

25/03/2018

ASS. REC. BY:

REF:

CS3 / III 17009859 / W0627

Special Instruction:

Surveyor

Culson

McMan

ASSIGNMENT (Office)

From (Person):

Sunder

of

II

Date/Time: 08/02/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

STD 8076P

Insured:

SHC 8643G

at Workshop m/s

Triple-T Automobile

Tel:

6385171

of

Blk 5 Pudu Lane 10 # 01-574

Policy No:

Claim No:

MCT17050729/01/SN

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 19052017

CA / REV / REP. / REV 24 HRS up

30-10-2017 @ after 1pm at 10 Kaki Bukit Rd 2 # 01-29

Date/Time:

22/05/2017 4:37pm

Person Contacted:

Tenn

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (x) Estimate
	STD 8076P - NO / INC 110211686 / h
	SHC 8643G - CS / III 15006573 / KWS042
5:57pm @ 16/10/17	According to here the claim still continues, vehicle Not In.
	Dismantle Part: 31.10.2017
	After repair 03.11.2017

LS

4500/-

(Red \$3500, 44%)

20%

let

me know

10/4

7 day

250

RECEIVED 10 APR 2018

REF: III

ASSIGNMENT

Front _____ Date _____
 Estimated Cost _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No _____

at Workshop no _____

of _____

Insured _____

Policy No _____

Claims No _____

Sum Insured _____

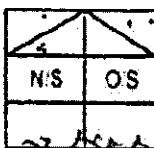
Excess _____

(Client's Record)

Make of Vehicle _____

(Policy Condition)

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



Bar or Market Value _____

JDAC Accident Report _____

Consistent? Yes or No _____

GIA / PR Seen _____

Consistent? Yes or No _____

Est. Repairs _____

days _____

Reso _____

Yes or No _____

Lump Sum _____

P _____

3 Val _____

Yes or No _____

CA / REV / REP / 24 HRS _____

Date _____

Person Contacted _____

Vehicle IN / OUT _____

Veh No: STD 8076 PRegd: 2008 Apr 03Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Honda Streamcc: 1799Colour: Dark Blue

Insured / Std / NI / NA _____

Sp. Reading _____

Insured / Std / NI / NA _____

Eng No _____

Chassis No: JHMRN68408920773Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Mod: Nil / S/Rim / STD A/Rim or _____Tyre Size F: 205/65 R14R: 205/65 R15

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

TOYO / YOKO or _____

Front _____

R. Bal _____

L. Bal _____

D.O.A _____

Survey held at: Table-TDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time _____ Action / Instruction _____

Date / Time File Pass _____



Prel. Report

Date / Time File Return _____



Final Report

Date / Time File Return _____

Report Format: PRs.

Lump Sum / I.B. / _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ Site Insp. _____

Site Insp. _____

☐ Inter. Ev. _____☐ Tech. Insp. _____☐ Weekend _____

Catherine Chong (LKK Auto)

From: Sundari Nagarajan - III <sundari@iii.com.sg>
Sent: Monday, 12 March, 2018 2:47 PM
To: Catherine Chong (LKK Auto)
Cc: 'assignments'
Subject: RE: OUR Ref : MCT17050729/01/sn; Accdt invg SBB8611A(Liberty) > SLL4965J(NTUC) > SHC8643G(III) > SJD8076P(ECICS) on 19.5.17

Dear Sir

We refer to the email below. We are still awaiting your RA report. Kindly expedite as TP is chasing for settlement.

Best Regards,

Sundari Nagarajan

From: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Thursday, 25 January, 2018 5:09 PM
To: Sundari Nagarajan - III <sundari@iii.com.sg>
Cc: Mekavathanan Sarangapani <mekavathanan@iii.com.sg>; 'assignments' <assignments@lkkauto.com>
Subject: RE: OUR Ref : MCT17050729

Dear Sundari,

Kindly upload LOD in Merimen.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Mekavathanan Sarangapani
Sent: Thursday, 25 January 2018 2:54:08 PM (UTC+08:00) Kuala Lumpur, Singapore
To: Olivia Lau (LKKAuto)
Cc: Sundari Nagarajan - III
Subject: OUR Ref : MCT17050729

Recd LOD from Triple T Auto for 8K ?? damages for this 2008 vehicle appears to be excessive ?

Please do paper survey .

Meka

Our File No:

Date:

NCE

Insurer: India International Insurance Pte Ltd
 t Vehicle No : SJD8076P
 .oss: 19/05/2017

Policy No:
 Insured Vehicle No :
 Nature of Claim:

PTION & IDENTIFICATION OF VEHICLE

Model: SJD8076P
 e: HONDA STREAM, 1.8 (A)
 03/04/2008 (Man. Year: 2008)
 Capacity: Dark Blue
 'alue/New Car Price: 1799 cc
 red (\$\$): N/A
 Market Value/New Car Price

