

ASS. REC. BY:

REF: CS/ASM18005491/TIVD3

Special Instruction:

Surveyor

Tauhitehi

ASSIGNMENT (Office)

From (Person):

Winnie Ho

of

ASM

Date/Time:

23/03/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDQ 8618D

Insured:

at Workshop n/a:

Ethoz Group

Tel:

9624 8656

of

30 Bkt Bafok Crescent

Policy No:

Claim No:

88M00B64

Sum Insured:

Excess:

\$ 2,800.00

Make of Veh:

(Client's Record)

D.O.A.

18/03/2018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

1:30pm 23/3/18

Person Contacted:

Shah

Vehicle

IN / OUT

Date/Time

Action/Instruction (✓) Estimate

27/3/18

SDQ 8618D - X
Sent preli thru smart claim

17/4/18

final fig \$ 1967 confirmed by email (Red 8035, 8025 (NO LS)
AXA supply parts \$ 5373.54 (inclu GST)

N 18/4

Taufik

REF: ASM

ASSIGNMENT

From: _____ Date: 26/3/18

Estimated Cost: _____

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

To inspect Vehicle No: SDA 8618 D

at Workshop m/s Ethoz
30 Bkt Batok Crescent

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: \$2,800.00

(Client's Record)

Make of Veh: shah

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$66K

IDAC Accident Rport: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SDQ8618D Yr Regn: 2014 Sep

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Nissan Sylphy 1.8 c.c. 1798.

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MNT B 144 B 17 20008056

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: 205/55 R16

R: _____

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

TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	26/3/18 @ 540pm.

Survey held at Ethoz Batok Bkt

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

Frt N/S / U/C

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

Date / Time	Action / Instruction
	Repair Unit BGR

RECEIVED 18 APR 2018

Date/Time File Pass to? : Preli. Report

1) : Final Report

Date/Time File Return to? _____

2) 1914 - typist

Report Format: SMART Claim

Lump Sum / I.B.I: \$ 1967

Days Of Repair: 7

Resurvey No. of Trip: 1

Survey Fee: 200

Transportation: _____

Site Insp: \$

Interview: \$

Tech Insp: \$

Weekend: \$

Photos: _____

Others: _____

TOTAL: _____



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

AXA INSURANCE PTE LTD

Ref : CS/ASM18005491/T1vd3

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 23-03-2018



Code : ASM

1. Policy Particulars :- OWN DAMAGE

Insured Veh.		Veh. Inspected	SDQ 8618D
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00B64	Excess (\$)	0.00
Assign From	SMARTCLAIM (WINNIE HO)	Assign Date	23/03/2018

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Engine No.	HIDDEN	Accident Date	18/03/2018	Inspection Date	
Survey held at	ETHOZ GROUP LTD 30 BUKIT BATOK CRESCENT SINGAPORE 658075				

5a. Remarks

A) THE MARKET VALUE IS S\$----- (EST. AVERAGE)
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.

Veron Chen (LKKAuto)

From: Taufikh (LKKAuto)
Sent: Tuesday, 27 March 2018 5:37 PM
To: 'Selamatshahh Zainal'
Cc: SUR
Subject: RE: Repair Limit for SDQ8618D

Hi Shah,

Vehicle authorise to repair not more than \$9000.

Regards
Taufikh
Lkk Auto

From: Selamatshahh Zainal [mailto:Selamatshahh.Zainal@ethozgroup.com]
Sent: Tuesday, 27 March 2018 9:36 AM
To: Taufikh (LKK Auto)
Cc: SUR
Subject: Repair Limit for SDQ8618D

Hi Taufik,

Ethos will be able to proceed with the repair within the repair limit of \$9,000.00. Please revert for approval.

