

INS CASE OWNER

CC 6 / CTI1701

LKK
IDAC

Surveyor

DOI

Date / Time

Pre-assign / CCI / FTE



Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II:SS

Is driver the owner?

If NO, Driver Name / Age

Driver Tel No.

6X6424L
H.K.L. scaffolding & formwork PL

68981111

HP

D.O.A

Nature of Accident

any lai thian.

(V/L: YES / NO)

Claim No.

Policy No.

Make / Model

Place of Accident

OI GIA REPORT

Insured Liability

SNM17D04318202

DMC YSN 3070681600

Toyota DUNIA 150-3.00 (m).

Inside, among island Sakra

and centre

YES NO TP GIA REPORT YES NO

Final ? Yes / No

Sky 6235K



INSRS

WSP

Tel

Liability

RMKS

wai lee



INSRS

WSP

Tel

Liability

RMKS



INSRS

WSP

Tel

Liability

RMKS



INSRS

WSP

Tel

Liability

RMKS

Date / Time

18/4/18

STAGE

DATE / PIC

Non-Reporting ltr (1st)

Non-Reporting ltr (2nd)

Non-Reporting ltr (Final)

Notification ltr (if non-pickup)

Call OI

After call ltr to OI

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI

Authorisation To Act

Release Voucher

Final Repair Bill

Car Rental Invoice

Towing Invoice

LTA / GIA

Medical Bill

PIR

Mandate/Reject Instruction

LOD

Payment Breakdown Form

Post-Repair Photos

Others

Submit w/p

Original LOD send to CTI.

Instruction from CTI to settle TP claim.

RECEIVED 12 APR 2018

PRELIMINARY ADVICE

Date/Time

Sent By

FINALIZATION

Date/Time

Confirm with

Repair Cost

SS

(days) Reduction

%

FINAL SETTLEMENT

Date/Time

Confirm with Karen

Final Liability

SS

100

(Agreed)

Assessed) BOLA S/N No.

NIL

Repair Cost

SS

2250.00

Loss of Rental (LOR)

SS

(days)

Loss of Use (LOU)

SS

320.00

(S

x 4

days)

Loss of Income (LOI)

SS

(S

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GLA/LTA Search

SS

5.35

Medical

SS

Disbursement

SS

(e.g. Tow/ Independent)

Legal Cost

SS

Total:

SS

2575.35

Global Sum SS:

FINAL PAYMENT

Date/Time

Confirm with

Payee 1

SS

2575.35

Name 1:

WEI LEE MOTOR WORKS

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

COPY SENT

COPY SENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format: w/p

3) Survey fee: \$ 350.00

Charge balance - 350

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	20/07/2017 13:24
Date Of Accident	19/07/2017 08:15
Exact Location Of Accident	SAKRA ROAD JURONG ISLAND
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGY6235K
Insured/Policyholder	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	201611813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85500935
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090891147
Cover Note Number	
Driver	
Name of Driver	ZAHARY BIN ZAINAL
NRIC No	S7406920G
Date Of Birth	19/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	05/01/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85500935
Fax Number	
Contact Number	
Email Address	NOEMAIL