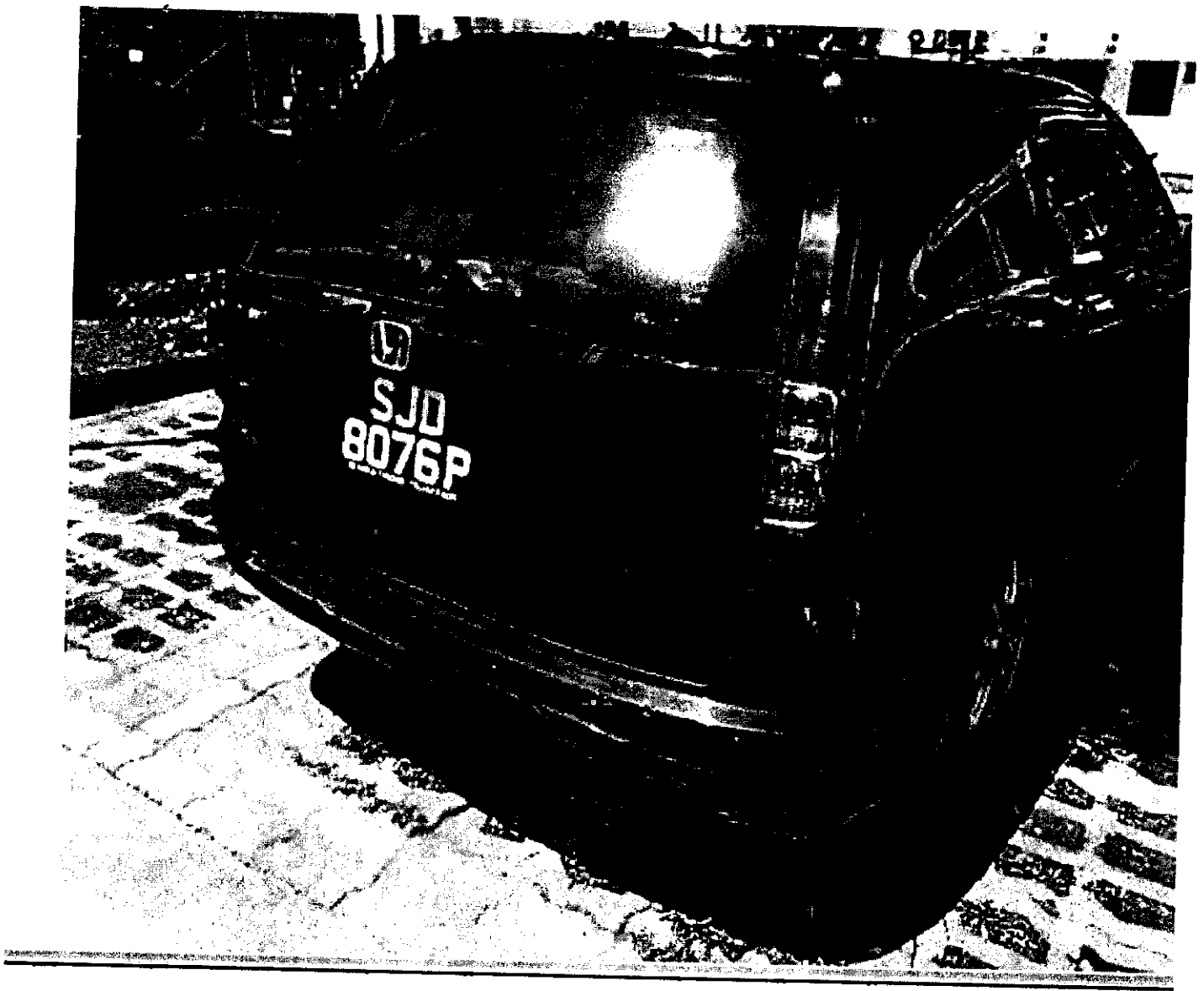
Engine No:
 Chassis No:
 Odometer:

ION OF VEHICLE AT THE TIME OF SURVEY

Condition: Steering (Serviceable): Yes No Footbrake (Se
 ke (Serviceable): Yes Engine Modification: No Pre-accident C

(S\$267,501)

Main		Subfolder Details		Claim Details		Payment Details	
DATA: SUBFOLDER DETAILS							
Insured	-, Co. Reg. No.: -						
Main Claimant	-						
Vehicle Reg. No.	SJD8076P			Date of Loss	19/		
Claim Type	TP / MCT17050729			Policy/Cover Note No.	MC		
Vehicle Reg. No. (Insured)	SHC8643G			Policy No. (Claimant)			
Repairer	Triple-t Automobile - Defu (HQ) PROFILE Blk 5 Defu Lane 10, #01-574, 53918						
Handling Insurer	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Sun						
Adjuster	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Teo Cheng 05/12/2017]						
CLAIM REGISTERED							
Clm. No (Clm. Reg. Date)	MCT17050729 (18/12/2017)			Intimation (Notify Date)	Frc		
Registration Type	[Manually registered]			Claim Status	OP		
Incurred TP							
S\$	0.00						
Subfolder	SubCode	Reg. No / Claimant		Person-in-Charge			
TP		SJD8076P / -		Sundari Nagarajan			







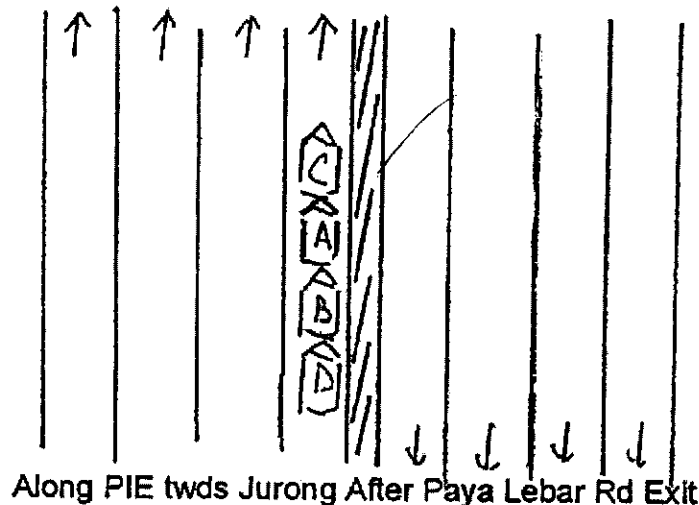
Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time 20/5/2017 @ 10:50 Hrs

Rubbini

Witnessed by Reporting
Personnel

Sketch Plan



A-SHC 8643G
B-SLL 4965J
C-SJD 8076P ✓
D-SBB 8611A

Best Regards,

Mekavathanan

HOD

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street, #04/#05 IOB Building, Singapore 049711

DID: 6347 6105 Fax: 6224 4174



Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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It may contain confidential and/or legally privileged information.

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

...CLAIM SUBFOLDER...(Pending for Payment)

PRI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Nov 2017		22 May 2017 00:00		06 Dec 2017 09:27 S\$0.00 (S\$267.50)		Pending for Payment Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS		[Created by adjuster]	
Insured:	-, Co. Reg. No.: -		
Main Claimant:	-		
Vehicle Reg. No.:	SJD8076P	Date of Loss:	19/05/2017 00:00 - :59
Claim Type:	TP / MCT17050729	Policy/Cover Note No.:	MCOM0015
Vehicle Reg. No. (Insured):	SHC8643G	Policy No. (Claimant):	
		Excess:	
Repairer:	Triple-t Automobile - Defu (HQ) Blk 5 Defu Lane 10, #01-574, 539186 Defu Lane - Tel:		
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Sundarl Nagarajan - 6347 6071]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Teo Cheng Ming Wilson] ... [Final Rpt due 05/12/2017]		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.



ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

	Subject Values	Current	Revised	Remarks
1	Reserves			FE
	TPPD			
	TPPI			
	LPPN			
	Investigation Fees			
	Survey Fees			
	Legal Fees			
	Others			
2	Fraud Check			
3	Upload to merimen			
4	Grant Rights			
5	Payment			

CLAIM NO.	MCT 1705072901
DATE OF ACCIDENT	19/05/2017
CLAIM OFFICER	ZS/SP/ <u>SN</u> /NL/MP/WH
LOD FROM	THIRPLE-T AUTOMOBILE
FAX	<u>YES</u> / DATE: 18/01/2018
INSURED VEHICLE	SHC8643G
TYPE OF CLAIMANT	DRIVER / PASSENGER(IV) / PASSENGER (TP) / RIDER / PILION / CYCLIST / PEDESTRAIN / <u>COMPANY</u> OWNER N/A SSD8076P Auto Synthesis
TYPE OF CLAIM	<u>TPD</u> / TPI / UL / SUBRO / TPPD
CASE TYPE	<u>PC</u> / NC / REOPEN
PREMIUM LIVE UPDATED	<u>YES</u> / DATE: 06/02/18
FIRST LETTER	<u>TO BE DONE</u> / EXISTING / NA
TPD BILL MUST BE TAKEN OUT AND PLACED BEHIND THE LOD	ARRANGED / CHECKED / NA
MERIMEN SCAN	YES / DATE:
RIGHTS GRANTED	NOT NEEDED / YES / DATE:
MERIMEN COMPLETED	YES / DATE:

check meriment
later on

18/01 2018 THU 14:10

FAX

001

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 3071
DESTINATION ADDRESS 963851141
SUBADDRESS
DESTINATION ID
ST. TIME 18/01 14:09
TX/RX TIME 00'19
PGS. 1
RESULT OK

FAXED

18 JAN 2018

MOTCLM DEPT.

TRIPLE-T AUTOMOBILE

BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186
TEL: 6385 1171 FAX: 6385 1141
BUS. REG. NO. 53176519M

17th January 2018

Our Ref: CL17078
Your Ref: SHC8643G

India International Insurance Pte Ltd
Motor Claims Department
64 Cecil Street
#04-05 IOB Building
Singapore 049711



Dear Sirs,

ACCIDENT INVOLVING SJD8076P AND SHC8643G ALONG PIE TWDS JURONG AFTER PAYA LEBAR FLYOVER ON 19.05.2017

We are the representative for M/s Auto Synthesis, whose vehicle registration number SJD8076P was damaged in the above accident.

We are instructed to claim for damages against your insured in connection with the above-captioned road traffic accident driven by your Insured.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration SHC8643G. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows:-

Cost of repairs	\$ 8,000.00
Loss of rental for 04 day @\$200.00	\$ 800.00
Survey report	\$ 596.00
LTA search fee	\$ 5.35
	<u>\$ 9,401.35</u>

Enclosed are the supporting documents for your perusal:-
GIA
LTA search
Repair bill

We are in receipt of your letter, which is receiving our attention. We shall revert shortly. Kindly note that we are preserving our rights to conduct a medical re-examination on your client where necessary.

Our Ref: MCT17050729

Name : Sundari

Date :

India International Insurance P L

Pooi Chin Han Daniel

From: Motor Claim - III
Sent: Wednesday, 17 January, 2018 4:26 PM
To: Mekavathanan Sarangapani
Cc: Pooi.Chin Han Daniel
Subject: FW: ACCIDENT INVOLVING SJD8076P, SHC8643G, SLL4965T AND SBB8611A ALONG PIE TOWARDS JURONG AFTER PAYA LEBAR PLYOVER ON 19.05.2017
Attachments: doc03968920180117140029.pdf; doc03969320180117140606.pdf

LOD FROM TRIPLE-T

Best Regards,
Gabriel Wee
Motor Claims Dept.
India International Insurance Pte Ltd
64 Cecil Street | #05 IOB Building | Singapore 049711
Tel: 6347 6100, Ext - 248

From: Irene [mailto:motor@iaconsulting.com.sg]
Sent: 17 January, 2018 2:13 PM
To: Sundari Nagarajan - III <sundari@iii.com.sg>; Motor Claim - III <motorclaim@iii.com.sg>
Cc: candy@iaconsulting.com.sg
Subject: ACCIDENT INVOLVING SJD8076P, SHC8643G, SLL4965T AND SBB8611A ALONG PIE TOWARDS JURONG AFTER PAYA LEBAR PLYOVER ON 19.05.2017

Dear Sundari,

Attached is the LOD and enclosures for your perusal.

Please let us have your settlement terms a.s.a.p.

Thank you.

Regards,
Irene Tan
Triple-T Automobile
Tel: 6385 1171
Fax: 6385 1141

TRIPLE-T AUTOMOBILE

BLK 5 DBFU LANE 10 #01-574 SINGAPORE 539186
TEL: 6385 1171 FAX: 6385 1141
BUS. REG. NO. 53176519M

17th January 2018

Our Ref: CL17078
Your Ref: SHC8643G

India International Insurance Pte Ltd
Motor Claims Department
64 Cecil Street
#04-05 IOB Building
Singapore 049711



Dear Sirs,

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We are the representative for M/s Auto Synthesis, whose vehicle registration number SJD8076P was damaged in the above accident.

We are instructed to claim for damages against your insured in connection with the above-captioned road traffic accident driven by your insured.

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Enclosed are the supporting documents for your perusal:-
GIA
LTA search
Repair bill

We are in receipt of your letter, which is receiving our attention. We shall revert shortly. Kindly note that we are preserving our rights to conduct a medical re-examination on your client where necessary.	
Our Ref: MCT17050729	
Name :	Sundari
Date :	
India International Insurance P L	

18/1/2018

Kindly let us have your payment of \$9,401.35 in our workshop's name within the next 14 days.

Please do not hesitate to contact our Ms Tan at 9838 8224 or email motor@iaconsulting.com.sg should you have any queries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully,

Encl.



Invoice

MD YUSOF BIN SAHAB
BLK 697B WOODLANDS DR 50
#02-182
S(731897)

Invoice No : GWIN0001013
Invoice Date : 3/11/2017
Due Date : 3/11/2017
VHA No : 14919
Referral ID : T013

Description :	Amount
Rental for 4 Day/s @ \$200 per Day	\$800

Vehicle No : SKF 5373 D

Vehicle Description : Toyota Wish 1.8X A

Rental Period : 30/10/2017 to 03/11/2017

Total Amount Payable : \$800

GOOD WAY CAR RENTAL

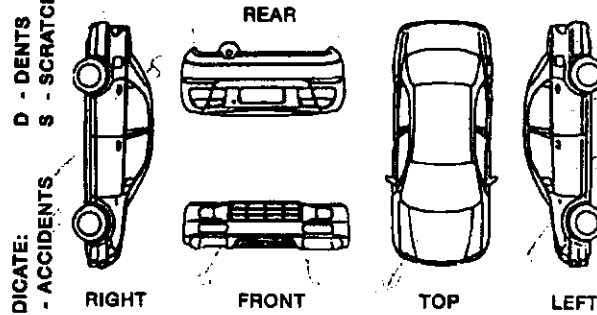
8 Kall Bukit Ave 4 #06-04 Premier@Kall Bukit Singapore 415875
Tel: 6315 8479 H/P: 9833 0807