Warmest regards,

Selamatshahh Zainal

Senior Executive
Motor Claims Operations

ETHOZ

ETHOZ GROUP LTD

30 Bukit Batok Crescent Singapore 658075

HP: 9624 8656 | DID: 6654 7519 | Fax: 6654 7542

Website: www.ethozgroup.com



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Service Request Details

LKK AUTO CONSULTANTS PTE LTD (OD) ▾

Claim
S8M00B64

Reference
None 

Loss Date
March 18, 2018

Request Date
March 23, 2018

Due Date
April 2, 2018

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss
Own Damage

Services
Accelerated survey and authorize

Actions

Next Step
Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #
SDQ8618D

Make
NISSAN

Service Address

30 Bukit Batok Crescent, , 658075

Primary Contact/Insured

SIN KOK HONG
BLK 140 #16-45, BUKIT BATOK ST 11, 650140, Singapore
97355980

Claim Handler

HO Winnie
6568804833
winnie.ho@axa.com.sg

Additional Instructions

1) est-\$10,002 2) XS-\$2800 (basic-\$300 + young & inexp-\$2500)

- Messages
- Invoices
- History
- Documents
- Assessment
- Metrics
- Notes

Document Type

Document SubType

+ Upload Documents

NAME	Accident Statement
TYPE	Reports & Statement
SUB-TYPE	
AUTHOR	Merimen
DATE UPLOADED	
NAME	8618 est_20180323091458.pdf
TYPE	Forms / Claim Documents
SUB-TYPE	Assessment
AUTHOR	ETHOZ PROTECT PTE LTD (Bukit Batok)

NAME	 INSD GIA REPORT.PDF
TYPE	Reports & Statement
SUB-TYPE	GIA Report
AUTHOR	ETHOZ PROTECT PTE LTD (Bukit Batok)
DATE UPLOADED	March 22, 2018



Auto
Consultants
Pte Ltd

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

Your Ref: S8M00B64
Our Ref: CS/ASM18005491/T1vd3

Date: 27 March 2018

The Motor Claims Department
AXA INSURANCE PTE LTD

Dear Sir/Madam,

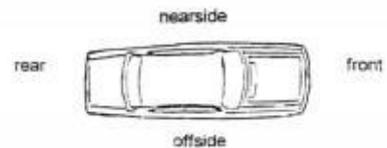
PRELIMINARY ADVICE OF VEHICLE NO. SDQ 8618D

We thank you for the instruction on 23/03/2018

Please be informed that we had conducted the inspection of the abovementioned vehicle 26/03/2018 at the premises of m/s: ETHOZ GROUP and have the following to report:-

Repairer's Estimate (Gross)	: <u>S\$ 10,002.00</u>
Revised Estimate Amount	: <u>S\$ 5,047.00</u>
"Check" Items (Estimated)	: <u>S\$ 3,612.00</u>
Total Repair (Estimated)	: <u>S\$ 8,659.00</u>
Pre-Accident Value	: <u>S\$ 66,000.00</u>
COE/PARF value	: <u>S\$ 56,751.00</u>
Nett Value	: <u>S\$ 9,249.00</u>

Description of Damage:
The vehicle sustained damages
at the front n/s portion.



Comments:
Repair day: 7 days
We have authorize repair.

Yours faithfully
TAUFIKH
Automotive Assessor

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	19/03/2018 16:24
Date Of Accident	18/03/2018 10:00
Exact Location Of Accident	JALAN JURONG KECHIL LAMP POST NUMBER 14
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ8618D
Insured/Policyholder	
Name Of Registered Owner	SIN KOK HONG
NRIC No	S1788186H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97355980
Alternative Phone No	OTHERS-97355980

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.8 CVT ABS D/AIRBAG 2WD 4DR
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?	YES
If No, Please state action to be taken	

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA189497/1
Cover Note Number	

Driver

Name of Driver	SIN QIWEN, CLEMENT
NRIC No	S9637666I
Date Of Birth	26/10/1996
Occupation	INDOOR
Date Of Driving Pass	19/07/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91150365
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 140 BUKIT BATOK ST 11 #16-45
Postcode	650140
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO ATTACHED POLICE REPORTION NO.T/20180318/7005.

