

ASS. REC. BY:

REF: CS/EG118005120/Dtd 302

Special Instruction:

Surveyor

Bryen

ASSIGNMENT (Office)

From (Person):

Yee Pei Li

of

EGI

Date/Time:

19/3/18 @ 16:14pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PA 8491T

Insured:

GBE 6827S

at Workshop m/s

Teamwork Garage

Tel:

G844 2475

of

Blk 53 Ubi Ave 1 # 01-24

Policy No:

Claim No:

DSM CV1800556

Sum Insured:

Excess:

Make of Veh:

D.O.A.

14/03/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

lwp

H.O.D. Endorsement:

Date/Time:

11:16am @ 19/3/18

Person Contacted:

Duncun

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction
	(✓) Estimate
	PA 8491T - NA / INC 18004947 / 24
	GBE 6827S - NA / INC 18001947 / 24

D.O.A.: 14/3/18

D.O.A.: 14/3/18

ASS. REC. BY:

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 18 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: PA8491T Yr Regn: 2009, MarchType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Hiace C.C. 2982Colour: Brown A/C: Insured / Std / NI / NASp. Reading: 747615 T/Radio: Insured / Std / NI / NAEng/No: 1KD1841712C/No: KDH2210003555

Gen. Cond: Good / Fair / Poor / Burnt

Steering: in order / Jammed / Leaked / Burnt orBrake: in order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/R15CR: — " —

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

TOYO / YOKO or MichelinFront R/Bal. S mmR/Bal. S mmL/Bal. S mmD.O.A. 14/03/2018 D.O.I. 19/03/2018Survey held at Technwork Pagar ubi

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

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

Date / Time	Action / Instruction
	<u>Ergo GBE 68273</u>
	<u>MV 201K</u>
	<u>LA 699.00</u>
	<u>NL 19.3K</u>
<u>06/12/18</u>	<u>Invoice 4S 15800/- with 18 days of m</u>
	<u>(Red: 11462.91; 42%)</u>

Date/Time, File Pass to?

☐ : Preli. Report☒ : Final Report

Date/Time, File Return to?

2)

Rep. (Form):

Lump Sum / L.B.R. (S) 15800/-Days Of Repair: 18

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

350350

RECEIVED 09 DEC 2019

**From:** Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>  
**Sent:** Monday, 19 March 2018 10:14 AM  
**To:** 'admin-d@lkkauto.com'  
**Subject:** OI : GBE6827S / TP : PA8491T/LKK / DOA : 14/03/2018 (DSMCV1800556)  
**Attachments:** GBE6827S - SAS.pdf; PA8491T - SAS.pdf; PA8491T - PRS FORM.pdf; RE: PRE-REPAIR INSPECTION FOR PA8491T // OUR REF: 1803-13 (19.0 KB)

Dear Catherine,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please conduct this survey request from **TEAMWORK GARAGE PTE LTD.**

ADDRESS : BLK 53 UBI AVENUE 1  
#01-24 PAYA UBI INDUSTRIAL PARK  
SINGAPORE 408934

PERSON TO CONTACT : DARREN NG @ 6844 2475

ERGO OFFICER-IN-CHARGE : STEVE LIM

***Note: To survey on without prejudice basis. Obtain estimate and advise the consistency of damages to third party vehicle that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop***

Please fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via [Survey.Report@ergo.com.sg](mailto:Survey.Report@ergo.com.sg).

Attached are insured and TP's SAS (**note: reports not to be released to any Third Party**). No estimates was provided.

Kindly acknowledge receipt of this email.

Thank you.

**Yee Pei Li**

Claims Assistant (Motor)  
ERGO Insurance Pte. Ltd.  
5 Temasek Boulevard  
#04-01 Suntec Tower Five  
Singapore 038985  
Tel.: 65 6829 9199 DID: 65 6829 9194  
Website: [www.ergo.com.sg](http://www.ergo.com.sg)

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	8073J
<b>Vehicle Details</b>	
Vehicle No.:	PA8491T
Vehicle to be Exported:	Yes
Intended De-registration Date:	19 Mar 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0DX A
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	1KD1841712
Chassis No.:	KDH2210003555
Maximum Power Output:	-
Open Market Value:	\$38,540.00
Original Registration Date:	30 Mar 2009
First Registration Date:	30 Mar 2009
Transfer Count:	5
Actual ARF Paid:	\$1,927.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	29 Mar 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$5,600.00
COE Rebate Amount:	\$699.00
<b>Total Rebate Amount:</b>	<b>\$699.00</b>

