUAL

Primary Colour: White

Manufacturing Year: 2015

Engine No.: 1KD2562453

Chassis No.: JTFHT02P000180415

Maximum Power Output:

Open Market Value: \$27,741.00

Original Registration Date: 05 Feb 2016

First Registration Date: 05 Feb 2016

Transfer Count: 0

Actual ARF Paid: \$1,388.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date:

LIU'S BROTHER AUTO ENGINEERING WORKSHOP

Invoice/Ref No: GBE8397R180213

 E. Kaki Hokit Avanus 6 701 01 Auto Bay & Kaki Bukit Sangapor: 41785. ROD No. 522917939 Tel. 6741-17301751 Fax: 6741-5746 found hashto-general com-Estimate **Enstomer** Name: Great American Insurance Company Date: Address: Motor Claims Department Vehicle No: GBE6397R 3 Temasek Avenue #16-01 Model/Make: Toyota Hiace Van Centennial Tower Singapore 039190 Turbo 5 DR Manual Revised Original Item No Descriptions Of Parts Ouotation 2 Ouotation 2 Cost Of Estimation Repair 3cdsop Jan Rear Tailgate 2 Tailgate Lock 359.00 3 387.10 Tora /twi Tailgate Rubber 387.90 4 Tailgate "Toyota Logo" Motif Nu 63.50 70.50° 5 Tailgate "70 KM/H" Sticker ne 105.N 6 Tailgate "8 PAX" Sticker 15.00 SN 105.N Tail Lamp 02 pcs (\$\$365.10) 730.20 8 Corner Panel 02 pcs (@ S\$166.00) 332.00 9 Corner Panel Garnish Bracket 02 pcs (@ \$\$31.50) 47 63.00 Bumper Dis 465.10 11 Bumper Clip 1 set ner 50.00 12 Bumper Side Retainer 02 pcs (@ S\$65.10) 130.20 13 Bumper Clips 1 set Repeat 48.00 14 Bumper Reverse Sensor 220.00 2005.W 15 Floor Panel 1.855.90 × Floor Panel Beam 16 260.00 17 Floor Board (Plywood) 380.00 SN 3005.0 18 End Panel Inner 936.20 19 End Panel Outer 566.10 20 End Panel Sealant 50.00 SN 21 Spare Tyre Carrier 345.20 22 Exhaust Pipe nn 971.10 -23 Tailgate Windscreen Glass Moulding 219.00 305.N 24 Tailgate Windscreen Glass Sealant 50.00 SN 405. N 25 Number Plate "Metal" But 28.00 SN 205.N "Corporate" Advertisement Sticker \$ 2,800.00 6005. N Remove and refix rear tailgate components & wiper mechanism 00 80.00 To check all wiring & electrical component for proper function 80.00 Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etcs 2,000.00 1000 To putty & spray painting & including touch up paint on accident affecteed area \$ 1,600.00 fus To apply Rust Proofing, rescal tuff-coating treatment on accident area 80.00 60 Remove and replace rear exhaust pipe system to faciltate repairs \$ 180.00 Remove & reinstall Windscreen Glass to facilitate repairs 120.00 Total Parts & Labour of estimate for damaged vehicle \$ 17,539,00 3320 Total amount in Part By Part / Lump Sum Basis for repaired vehicle SDLS:

LKY Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display famaged 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 riem(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

M/s Liu's Brother Auto Engrg Wks

2/3/18 10hiphlo Athinese.



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 Intern | nationale Des Experts En Auto | mobile |
|-----|--|---|-------------------------------|---------------|
| GR | EAT AMERICAN I | NSURANCE COMPANY | Ref : CS/GAI18004 | 048/Urd3n2 |
| #16 | EMASEK AVENUE 3-01 CENTENNIAL IGAPORE 039190 | | Date: 26-03-2018 Code: GAI | |
| 1. | | Policy Particula | ars :- THIRD PARTY CLA | JM |
| | Insured Veh. | SJX 7787Y | Veh. Inspected | GBE 6397R |
| | Policy No. | | Coverage (\$) | 0.00 |
| | Claim No. | SJX 7787Y | Excess (\$) | 0.00 |
| | Assign From | KELVYNA NGIAN | Assign Date | 02/03/2018 |
| 2. | | Vehicle Pa | articulars & Condition | |
| | Make & Model | TOYOTA HIACE (M) | c.c | 2982 |
| | Engine No. | HIDDEN | Year of Reg. | 2016 |
| | Chassis No. | JTFHT02P000180415 | Colour | WHITE |
| | Odometer | 55637 | Steering | IN ORDER |
| | Brakes | IN ORDER | Modification | NIL |
| | General | GOOD | | |
| 3. | | Cond | ditions of Tyres | |
| | | Size | Make | Balance |
| | R/H Front Tyre | 195 R15 | AUSTONE | 6 mm |
| | L/H Front Tyre | 195 R15 | AUSTONE | 6 mm |
| | R/H Rear Tyre | 195 R15 | AUSTONE | 6 mm |
| | L/H Rear Tyre | 195 R15 | AUSTONE | 6 mm |
| 4. | | | otion of Damages | |
| | DAMAGES SEE D | STAINED DAMAGES AT THE I | REAR PORTION. | |
| 5. | | Gene | ral Information | AND RESERVED. |
| | Accident Date | 13/02/2018 | Inspection Date | 02/03/2018 |
| | Survey held at | LIU'S BROTHER AUTO ENGI | NEERING WORKSHOP | Walter |
| | | 1 KAKI BUKIT AVENUE 6 #01 SINGAPORE 417883 | I-01 AUTOBAY @ KAKI BUK | CIT |
| ia. | | | Remarks | |
| | A)THE INSPECTION B)IN ACCORDANCE | ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS, | VITHOUT PREJUDICE" BAS | IS. |
| b. | | | te Days of Repair | EU NEFAIRO. |
| | ESTIMATED NOR | MAL PERIOD FOR REPAIR: | 7 Working Days | 9 |