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	
Vehicle Make/Model/Colour	
Details Of Properties	LAMP POST SLUNTED
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

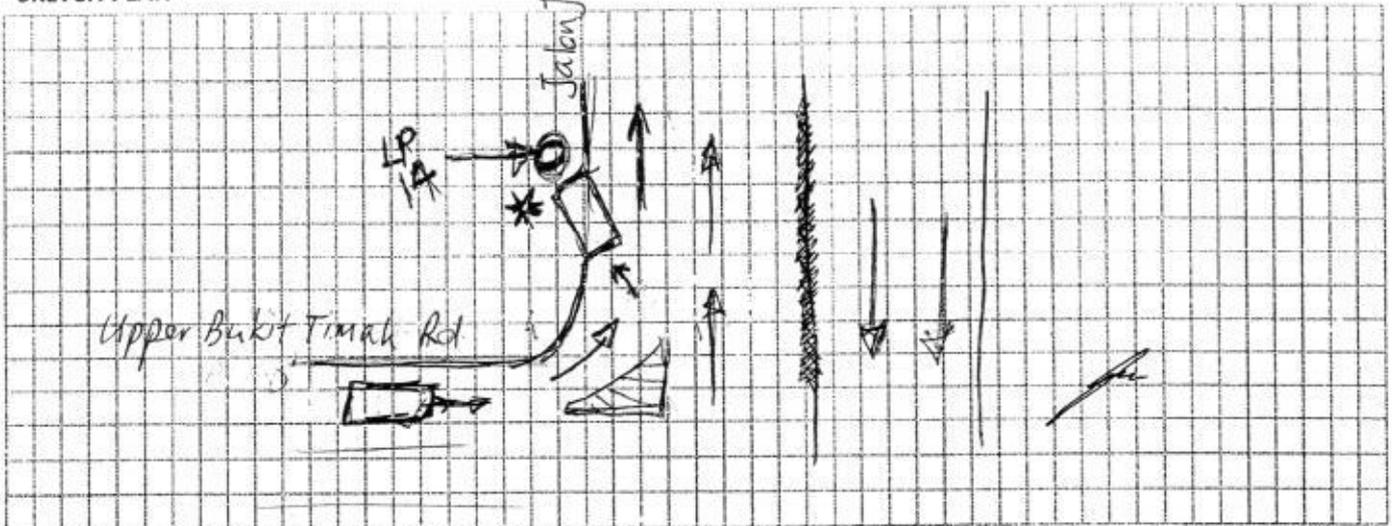
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


Policyholder's Signature
Date & Time: 19/3/18
4.35 pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/3/18 4.35pm


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer to attached police report.

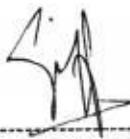
Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

<input checked="" type="checkbox"/>	- Reporting Only
<input checked="" type="checkbox"/>	- Claim OD
<input checked="" type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- Claim OD/ TP at other workshop

DECLARATION

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

 19/3/18

Policyholder's signature

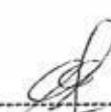
Date & Time 4.35 pm

 19/3/18

Driver's Signature

(if driver not the policyholder)

Date & Time 4.35 pm



Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



**SINGAPORE
POLICE FORCE**



T/20180318/7005

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180318/7005

19/3 3:35 PM

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2018 13:42	Vide Report No.: D/20180318/0071	Station Diary No.:
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Informant's Particulars

Name of Informant: SIN KOK HONG		Address: APT BLK 140 BUKIT BATOK STREET 11 #16-45 SINGAPORE 650140	
ID Type / ID No.: NRIC NO / S1788186H		Contact No.: Home/Office: Mobile: 97355980	
Nationality: SINGAPORE CITIZEN		Email: sinwen@singnet.com.sg	
Sex: Male	Age: 50	Date of Birth: 29/09/1967	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other university, polytechnic and higher education teachers		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/03/2018 10:00	Type of Location: Straight Road
Location: JALAN JURONG KECHIL Jalan Jurong Kechil lamppost number 14. Just before bus stop number 42259. Lamp Post Number: 14			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Lamp Post			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDQ8618D	Car	NISSAN	Sylphy 1.8	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDQ8618D	AXA INSURANCE SINGAPORE PTE LTD	GA189497/1	19/04/2017	18/04/2018