The information contained herein is correct as at 19 Mar 2018

OK

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	15/03/2018 15:25
Date Of Accident	14/03/2018 07:30
Exact Location Of Accident	FLYOVER OF TUAS RD TWDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8491T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAINA TRANSPORTATION
Co Reg No	53348073J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0DX A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5086730784-01
Cover Note Number	

### Driver

Name of Driver	ZURAINAH BINTE MAHMUD
NRIC No	S7123249B
Date Of Birth	15/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	02/06/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88691047
Fax Number	
Contact Number	OFFICE-88691047
EMail Address	NOEMAIL

Address	BLK 301 JURONG EAST STREET 32 #03-42
Postcode	600301
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	7

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180314/2089.

#### 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	GBE6827S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PA9979Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category BUS  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ZURAINAH BINTE MAHMUD  
Approximate Age  
Injuries Sustain LEGS & HANDS  
Injured person in which vehicle? PA8491T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name KASSIM  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PA8491T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name JURAIMI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PA8491T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name PAVAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PA8491T  
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 5

Name WATI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? PA8491T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 6

Name NADIA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? PA8491T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 7

Name HUI MING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? PA8491T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## 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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

RAINA TRANSPORT

REG NO  
533480731

Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

SKETCH PLAN

Thas Flyover

A: PA 849IT.

B: GBE 68213

C: PA 9979Y.

RAINA TRANSPORTATI

REG NO.  
533180731

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Police Report No:-  
T/20180314/2089 dtd 14.03.2018.

\* I wish to state that my veh. was  
stopped without any contact and a safe  
distance with the front vehicle (Taxi)

RAINA TRANSPORTATI

REG NO.  
533180731

## DECLARATION

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

RAINA TRANSPORTATI

REG NO.  
533180731  
Policyholder's Signature  
Date & Time:

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

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

# Police Report



SINGAPORE  
POLICE FORCE



T/20180314/2089

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No: T/20180314/2089

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2018 14:51	Vide Report No.: E/20180314/0048	Station Diary No.: 92
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### Informant's Particulars

Name of Informant: ZURAINAH BINTE MAHMUD			Address: APT BLK 301 JURONG EAST STREET 32 #03-42 SINGAPORE 600301	
ID Type / ID No.: NRIC NO / S7123249B			Contact No.: Home/Office: Mobile: 88691047	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 46	Date of Birth: 15/07/1971	Type of Informant: Driver	
Race: Indonesian			Language:	Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/03/2018 07:30	Type of Location: Bridge
Location: Along Road 1 TUAS ROAD				
Along the flyover of Tuas Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6827S	Lorry	TOYOTA	DYNA 3.0 M	White	Slightly Damaged	0
PA8491T	Bus/Coach/Minibus	TOYOTA	HIACE 3.0DX A	White	Seriously Damaged	6
PA9979Y	Bus/Coach/Minibus	ISUZU	LT134P	Multi-Colored	Seriously Damaged	0

# Police Report



SINGAPORE  
POLICE FORCE



T/20180314/2089

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180314/2089

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZURAINAH BINTE MAHMUD	ID No.	S7123249B
Related Vehicle	PA8491T (Bus/Coach/Minibus)	Contact No.	88691047
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/03/2018	Date Discharge	14/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the 14/03/18 at about 0730hrs, I was driving my vehicle, PA8491T, along Tuas Road flyover towards Tuas when the vehicle started to on and off his brakes and subsequently did an emergency brake and thus, I immediately brake to avoid collision. However, the vehicle behind, GBE6827S, did not managed to brake in time and thus collided onto the rear of my van. The impact from the collision caused the rear of my van to be seriously damaged and also 6 of my passengers to be injured and subsequently conveyed to Ng Teng Fong Hospital. As the vehicle had to do a sudden brake, another vehicle, PA9979Y, did not brake in time and thus collided onto the lorry, TP and ambulance were at scene.

I wish to state that I did not install any in-car camera in my vehicle. I also wish to state that I did not managed to get the particulars of the other drivers.