VHA No: 14919

GWIN 1013

UEN: 53207137M

VEHICLE RENTAL AGREEMENT


HIRER'S PARTICULAR Name: (as in I/C) _____ NRIC/PASSPORT No: _____ Address (Res): _____ Name & Address of Employer: _____ Occupation: _____ Driving Exp: _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: _____ Tel: (O) _____ (R) _____ HP: _____		Vehicle No: <u>SKF5373D</u> Replace Veh No: _____ Mileage Out: <u>157201</u> Mileage In: _____ Make & Model: <u>TOYOTA WISH</u> (Auto) / Manual Group: _____ Out: Date <u>30/10/2017</u> Time: <u>11.05</u> HIRE / PERIOD EXPIRY Time: _____ NON-WAIVER EXCESS=\$ <u>2000</u> Section 1																																																							
ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) <u>MOYUSOF BIN SAHAB</u> NRIC/PASSPORT No: <u>S 6823987G</u> Address (Res): <u>BLK 697B WOODLANDS DR</u> <u>50 H 02-182 S (731897)</u> Driving License No: <u>S 6823987G</u> D/L Type: Local / International Issue Date: <u>11/11/2003</u> Date of Birth: <u>18/7/1968</u> Occupation: _____ Driving Exp: _____		CHARGES \$2000 Section 2 <table border="1"> <tr> <td>Daily</td> <td>4</td> <td>0\$ 200</td> <td>per day</td> <td>\$ 800</td> <td>-</td> </tr> <tr> <td>Weekly</td> <td></td> <td>0\$</td> <td>per week</td> <td></td> <td></td> </tr> <tr> <td>Monthly</td> <td></td> <td>0\$</td> <td>per month</td> <td></td> <td></td> </tr> <tr> <td>Hours</td> <td></td> <td>0\$</td> <td>per hour</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td>0\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td></td> <td>0\$</td> <td>per day/month</td> <td></td> <td></td> </tr> <tr> <td>PAI</td> <td></td> <td>0\$</td> <td>per day/month</td> <td></td> <td></td> </tr> <tr> <td colspan="6">Delivery/Collection Service</td> </tr> <tr> <td colspan="6">SUB-TOTAL \$</td> </tr> </table>		Daily	4	0\$ 200	per day	\$ 800	-	Weekly		0\$	per week			Monthly		0\$	per month			Hours		0\$	per hour			Others		0\$				CDW		0\$	per day/month			PAI		0\$	per day/month			Delivery/Collection Service						SUB-TOTAL \$					
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Monthly		0\$	per month																																																						
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Others		0\$																																																							
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VEHICLE CHECK LIST INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS 		PETROL LEVEL <table border="1"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> </table> EXTENSION Misc. _____ TOTAL CHARGES \$		Out	E	1/4	1/2	3/4	F	In	E	1/4	1/2	3/4	F																																										
Out	E	1/4	1/2	3/4	F																																																				
In	E	1/4	1/2	3/4	F																																																				
ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio / Cass <input type="checkbox"/> CD <input type="checkbox"/> Cartridges		Hirer's Signature _____ Additional Driver's Signature _____																																																							

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given GOOD WAY CAR RENTAL in connection with this agreement is true.

*IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY GOOD WAY CAR RENTAL.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN " SINGAPORE OF HIRER / DRIVER " FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO GOOD WAY CAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	 SIGNATURE OF HIRER/DRIVER
3/11	1550				

**Notification of Successful Vehicle Insurance Search for
Receipt No.: ITNET-00000-170522-000327**

L LTA-VTL@lta.gov.sg
Mon, 22 May 2017 09:44:51 +0800

To "motor@iaconsulting.com.sg" <motor@iaconsulting.com.sg>

Tags 

Dear Sir/Madam

We wish to inform you that your transaction on "Enquire Vehicle Insurance Particulars" performed on 22 May 2017 was successful and the Receipt No. is ITNET-00000-170522-000327.

2. The details of the search results are as follow:

Vehicle No. Search Date Search Time Search Result

SHC8643G 19 May 2017 16:30:00 INDIA INT'L INS PTE LTD

3. This is an auto-generated e-mail, no reply is required. Please contact our customer service officers at tel : 1800-CALL LTA (1800-2255 582) should you require further assistance.

4. Thank you.

If you are not the intended recipient of this communication, please delete it. As it may contain confidential or official information, do not retain it or disclose the contents to any person as it may be an offence under the Official Secrets Act.

 28

28 = 14/1

TRIPLE-T AUTOMOBILE

BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186

TEL: 63851171 FAX: 63851141

INVOICE

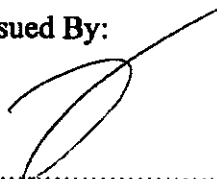
To: Auto Synthesis

Invoice No. : CL17078
Date : 16/11/2017
Vehicle No. : SJD8076P

No.	Description	Qty	Unit Price	Amount
1	REPAIR COST		\$ 8,000.00	\$ 8,000.00
Total:				\$ 8,000.00

Payment by cheque should be crossed and made payable to 'Triple-T Automobile'

Issued By:



.....
Authorised Signature

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	20/05/2017 13:37
Date Of Accident	19/05/2017 16:30
Exact Location Of Accident	PIE TOWARDS JURONG AFTER PAYA LEBAR FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD8076P
Insured/Policyholder	
Name Of Registered Owner	AUTO SYNTHESIS
Co Reg No	N/A
Email Address	XIAO_H3I@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91373902
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPU17A00103900
Cover Note Number	
Driver	
Name of Driver	MD YUSOF BIN SAHAB
NRIC No	S6823987G
Date Of Birth	18/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1989
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98330232
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

Postcode

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 UNKNOWN - REFER TO ATTACHMENT

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 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 ATTACHMENT. STATEMENT RECORDED BY RAVI (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5761)

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 SHC8643P

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL4965T

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SBB8611A

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number


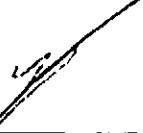


Email Address

Accident 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' 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/are 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

A-SJD8076P

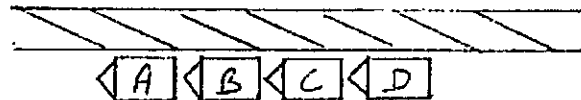
B-SHC8643G

C-SLL49657

D-SBB86117

Police 14/05/17

Time 1630



PIE towards Jurong After Payor Subur Highway.

Accident Sketch Plan

Describe Circumstances of the Accident

On mentioned date and time, I was driving along PTE Lanchester Avenue after Paya debar Myover at Lane 1.

The truck was slow moving, when the vehicle ahead of mine stopped, I follow suit. Suddenly I felt an impact from the rear, I alighted to check, it was vehicle B that collided into my rear.