Sketch Plan Pg. 1

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

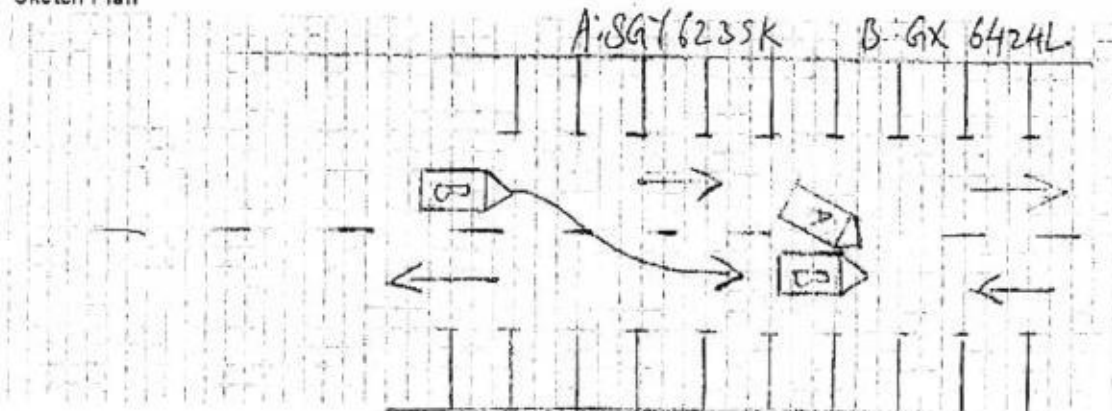
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Address BLK 55 TEBAN GARDENS ROAD #26-453
SINGAPORE
Postcode 600055
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
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 ATTACHED

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

Vehicle Registration Number GX6424L
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver ONG LAI THIAN
NRIC/Passport Number S7524167D
Contact Number 84242101
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Details of Witness
Name DANIAL TAN
Phone Number 62526540
Email Address

Describe Circumstances of the Accident

At around 8.15 am I was at the carpark of Satra. When I was about to turn right to the parking lot suddenly lorry with plate no. GX6424L driven by Mr Ong Kai Thuan S7524167P drove passed me on the my right side which is against the traffic flow hit my front bumper.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report	21/07/2017 09:36
Date Of Accident	19/07/2017 08:15
Exact Location Of Accident	INSIDE JURONG ISLAND SAKRA FOOD CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX6424L
Insured/Policyholder	
Name Of Registered Owner	H.K.L SCAFFOLDING & FORMWORK PTE LTD
Co Reg No	199804679M
Email Address	LAITHIAN1708@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68981111

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3070681600
Cover Note Number	

Driver

Name of Driver	ONG LAI THIAN
NRIC No	S7524167D
Date Of Birth	17/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2015
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84242101
Fax Number	
Contact Number	
EMail Address	LAITHIAN1708@GMAIL.COM

Address	BLK 16 TECK WHYE LANE #04-105
Postcode	680016
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	SIDE SWIPE
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)	3

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

ON 19/07/2017 @ ABT 0815HRS. I WAS DRIVING INSIDE SAKRA FOOD CENTRE CARPARK. WHEN I SAW THERE IS VEHICLE B STOP IN FRONT OF ME WITHOUT ON ANY SIGNAL. I THEN TRY TO OVERTAKE THE SAID VEHICLE AS HE BLOCK MY WAY. WHILE I ALMOST FINISH TAKE OVER THE SAID VEHICLE, THE SAID VEHICLE SUDDENLY MAKE A RIGHT TURN & GRAZED ONTO MY LORRY AT REAR LEFT PORTION. NO ONE WAS INJURED. THAT'S ALL.

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	6235
Vehicle Make/Model/Colour	TOYOTA WISH / BLACK
Details Of Properties	
Name of Driver	ZAHARY BIN ZAINAL
NRIC/Passport Number	S7406920G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

SKETCH PLAN

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

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date & Time

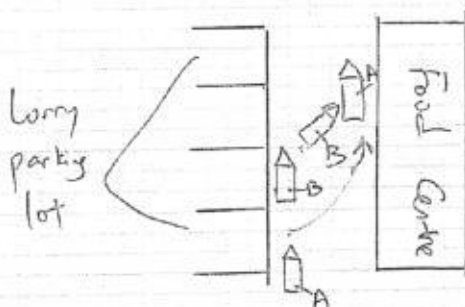
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

21/7/17

Sketch Plan

Inside Jurong Island Sakra Food Centre



vehicle (A): GX 6424 L

vehicle (B): u 6235
(not accurate)

Sketch Plan Pg. 2

Describe Circumstances of the Accident

Refer to circumstances of 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

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☒ For record purpose
Policy No. DMCVSN 3070681600
Insurer China (F) Veh. No. Gx6444L