# Police Report



REPUBLIC OF SINGAPORE  
POLICE FORCE



T/20180314/2089

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180314/2089

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide 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:

J /

Sgt 1 CHEW WEI XIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/03/2018 14:51

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MA JUNXIANG

Contact No.: 65476251

Classification Of Case:

Authentication Stamp  
NP169



**TeamWork Garage Pte Ltd**  
 53 Ubi Avenue 1 #01-23/24 Spore 408934  
 Paya Ubi Industrial Park  
 Tel : 6844 2475  
 E-mail : claims@teamworkgarage.com  
 Register number : 201015366H  
**3RD PARTY CLAIM ESTIMATION**

**ERGO Insurance Pte Ltd**  
 302 Orchard Road #09-01  
 Tong Building  
 Singapore 238862

Vehicle number	PA8491T
Make / Model	TOYOTA/HIACE
Chassis number	KDH221003555
Accident date	14 March 2018
Reference	1803-13

**Qty Particulars**

<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	REAR TAILGATE <i>fine</i>	2748.00 ✓
2	REAR TAILGATE DAMPER <i>svc</i>	369.96 X
2	REAR TAILGATE HINGE <i>svc</i>	372.00 X
1	TAILGATE LOCK <i>Down</i>	330.00 ✓
1	TAILGATE STRIKER <i>bt</i>	66.00 ✓
1	REAR WINDSCREEN <i>ShutNak</i>	906.00 ✓
1	TAILGATE INNER TRIM <i>svc</i>	210.00 X
1	TAILGATE WIPER MOTOR <i>bt / Down</i>	780.00 ✓
1	TAILGATE WIPER BLADE <i>broken / dislodged</i>	66.00 ✓
1	TAILGATE WIPER ARM <i>broken / dislodged</i>	78.00 ✓
1	TAILGATE OUTER CHROME GARNISH <i>mainly crack</i>	186.00 ✓
1	TAILGATE LOCK CYCLINDER <i>Down</i>	241.20 ✓
1	TAILGATE EMBLEM <i>vt</i>	90.00 ✓
1	REAR BUMPER <i>Destru / Bnc</i>	598.00 ✓
2	REAR BUMPER RETAINER <i>ml</i>	120.00 X
1	REAR BUMPER STEP GARNISH <i>vt / deformed</i>	189.20 ✓
1	REAR BUMPER TOP BEAM <i>Destru</i>	312.00 ✓
1	END PANEL- INNER <i>Bnc</i>	1068.00 ✓
1	END PANEL-OUTER <i>Bnc</i>	465.60 ✓
1	END PANEL TOP GARNISH <i>vt</i>	210.00 ✓
1	REAR FLOOR PANEL <i>Bnc</i>	3271.20 ✓
2	REAR FENDER <i>Bnc</i>	3360.00 ✓
2	REAR FENDER INNER TRIM <i>ml</i>	852.00 X
1	REAR SPARE TYRE BRACKER <i>vt</i>	249.60 ✓
1	REAR EXHAUST ASSY <i>bt</i>	583.32 ✓
1	REAR SEAT ASSY <i>distorted</i>	1609.30 ✓
1	REAR SEAT FRAME <i>Down</i>	1109.30 ✓
		20440.68
Less 25 %		5110.17
Subtotal		15330.51
Balance C/F		15330.51