Mine was the first vehicle and there were total of 4 vehicle involved in the accident.

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
Attestation

POLICY



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

E-DRIVE AUTHORISED
WORKSHOPS

MZ300C
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: MIP017A00103900	Chassis No: JH1HJRNH64085202773
Agency Name: Asasore (Singapore) Pte Ltd	Engine No: R08A12802774
Agency Code: A0000110	Type: NEW (Z1/Z11A/BERAGRAHAR COVER)

1. Index Mark and Registration Number of Vehicle: **SJ00076P**

2. Name of Policyholder: **AUTO SYNTHESES**

3. Period of Insurance (both dates inclusive): **30 March 2017 to 29 March 2018**

4. Person or Class of Persons entitled to drive:
at any other person who is driving on the Policyholder's order.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations relating to the Motor Vehicle to have been so permitted and is not disqualified under any law or by reason of any enactment or regulation or that behalf from driving the Motor Vehicle.

5. Limitations as to use:
a) The Motor Vehicle is not to be used for hire or reward or for any other purpose for which the Policyholder is not licensed.
b) The Motor Vehicle is not to be used for any purpose other than the purpose for which the Motor Vehicle is licensed.
c) The Motor Vehicle is not to be used for any purpose other than the purpose for which the Motor Vehicle is licensed.
d) The Motor Vehicle is not to be used for any purpose other than the purpose for which the Motor Vehicle is licensed.
e) The Motor Vehicle is not to be used for any purpose other than the purpose for which the Motor Vehicle is licensed.

6. EXCESS APPLICABLE:
SECTION 1 - AUTHORIZED DRIVER (MOTORIST)
SECTION 2 - AUTHORIZED DRIVER (MOTORIST)
SECTION 3 - AUTHORIZED DRIVER (MOTORIST)
SECTION 4 - AUTHORIZED DRIVER (MOTORIST)

Signed for and on behalf of ECICS Limited

Chief Executive Officer

Important Notice:

- Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).
- The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

SID 8076 P

to file

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. 86823987G

Name
MO YUSOF BIN SAHAB

Photo

Religion
ISLAM

Date of Birth
1947-01-01

Place of Birth
SINGAPORE

Sex
M

86823987G

86823987G

86823987G

APTEL 1070 WOODLAND DRIVE 00-000-182
SINGAPORE 11007

Rec. No. 86823987G Date: 27/11/2014

Our reference: 1710-1423
Date: 15/11/2017

INVOICE NO. 1423

Auto Synthesis
c/o Triple-T Automotive
Blk 6 Defu Lane 10
#01- 556
Singapore 539187

Registration No. **SJD8076P**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$ 596.00
Total amount			<u>\$ 596.00</u>

Please kindly cross all cheques made payable to " Impact Analysis Consultant".

We thank you in anticipation for your prompt payment.



L. L. Tan (Ms)
Principal Consultant

Our reference: 1710-1423

Date: 15/11/2017

c/o Triple-T Automotive
Blk 6 Defu Lane 10
#01- 556
Singapore 539187

Dear Sirs

RE: Road Traffic Accident on 19/5/2017
Auto Synthesis

In accordance with your instructions received in this office on 30/10/2017, we made arrangements to examine the vehicle on 30/10/2017 at above-mentioned address. The following data was recorded:

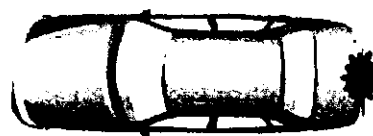
Vehicle details

Make	Honda	Registration	SJD8076P
Model	Stream	Chassis	JHMRN68408S202773
Colour	Blue	Gearbox	Auto
Odometer	178171km	Paintwork	Good
Steering	Good	Brakes	Good
Condition	Good		

Tyre Depths

Front left	208/65R15	85% Yokohama
Front right	208/65R15	85% Yokohama
Rear left	208/65R15	80% GT Radial
Rear right	208/65R15	80% GT Radial

Impact Direction & Area of Damage:



Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of \$8,000.00 and 9 working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Our reference 1710-1423
Date 15/11/2017
Page 2

Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As Inspected	Repairer's Estimate	Our Adjustment
List Items:				
Tail gate	1	bent	998.23	998.23 ✓
Tail gate emblem 'STREAM'	1	necessary	35.90	35.90 ✓
Tail gate windscreen moulding @\$41.80	2	necessary	83.60	83.60 ✓
Tail gate weatherstrip	1	ripped	189.00	189.00 ✓
Tail gate inner lock	1	bent, jammed	223.00	223.00 R X
Tail gate inner trim	1	material yield	268.90	268.90 ✓
Rear bumper	1	deformed	896.10	896.10 ✓
Rear bumper side retainer @\$39.80	2	necessary	79.60	79.60 ✓
Rear bumper lower bracket @\$31.00	2	bent	62.00	62.00 ✓
Rear end panel	1	bent	552.50	552.50 R X
Rear end panel bottom	1	bent	155.70	155.70 R X
Rear end panel top garnish	1	deformed	185.90	185.90 Svc X
Tail Lamp lh	1	holder damaged	404.23	404.23 Svc X
Rear bumper tow cover	1	damaged	55.12	55.12 ✓
Rear exhaust pipe	1	bent	623.00	623.00 R X
Rear floor panel	1	bent	982.30	982.30 R X
Rear fender lh	1	repair	1021.00	0.00
Sub- Total costs			6816.08	5795.08
Percentage discount : 20%			1363.22	1159.02
Sub-Total costs for parts			5452.86	4636.06
Special Nett Items:				
Rear reverse sensor	1	malfunction	280.00	280.00 ✓
Rear end panel top garnish clips @\$5.00	3	necessary	15.00	15.00 ✓
Rear floor panel insulation	1	necessary	180.00	180.00 120.
Tail gate windscreen sealant	1	necessary	60.00	60.00 ✓
Rear bumper clip @\$5.00	10	necessary	50.00	50.00 YQ
Sub-Total costs for parts			585.00	585.00

Our reference 1710-1423

Date 15/11/2017

Parts Repair

*	*	*	0.00	0.00
Sub- Total costs			0.00	0.00
Total costs for parts			6037.86	5221.06

Our reference 1710-1423

Date 15/11/2017

Page 3

Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 48.00	35	\$ 1,680.00
Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 1,300.00
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 250.00
Wiring / bulb checking	\$ 48.00	0.5	\$ 24.00
Remove and replace rear exhaust system	\$ 48.00	1.7	\$ 81.60
Transfer of existing tailgate mechanism to new tailgate	\$ 48.00	1.8	\$ 86.40
Remove and refix tailgate rear windscreen glass. (2-man job)	\$ 48.00	3	\$ 144.00
Remove and refix upholstery, cushion seat & rear inner trims to facilitate the replacement of rear floor panel.	\$ 48.00	4	\$ 192.00
Remove and replace rear bumper reverse sensor & conduct distance safety setting.	\$ 48.00	1.7	\$ 81.60
Total labour cost			\$ 3,839.60

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and In-house@ IA Research Guidelines respectively.