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180318/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Sin Qiwen Clement	ID No.	S9637666I
Related Vehicle	SDQ8618D (Car)	Contact No.	91150365
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	SIN KOK HONG	ID No.	S1788186H
Related Vehicle	SDQ8618D (Car)	Contact No.	97355980
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

At around 10.00 am on 18 Mar 2018, driver has turned left from Upper Bukit Timah Road onto Jalan Jurong Kechil towards PIE. It was on an up-sloping road. As driver straightened the car to move up along Jalan Jurong Kechil, the vehicle mounted the left side of the road. Driver tried unsuccessfully to steer back towards the road. Almost immediately, the vehicle impacted lamp post number 14 and came to a stop. Driver attempted to reverse the car back onto the road but was unable to do so due to damage to the car.

Driver was not injured and came out to inspect the damage. He then called the car owner (his father) and was assisted by passersby in controlling traffic.

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 23/03/2018
To : AXA INSURANCE PTE LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : SIN KOK HONG
: AXA INSURANCE PTE LTD

Certificate No : GA189497/1 Accident Date : 18/03/2018
Vehicle No : SDQ-8618-D Make & Model : NISSAN SYLPHY 1.8 CVT ABS D/AIRBAG 2WT

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

List Item

1	FRONT BUMPER 260	320.00	de ✓
1	FRONT BUMPER LOWER GRILLE	145.00	? xny
2	FRONT BUMPER RETAINER 36	36.00	ny ✓
1	FRONT BUMPER SPONGE 165	120.00	ca ✓
1	FRONT BUMPER REINFORCEMENT	240.00	X xny
10	FRONT BUMPER CLIPS 20	20.00	de ✓
1	FRONT BUMPER TOW COVER 18	20.00	ny ✓
2	FOGLAMP RH/LH 225 N/S	480.00	? ✓ eny
2	FOGLAMP GARNISH RH/LH 35 N/S	96.00	? ✓ de ✓

Date : 23/03/2018
 To : AXA INSURANCE PTE LTD
 Attn : Motor Claim Department

ESTIMATION

FAX :

Owner : SIN KOK HONG
 : AXA INSURANCE PTE LTD

Certificate No : GA189497/1

Accident Date : 18/03/2018

Vehicle No : SDQ-8618-D

Make & Model : NISSAN SYLPHY 1.8 CVT ABS D/AIRBAG 2WI

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT NUMBER PLATE BASE HOLDER	48.00	X X nh
1	FRONT GRILLE 300	750.00	gra ✓
1	FRONT GRILLE LOGO 45	48.00	nei ✓
2	FRONT GRILLE BRACKET 25 of	40.00	Ti ✓ de
1	FRONT GRILLE UPPER COVER	140.00	X X nh
1	HEADLAMP LH 300	320.00	gra ✓
1	FRONT FENDER LH 300	195.00	bul ✓
1	FRONT FENDER BRACKET LH 28	26.00	nei ✓
1	FRONT FENDER INNER SHIELD LH 60	65.00	ni ✓
10	FRONT FENDER SHIELD CLIPS 30	20.00	nei ✓

Date : 23/03/2018
 To : AXA INSURANCE PTE LTD
 Attn : Motor Claim Department

ESTIMATION

FAX :

Owner : SIN KOK HONG
 : AXA INSURANCE PTE LTD

Certificate No : GA189497/1 Accident Date : 18/03/2018
 Vehicle No : SDQ-8618-D Make & Model : NISSAN SYLPHY 1.8 CVT ABS D/AIRBAG 2WI

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT LOWER ENGINE COVER	100.00	? xnn
1	FRONT FENDER QUATER GARNISH LH 35	32.00	de
1	FRONT AXLE BEAM ASSY 300	480.00	? ✓bt
1	FRONT AXLE BEAM BRACKET LH 85	85.00	? ✓bt
1	FRONT LOWER ARM LH 160	160.00	bt
1	FRONT KNUCKLE ARM LH 400	360.00	bt
1	FRONT WHEEL HUB & BEARING (LH) 260	260.00	bt
1	FRONT ABSORBER LH 250	260.00	bt
1	FRONT ABSORBER TOP MOUNTING LH 65	85.00	ne
1	FRONT STABILIZER LINK LH	36.00	? xnn