18516.72

13887.54

<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
	Balance B/F	15330.51
1 SET	REAR REVERSE SENSOR <i>Down</i>	<del>300.00</del> 220/-
1 SET	REAR BUMPER CLIP <i>Huc</i>	<del>60.00</del> 30/-
1 SET	REAR FENDER INNER TRIM <i>Huc</i>	50.00 X
1	JOINT SEALANT <i>Huc</i>	<del>150.00</del> 40/-
1	WINDSCREEN SEALANT <i>Huc</i>	<del>150.00</del> 40/-
1	REAR NUMBER PLATE <i>SVL</i>	70.00 X
1	70KM STICKER <i>Huc</i>	<del>60.00</del> 30/-
1	TOP SPOILER <i>NH</i>	1200.00 X
	Subtotal	2040.00
	Balance C/F	17370.51
<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
	Balance B/F	17370.51
1	CHECK REAR WIRING AND LIGHTNING SYSTEM	<del>60.00</del> 30/-
2	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH	200.00 120/-
3	REMOVE AND RENEW REAR EXHAUST ASSY	<del>150.00</del> 60/-
4	REMOVE AND REFT FUEL TANK	150.00 <i>Huc</i>
5	REMOVE AND RENEW REAR WINDSCREEN	150.00 120/-
6	REMOVE AND REFIT REAR LH QUARTER GLASS	<del>120.00</del> 60/-
7	REMOVE AND REFIT REAR RH QUARTER GLASS	120.00 60/-
8	REMOVE AND RENEW REAR REVERSE SENSOR <i>3410.00</i>	<del>150.00</del> 40/-
9	REMOVE AND RENEW REAR WINDSCREEN	150.00 <i>NH</i>
10	TRANSFER PARTS, ATTACHMENT FROM OLD TAILGATE TO NEW	<del>200.00</del> 60/-
11	PANEL BEATING ON AFFECTED AREAS	<del>3500.00</del> 1600/-
12	SPRAY PAINTING ON AFFECTED AREAS	<del>2000.00</del> 1200/-
13	REMOVE AND RENEW STICKERS ON AFFECTED AREAS	500.00 <i>NH</i>
14	APPLY ANTI RUST ON AFFECTED AREAS	<del>250.00</del> 60/-
	<i>19/03/2018 @ 1100m</i>	7700.00
	<i>not Antul</i>	
	<i>L/Sure 18 dgs.</i>	
	Grand total	25070.51

27,262.91

**LKK Auto Consultants** hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

17657.54  
Supp 2192.40  
19849.94  
L/S 15800/-



**TeamWork Garage Pte Ltd**  
 53 Ubi Avenue 1 #01-23/24 Spore 408934  
 Paya Ubi Industrial Park  
 Tel : 6844 2475  
 E-mail : claims@teamworkgarage.com  
 Register number : 201015366H  
**SUPPLEMENTARY**

**ERGO Insurance Pte Ltd**  
 302 Orchard Road #09-01  
 Tong Building  
 Singapore 238862

Vehicle number	PA8491T
Make / Model	TOYOTA/HIACE
Chassis number	KDH221003555
Accident date	14 March 2018
Reference	1803-13

**Qty Particulars**

<u>PARTS REPLACEMENT - LIST ITEMS</u>		
2	TAILLAMP broken	896.50 ✓
2	REAR BUMPER CORNER cut / destroyed	451.60 ✓
1	REAR BLINDSPOT MIRROR dislodged / broken	490.00 ✓
1	REAR BLINDSPOT MIRROR ARM dislodged / broken	212.50 ✓
1	TAILGATE WEATHERSTRIP damaged	189.10 ✓
1	REAR FLOOR COVER torn	683.50 ✓
		2923.20
Less 25 %		730.80
Subtotal		2192.40
Balance C/F		2192.40

*[Signature]*

LKK Aud

*[Signature]*

27262.91




## 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			
ERGO INSURANCE PTE LTD		Ref : CS/EGI18005120/Dtd3e2	
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVE SINGAPORE 038985		Date : 11-12-2019	
Code : EGI			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GBE 6827S	Veh. Inspected	PA 8491T
Policy No.		Coverage (\$)	0.00
Claim No.	DSMCV1800556	Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	19/03/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	KDH2210003555	Colour	BROWN
Odometer	747615	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195 R15C	MICHELIN	5 mm
L/H Front Tyre	195 R15C	MICHELIN	5 mm
R/H Rear Tyre	195 R15C	MICHELIN	5 mm
L/H Rear Tyre	195 R15C	MICHELIN	5 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	14/03/2018	Inspection Date	19/03/2018
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		
<b>5a. Remarks</b>			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		18 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PA 8491T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR TAILGATE	BUCKLED	2,748.00	2,748.00
2	REAR TAILGATE DAMPER	SERVICEABLE	369.96	-
2	REAR TAILGATE HINGE	SERVICEABLE	372.00	-
1	TAILGATE LOCK	DAMAGED	330.00	330.00
1	TAILGATE STRIKER	BENT	66.00	66.00
1	REAR WINDSCREEN	SHATTERED	906.00	906.00
1	TAILGATE INNER TRIM	SERVICEABLE	210.00	-
1	TAILGATE WIPER MOTOR	BENT / DAMAGED	780.00	780.00
1	TAILGATE WIPER BLADE	BROKEN / DISLODGE	66.00	66.00
1	TAILGATE WIPER ARM	BROKEN / DISLODGE	78.00	78.00
1	TAILGATE OUTER CHROME GARNISH	MTG CRACKED	186.00	186.00
1	TAILGATE LOCK CYLINDER	DAMAGED	241.20	241.20
1	TAILGATE EMBLEM	BENT	90.00	90.00
1	REAR BUMPER	DENTED / BUCKLED	598.00	598.00
2	REAR BUMPER RETAINER	NOT NECESSARY	120.00	-
1	REAR BUMPER STEP GARNISH	DEFORMED / BENT	189.20	189.20
1	REAR BUMPER TOP BEAM	DENTED	312.00	312.00
1	END PANEL - INNER	BUCKLED	1,068.00	1,068.00
1	END PANEL - OUTER	BUCKLED	465.60	465.60
1	END PANEL TOP GARNISH	BENT	210.00	210.00
1	REAR FLOOR PANEL	BUCKLED	3,271.20	3,271.20
2	REAR FENDER	BUCKLED	3,360.00	3,360.00
2	REAR FENDER INNER TRIM	NOT NECESSARY	852.00	-
1	REAR SPARE TYRE BRACKET	BENT	249.60	249.60
1	REAR EXHAUST ASSY	BENT	583.32	583.32
1	REAR SEAT ASSY	DISTORTED	1,609.30	1,609.30
1	REAR SEAT FRAME	DAMAGED	1,109.30	1,109.30
2	TAILLAMP (ADDITIONAL)	BROKEN	896.50	896.50
2	REAR BUMPER CORNER (ADDITIONAL)	DISTORTED / CUT	451.60	451.60