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. GBE 6397R

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted |
|--------|--|-----------------|------------------------------|--------------|
| | REPLACEMENT OF PARTS | | trorkshop (\$) | (\$) |
| | REAR TAILGATE | BADLY DENTED | 2.054.00 | |
| | REAR TAILGATE LOCK | DENTED / JAMMED | 2,051.60 | 1,969.30 |
| | REAR TAILGATE RUBBER | TORN / TWISTED | 359.00 | 359.00 |
| | REAR TAILGATE "TOYOTA LOGO" MOTIF | NECESSARY | 387.90 | 387.10 |
| | REAR TAIL LAMP @\$365.10 | CRACKED | 70.50 | 60.50 |
| | REAR CORNER PANEL @\$166.00 | TO REPAIR SEE | 730.20 332.00 | 606.20 |
| 2 | REAR CORNER PANEL GARNISH BRACKET @\$31.50 | NOT NECESSARY | 00.00 | |
| 1 | REAR BUMPER | DISTORTED | 63.00 | 7.2 |
| | SET REAR BUMPER CLIP | NECESSARY | 465.10 | 465.10 |
| 2 | REAR BUMPER SIDE RETAINER @\$65.10 | BENT | 50.00 | 50.00 |
| 1 | SET REAR BUMPER CLIPS | REPEATED | 130.20 | 130.20 |
| 1 | REAR FLOOR PANEL | TO REPAIR SEE | 48.00 | 12 |
| 4 | PEAD ELOOP BLUE | LABOUR | 1,855.90 | :- |
| | REAR FLOOR PANEL BEAM | BENT | 260.00 | 260.00 |
| 0.00 | REAR END PANEL INNER | BADLY DENTED | 936.20 | 936.20 |
| - 1 | REAR END PANEL OUTER | BADLY DENTED | 566.10 | 0.000 |
| 992 63 | REAR SPARE TYRE CARRIER | BENT | 345.20 | 499.10 |
| - 1 | REAR EXHAUST PIPE | NOT NECESSARY | 971.10 | 345.20 |
| L | ESS 15% DISCOUNT | | 3/1.10 | -910.18 |
| 5 | SPECIAL NETT ITEMS | | 9,622.00 | 5,157.72 |
| - 1 | EAR TAILGATE "70KH/H" STICKER (SN) | NEGEOGRAPH | | |
| 1 R | EAR TAILGATE "8 PAX" STICKER (SN) | NECESSARY | 15.00 | 10.00 |
| 1 R | EAR END PANEL SEALANT (SN) | NECESSARY | 15.00 | 10.00 |
| 1 R | EAR TAILGATE WINDSCREEN GLASS SEALANT (SN) | NECESSARY | 50.00 | 50.00 |
| 1 R | EAR NUMBER PLATE "META" (SN) | NECESSARY | 50.00 | 40.00 |
| | EAR "CORPORATE" ADVERTISEMENT STICKER (SN) | BENT | 28.00 | 20.00 |
| 1 R | EAR BUMPER REVERSE SENSOR (SN) | NECESSARY | 2,800.00 | 600.00 |
| 1 RE | EAR FLOOR BOARD (PLYWOOD)(SN) | SHORTED | 220.00 | 200.00 |
| 1 RE | EAR TAILGATE WINDSCREEN GLASS SEAL (SN) | CRACKED | 380.00 | 300.00 |
| | STATE OF THE STATE | NECESSARY | 219.00 | 30.00 |
| 1 | | | 3,777.00 | 1,260.00 |

Report Ref No. CS/GAI18004048/Urd3n2



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 (\$) |
|---------------|--|---------------|------------------------------|----------------------|
| | LABOUR | | | (*/ |
| | REMOVE AND REFIX REAR TAILGATE COMPONENTS & WIPER MECHANISM. | | 80.00 | 60.00 |
| | TO CHECK ALL WIRING & ELECTRICAL COMPONENT FOR PROPER FUNCTION. | | 80.00 | 30.00 |
| | LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN & REPLACING PARTS ETCS. INCLUSIVE OF THE REPAIR OF REAR CORNER PANEL AND REAR FLOOR PANEL. | | 2,000.00 | 1,000.00 |
| | TO PUTTY & SPRAY PAINTING & INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED AREA. | | 1,600.00 | 800.00 |
| | TO APPLY RUST PROOFING, RESEAL TUFF-COATING TREATMENT ON ACCIDENT AREA. | | 80.00 | 60.00 |
| | REMOVE AND REPLACE REAR EXHAUST PIPE SYSTEM TO FACILITATE REPAIRS. | NOT NECESSARY | 180.00 | - |
| REMO FACIL | REMOVE & REINSTALL WINDSCREEN GLASS TO FACILITATE REPAIRS. | | 120.00 | 120.00 |
| | | | 4,140.00 | 2,070.00 |
| | GRAND TOTAL | | 17,539.00 | 8,487.72 |

RECOMMENDED COST OF LUMP SUM REPAIRS
(TO ITS PRE-ACCIDENT CONDITION)

6,300.00

Report Ref No. CS/GAI18004048/Urd3n2

CHUA KANG SENG

Licensed Appraiser