Date : 23/03/2018
 To : AXA INSURANCE PTE LTD
 Attn : Motor Claim Department

ESTIMATION

FAX :

Owner : SIN KOK HONG
 : AXA INSURANCE PTE LTD

Certificate No : GA189497/1 Accident Date : 18/03/2018
 Vehicle No : SDQ-8618-D Make & Model : NISSAN SYLPHY 1.8 CVT ABS D/AIRBAG 2WI

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FRONT TIE ROD LH	70.00	? x }
1	FRON TIE ROD END LH	80.00	? x } un
1	DRIVESHAFT LH 1250	280.00	bt ✓
1	STEERING RACK AND PINION ASSY	1,850.00	? x un.
1	FRONT SPORTS RIM LH x hn.		
1	SUPPORT PANEL R		RESTORE
1	BONNET R		RESTORE
1	FRONT WHEELHOUSE LH R		RESTORE
1	FRONT DOOR LH R		RESTORE

Date : 23/03/2018
 To : AXA INSURANCE PTE LTD
 Attn : Motor Claim Department

ESTIMATION

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Owner : SIN KOK HONG
 : AXA INSURANCE PTE LTD
 Certificate No : GA189497/1 Accident Date : 18/03/2018
 Vehicle No : SDQ-8618-D Make & Model : NISSAN SYLPHY 1.8 CVT ABS D/AIRBAG 2WI

ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	7267.00	
	Add 0% On Parts	0.00	
	Special Nett Item		
1	FRONT NUMBER PLATE	35.00	* ny
1	FRONT TYRE LH	200.00	purchase 800% 16"
	Sub Total	235.00	
	Labour & Misc		
	LABOUR TO FACILITATE REPAIR	1,000.00	700
	TO RESPRAY AFFECTED AREAS	1,000.00	700
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	✓

Date : 23/03/2018
 To : AXA INSURANCE PTE LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : SIN KOK HONG
 : AXA INSURANCE PTE LTD

Certificate No : GA189497/1 Accident Date : 18/03/2018

Vehicle No : SDQ-8618-D Make & Model : NISSAN SYLPHY 1.8 CVT ABS D/AIRBAG 2WI

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO REMOVE AND REFIT FRONT UNDERCARRIAGE LH	150.00	100
	TO REMOVE AND REFIT FRONT CROSSMEMBER	200.00	150 ✓
	TO CONDUCT FRONT WHEEL ALIGNMENT	120.00	80
	Sub Total	2500.00	

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer
 Signature:
 Date:

Remarks:

SUB TOTAL 10,002.00
GST 7.0 % 700.14
TOTAL 10,702.14

Surveyor's name: Tanpin 97495749

Principal's name: SIN KOK HONG

Survey Date & Time: 26/3/18 @ 1745

7 days
 Ex \$2800
 Repair limit \$9000
 Resurvey before paint
 29/3/18

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 17 April 2018 5:10 PM
To: 'Selamatshahh Zainal'; Taufikh (LKKAuto); SUR
Subject: RE: Finalization for SDQ8618D

Dear Shahh,

Confirm final amount at \$1,967.00 @ 7 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Selamatshahh Zainal [mailto:Selamatshahh.Zainal@ethozgroup.com]
Sent: Tuesday, 17 April 2018 4:28 PM
To: Taufikh (LKKAuto) <Taufikh@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: Finalization for SDQ8618D

Hi Taufik,

Please assist to confirm final amount at \$1,967.00 7 days

*parts supplied by AXA

Warmest regards,

Selamatshahh Zainal

Senior Executive
Motor Claims Operations

ETHOZ

ETHOZ GROUP LTD

30 Bukit Batok Crescent Singapore 658075

HP: 9624 8656 | DID: 6654 7519 | Fax: 6654 7542

Website: www.ethozgroup.com



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