Report Ref No. CS/EGI18005120/Dtd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BLINDSPOT MIRROR (ADDITIONAL)	DISLODGE / BROKEN	490.00	490.00
1	REAR BLINDSPOT MIRROR ARM (ADDITIONAL)	DISLODGE / BROKEN	212.50	212.50
1	TAILGATE WEATHERSTRIP (ADDITIONAL)	DEFORMED	189.10	189.10
1	REAR FLOOR COVER (ADDITIONAL)	TORN	683.50	683.50
	LESS 25% DISCOUNT		-5,840.97	-5,359.98
			17,522.91	16,079.94
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET REAR REVERSE SENSOR (SN)	DAMAGED	300.00	220.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	60.00	30.00
1	SET REAR FENDER INNER TRIM (SN)	NOT NECESSARY	50.00	-
1	JOINT SEALANT (SN)	NECESSARY	150.00	40.00
1	WINDSCREEN SEALANT (SN)	NECESSARY	150.00	40.00
1	REAR NUMBER PLATE (SN)	SERVICEABLE	70.00	-
1	70KM STICKER (SN)	NECESSARY	60.00	30.00
1	TOP SPOILER (SN)	NOT NECESSARY	1,200.00	-
			2,040.00	360.00
	<b><u>LABOUR</u></b>			
	CHECK REAR WIRING AND LIGHTNING SYSTEM.		60.00	30.00
	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH.		200.00	120.00
	REMOVE AND RENEW REAR EXHAUST ASSY.		150.00	60.00
	REMOVE AND REFIT FUEL TANK.	NOT NECESSARY	150.00	-
	REMOVE AND RENEW REAR WINDSCREEN.		150.00	120.00
	REMOVE AND REFIT REAR LH QUARTER GLASS.		120.00	60.00
	REMOVE AND REFIT REAR RH QUARTER GLASS.		120.00	60.00
	REMOVE AND RENEW REAR REVERSE SENSOR.		150.00	40.00
	REMOVE AND RENEW REAR WINDSCREEN.	NOT NECESSARY	150.00	-
	TRANSFER PARTS, ATTACHMENT FROM OLD TAILGATE TO NEW.		200.00	60.00
	PANEL BEATING ON AFFECTED AREAS.		3,500.00	1,600.00
	SPRAY PAINTING ON AFFECTED AREAS.		2,000.00	1,200.00
	REMOVE AND RENEW STICKERS ON AFFECTED AREAS.	NOT NECESSARY	500.00	-



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Page No.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	APPLY ANTI RUST ON AFFECTED AREAS.		250.00	60.00
			7,700.00	3,410.00
GRAND TOTAL			27,262.91	19,849.94
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				15,800.00

Report Ref No. CS/EG18005120/Dtd3e2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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