LS

Let me know 10/4

7 days

48
x 24
1152

250
3
750

250
4
1000

(3 x 8)

Our reference 1710-1423

Date 15/11/2017

Page 4

Section C: Summary Table of Total Repair Cost

Description		Cost	
Damaged Parts Assessment (See section A)		\$5,221.06	
Replace parts		\$1,044.21	
Further discount	20%		
Recommended cost of parts replacement		\$4,176.85	(1)
Labour Cost Calculation (See section B)		\$3,839.60	(2)
Total Repair Cost (Round off to hundred)		\$8,000.00	(1) + (2)

We would recommend a sum of \$8,000.00 and 9 working days for repair.
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.



Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)

B.Eng. (Hons, NUS)

Diploma.Mechanical, ITC. Mechanical & Electrical

NTC-2 Automovite Technology

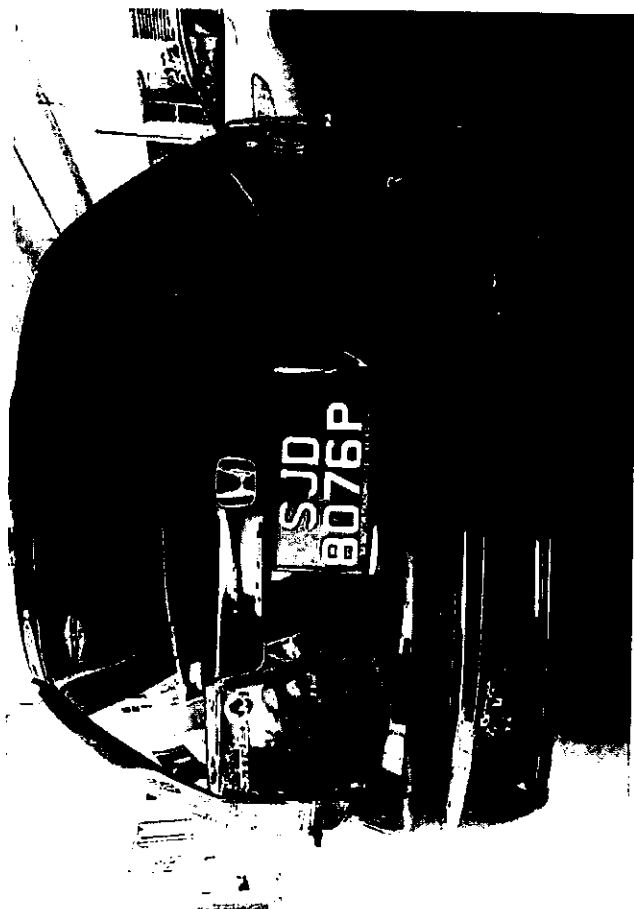
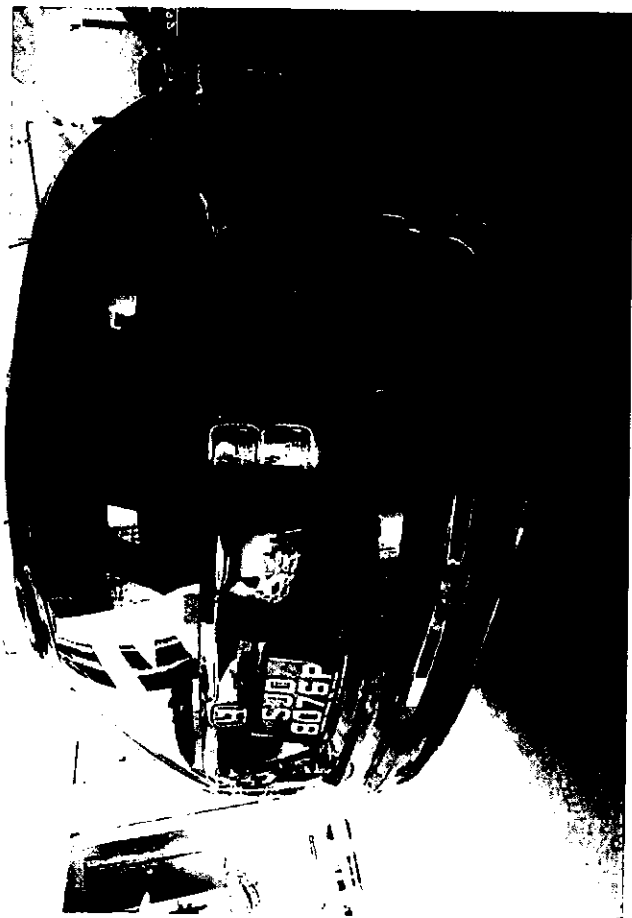
Sr.MIES, Institution of Engineers, Singapore

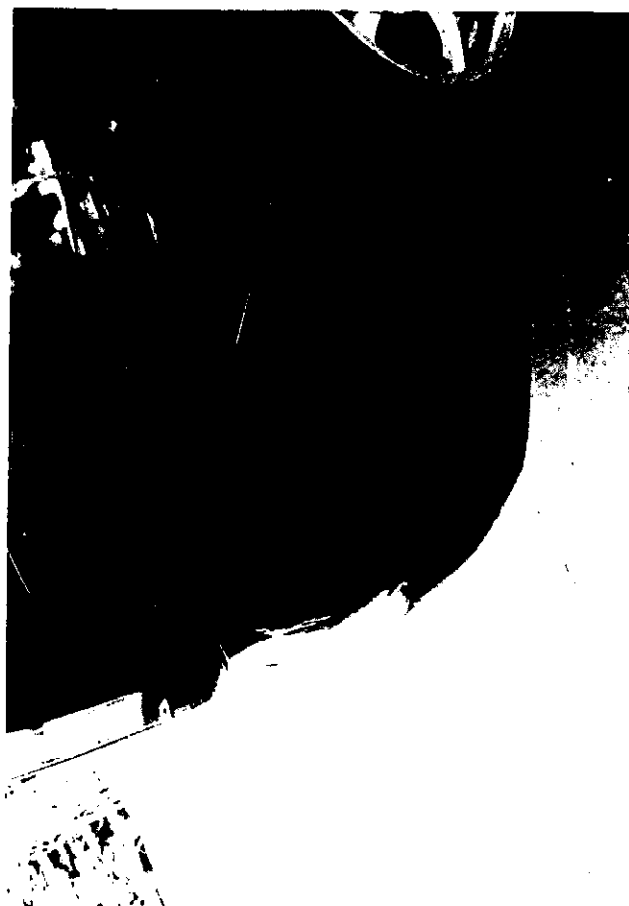
MATAI, Maryland Association of Traffic Accident Investigators