Witnessed by Reporting Centre Personnel

21/7/17

中国太平
CHINA TAIPING
FOR COMMERCIAL
VEHICLE

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

M2300/C
N SN
AN0575A
THIRD PARTY FIRE & THEFT

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and 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)

CERTIFICATE No.	DMCVSN3070681600	Engine No : 5L5447298 Chassis No: JTFUF34Y003002600
1. Index Mark and Registration Number of Vehicle	GX6424L	
2. Name of Policy Holder	M/S H.K.L. SCAFFOLDING & FORMWORK PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02 AUGUST 2016	
4. Date of Expiry of Insurance	01 AUGUST 2017	
Persons or Classes of Persons entitled to drive *		
ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.		
PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.		
6. Limitations as to use: *		
(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.		
(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.		
(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.		
THE POLICY DOES NOT COVER:		
(1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.		
(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.		
HIRE PURCHASE CO. : HSBC AS HP OWNER		
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

1002449350J

ONG LAI THIAN
WANG LAITIAN

Birth Date: 17 Aug 1975
Valid Date: 10 Jul 2015

SG 50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7524167D**

ONG LAI THIAN
(WANG LAITIAN)
王来添

Race: **CHINESE**
Date of birth: **17-08-1975**
Country of birth: **SINGAPORE**

Sex: **M**

S7524167D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Vehicle Class	Effective Date
Class 2A	MOTOR CARS AND MOTOR TRACTORS WITHOUT CLUTCH PEDALS THE WEIGHT OF WHICH UNLOADED DOES NOT EXCEED 2000 KILOGRAMS	18 Jul 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLOADED DOES NOT EXCEED 2000 KILOGRAMS	18 Jul 2015

S7524167D

S / No. 6000229440

Licence No: S7524167D

NP 428A

4475107

APRIC No. **S7524167D**

Date of issue: **02-10-2009**

APR 0103

APT DLK 16 TECK WHYE LANE #04-105
SINGAPORE 690016

NRIC No: **S7524167D** Date: **05/05/2011** No: **G1T2634**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



威利摩哆 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.

TEL: 456 9830 • FAX: 455-3986

Business Regn No : 269436/00J

Not Authorised
11 May 8?
Returning After Repair
4 days

20, July 2017

China Taiping Insurance (S)PL
105 Cecil Street #18-00
The Octagon S 069534

Attn: Motor claim dept-3rd party claim
Claiming against your insured vehicle No: GX6424L
Accident involving vehicle No: SGY6235K/GX6424L
DOA: 19/07/2017 AT Sakra Road Jurong Island

Dear officer incharge
Re: Estimate cost of repair for vehicle No; SGY6235K
To supply—

Description	Qty	Amount
Front bumper	1	472.80 ✓
Bumper enforcement	1	275.24 ✓
Bumper sponge	1	95.97 ✓
Bumper retainer	2	107.20 ✓
Bumper clip	10	42.00 ✓
Headlamp @426.80	2	853.60 ✓
Bonnet	1	698.80 ✓
Bonnet chrome w Logo	1	180.53 ✓
Bonnet lock	1	76.65 ✓
Front grille	1	96.29 ✓
Front support panel	1	978.20 ✓
Fan motor	1	220.25 ✓
Fan blade	1	129.20 ✓
Fan cowling	1	185.20 ✓
Air con condenser	1	1,357.80 ✓
Radiator	1	1,543.00 ✓
Fender, front RH	1	223.40 ✓
Fender cowling	1	180.00 ✓
Cowling clip	10	38.00 ✓
Foglamp @134.60	2	269.20 ✓
		6023.33
		6013.50

Labour to—

Remove/renew radiator, air con condenser, fan assembly.

To remove damaged parts and attachments.

Repair/reshape all dented areas.

Straighten chassis, pillar where necessary.

Renew/align all parts into position. &

To spray paint.