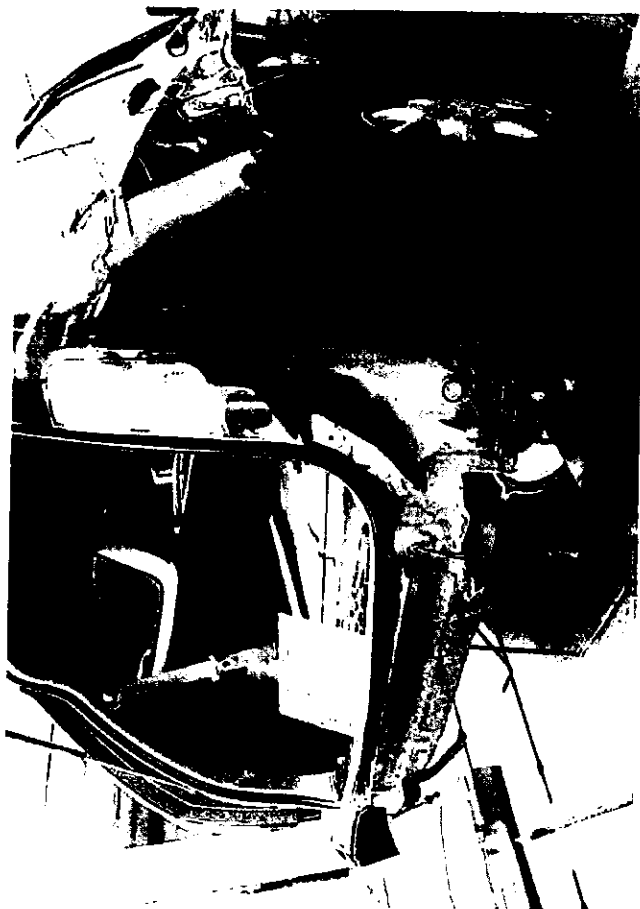
IAARS, International Association of Accident Reconstruction Specialists

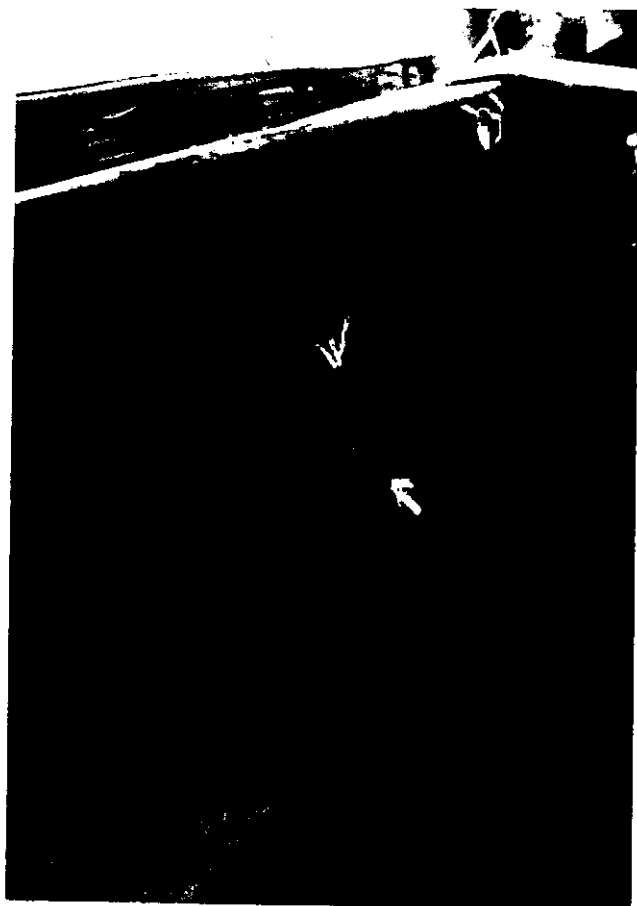
ARC #1649, CLI, CGI


**THE INSTITUTION
OF ENGINEERS
SINGAPORE**



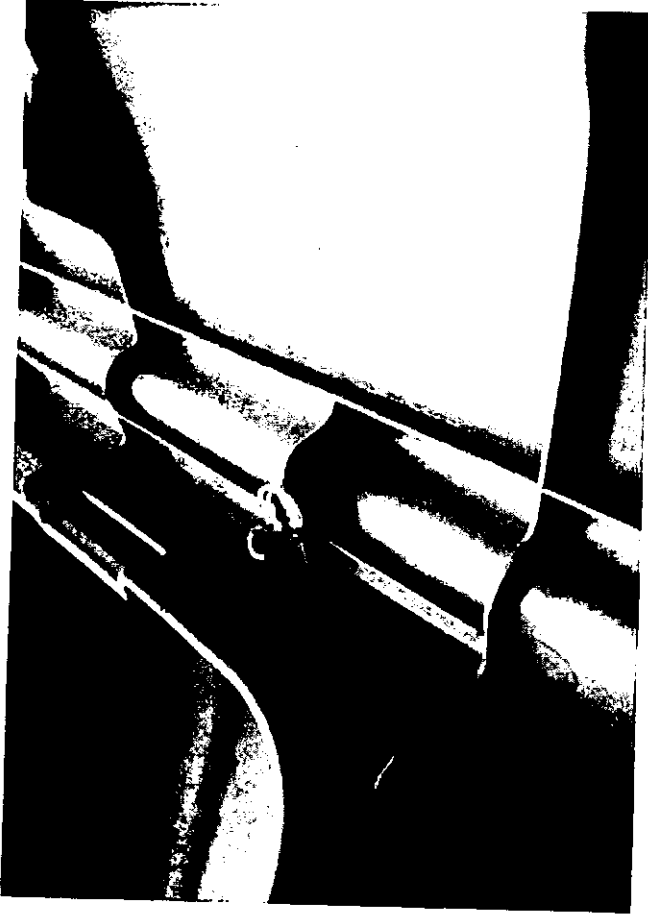
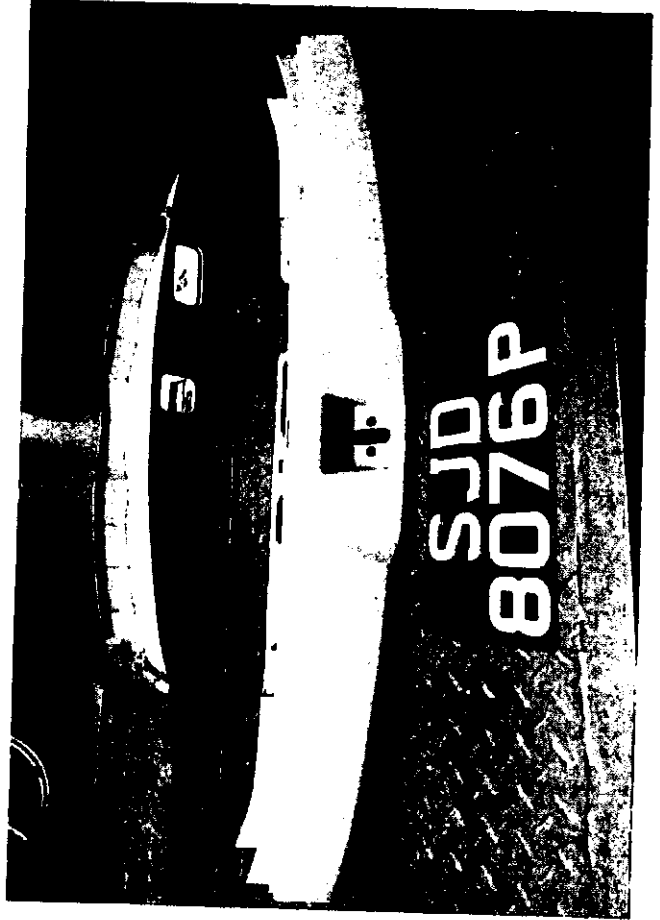















LKK Auto Consultants Pte Ltd

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				
INDIA INTERNATIONAL INSURANCE PL			Ref : CS3/III17009859/Wqbe2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711			Date : 20-04-2018	
			Code : III2	
1. Policy Particulars : THIRD PARTY CLAIM				
Insured Veh.	SHC 8643G	Veh. Inspected	SJD 8076P	
Policy No.		Coverage (\$)	0.00	
Claim No.	MCT17050729/01/sn	Excess (\$)	0.00	
Assign From	SUNDARI	Assign Date	08/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA STREAM	c.c	1799	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	JHMRN68408S202773	Colour	DARK BLUE	
Odometer	178171	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/65 R14	YOKOHAMA	3 mm	
L/H Front Tyre	205/65 R14	YOKOHAMA	3 mm	
R/H Rear Tyre	205/65 R15	GT RADIAL	3 mm	
L/H Rear Tyre	205/65 R15	GT RADIAL	3 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	19/05/2017	Inspection Date	30/10/2017	
Survey held at	TRIPLE-T AUTOMOBILE BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		7 Working Days		



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJD 8076P

Qty	Description of Parts	Condition	Estimated By Workshop (\$)	Original Estimated (\$)
REPLACEMENT OF PARTS				
1	TAIL GATE	BENT	998.23	998.23
1	TAIL GATE EMBLEM 'STREAM'	NECESSARY	35.90	35.90
2	TAILGATE WINDSCREEN MOULDING @\$41.80	NECESSARY	83.60	83.60
1	TAIL GATE WEATHERSTRIP	RIPPED	189.00	189.00
1	TAIL GATE INNER LOCK	TO REPAIR SEE LABOUR	223.00	-
1	TAIL GATE INNER TRIM	MATERIAL YIELD	268.90	268.90
1	REAR BUMPER	DEFORMED	896.10	896.10
2	REAR BUMPER SIDE RETAINER @\$39.80	NECESSARY	79.60	79.60
2	REAR BUMPER LOWER BRACKET @\$31.00	BENT	62.00	62.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	552.50	-
1	REAR END PANEL BOTTOM	TO REPAIR SEE LABOUR	155.70	-
1	REAR END PANEL TOP GARNISH	SERVICEABLE	185.90	-
1	TAIL LAMP LH	SERVICEABLE	404.23	-
1	REAR BUMPER TOW COVER	DAMAGED	55.12	55.12
1	REAR EXHAUST PIPE	TO REPAIR SEE LABOUR	623.00	-
1	REAR FLOOR PANEL	TO REPAIR SEE LABOUR	982.30	-
1	REAR FENDER LH	TO REPAIR SEE LABOUR	1,021.00	-
	LESS 20% DISCOUNT		-1,363.22	-533.69
			5,452.86	2,134.76
SPECIAL NETT ITEMS				
1	REAR REVERSE SENSOR (SN)	MALFUNCTION	280.00	280.00
3	REAR END PANEL TOP GARNISH CLIPS @\$5.00 (SN)	NECESSARY	15.00	15.00
1	REAR FLOOR PANEL INSULATION (SN)	NECESSARY	180.00	120.00
1	TAIL GATE WINDSCREEN SEALANT (SN)	NECESSARY	60.00	60.00
10	REAR BUMPER CLIP @\$5.00 (SN)	NECESSARY	50.00	40.00
			585.00	515.00

Report Ref No. CS3/III17009859/Wqbe2-1

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimated Working (h)	Est/Adjusted (S)
	LABOUR			
	TO DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS-MENTIONED ON THE 'PARTS REPAIR' COLUMN INCLUSIVE OF REPLACEMENT PARTS. INCLUSIVE OF THE REPAIR OF TAIL GATE INNER LOCK, REAR END PANEL, REAR END PANEL BOTTOM, REAR EXHAUST PIPE, REAR FLOOR PANEL AND REAR FENDER LH.		1,680.00	1,152.00
	SPRAY PAINTING TO ADJACENT PANELS. JOB ALLOWANCE. PAINT / MATERIAL.		1,300.00	1,000.00
	APPLY RUST PROOFING ON THE ADJACENT PANELS.		250.00	250.00
	WIRING / BULB CHECKING.		24.00	24.00
	REMOVE AND REPLACE REAR EXHAUST SYSTEM.		81.60	81.60
	TRANSFER OF EXISTING TAILGATE MECHANISM TO NEW TAILGATE.		86.40	86.40
	REMOVE AND REFIX TAILGATE REAR WINDSCREEN GLASS (2-MAN JOB)		144.00	144.00
	REMOVE AND REFIX UPHOLSTERY, CUSHION SEAT & REAR INNER TRIMS TO FACILITATE THE REPLACEMENT OF REAR FLOOR PANEL.		192.00	192.00
	REMOVE AND REPLACE REAR BUMPER REVERSE SENSOR & CONDUCT DISTANCE SAFETY SETTINGS.		81.60	81.60
			3,839.60	3,011.60
GRAND TOTAL			9,877.46	5,661.36

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,500.00
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Report Ref No. CS3/III17009859/Wqbe2-1

WILSON TEO CHENG MING

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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