Tow fee

220.00 X

1,200.00

1,000.00

100.00

7,520.00

Total 8,933.50

THIS ALSO COMPLIES WITH THE

REQUIREMENTS OF THE

• To ensure adequate safety

• To ensure adequate safety

• Parts prices are subject to

• That party survey is on a

• No weight modification is

• Supplementary report is

• is subject to the relevant

• is subject to the relevant

• is subject to the relevant

• is subject to the relevant

2847.24



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				
CHINA TAIPING INSURANCE (S) PTE LTD			Ref : CC6/CTI17014246/Kub3s2-1	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909			Date : 12-04-2018	
			Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	GX 6424L	Veh. Inspected	SGY 6235K
	Policy No.	DMCVSN3070681600	Coverage (\$)	0.00
	Claim No.	SNM17D04318C02	Excess (\$)	0.00
	Assign From		Assign Date	21/07/2017
2. Vehicle Particulars & Condition				
	Make & Model	TOYOTA WISH (A)	c.c	1794
	Engine No.	HIDDEN	Year of Reg.	2007
	Chassis No.	ZNE100373119	Colour	METALLIC DARK BLUE
	Odometer	241825	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	205/65R15	RADAR	1 mm
	L/H Front Tyre	205/65R15	RADAR	1 mm
	R/H Rear Tyre	205/65R15	RADAR	2 mm
	L/H Rear Tyre	205/65R15	RADAR	2 mm
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGED AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
	Accident Date	19/07/2017	Inspection Date	21/07/2017
	Survey held at	WEI LEE MOTOR WORKS BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32 SINGAPORE 575644.		
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:		4 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGY 6235K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	CRACKED	472.80	472.80
1	BUMPER ENFORCEMENT	TO REPAIR SEE LABOUR	275.24	-
1	BUMPER SPONGE	CRACKED	95.97	95.97
2	BUMPER RETAINER	DISTORTED	107.20	107.20
10	BUMPER CLIP	NECESSARY	42.00	42.00
2	HEADLAMP @ \$426.80	O/S BROKEN	853.60	426.80
1	BONNET	TO REPAIR SEE LABOUR	698.80	-
1	BONNET CHROME W LOGO	MTG CRACKED	180.53	180.53
1	BONNET LOCK	TO REPAIR SEE LABOUR	76.65	-
1	FRONT GRILLE	DENTED	96.29	96.29
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	978.20	-
1	FAN MOTOR	SERVICEABLE	220.25	-
1	FAN BLADE	SERVICEABLE	129.20	-
1	FAN COWLING	SERVICEABLE	185.20	-
1	AIR CON CONDESER	SERVICEABLE	1,357.80	-
1	RADIATOR	SERVICEABLE	1,543.00	-
1	FENDER, FRONT RH	BENT	223.40	223.40
1	FENDER COWLING	CRACKED	180.00	180.00
10	COWLING CLIP	NECESSARY	38.00	38.00
2	FOGLAMP @ \$134.60	SERVICEABLE	269.20	-
	LESS 25% DISCOUNT		-2,005.83	-465.75
			6,017.50	1,397.24
<u>LABOUR</u>				
	REMOVE / RENEW RADIATOR, AIR CON CONDENSER, FAN ASSEMBLY.	NOT NECESSARY	220.00	-
	TO REMOVE DAMAGED PARTS AND ATTACHMENTS. (NPA)		-	-
	REPAIR / RESHAPE ALL DENTED AREAS. (NPA)		-	-



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	STRAIGHTEN CHASSIS, PILLAR WHERE NECESSARY. (NPA)		-	-
	RENEW / ALIGN ALL PARTS INTO POSITION. INCLUSIVE OF THE REPAIR OF BUMPER ENFORCEMENT, BONNET, BONNET LOCK AND FRONT SUPPORT PANEL.		1,200.00	600.00
	TO SPRAY PAINT.		1,000.00	800.00
	TOWING FEE.		100.00	50.00
			2,520.00	1,450.00
GRAND TOTAL			8,537.50	2,847.24
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,250.00

Report Ref No. CC6/CT117014246/Kub3s2-1

KONG SENG CHEONG

Licensed Appraiser

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