

REF: CSI/MSK18006144 /Uthorv

Special instruction:

US: \$ 7500.00

ASSIGNMENT (Office)

From (Person): Pang Xiu Shi of msk Date/Time: 02042018
 Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: Sincere Appraisal

Workshop: 1st Auto

OD/FP Re-inspection / (Evaluation)

To Inspect Vehicle No: SGH 2830K Insured: SGH 6286C

at Workshop m/s 1st Auto Pte Ltd Tel: 6745 3811

of 13 Kaki Bukit Rd 4 #01-05

Policy No: _____ Claim No: 394982

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28-10-2014

(Client's Record)

D.O.A. 28.10.2014

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 1/1 Confirmed with Final Fig , days (Red \$ / %; Original 7 days)

Date/Time: 19/4/18 Submit Final Fig 4/5 2500, 4 days (Red \$ 5000 / 66 %; Original 7 days)

[illegible]

Para(1) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 19 APR 2018

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add	
Transport	
Photos	
Others	
Total	

Date: ~~Dec 1~~ Dec 1988

156

1) Date/Time 19/4/2018 File Pass to Typist

2) Date/Time File Return to

3) Date/Time _____ File Pass to _____

4) Date/Time File Return to

5) Date/Time _____ File Pass to _____

6) Date/Time File Return to




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				
MSIG INSURANCE (SINGAPORE) PTE LTD			Ref : CS1/MSG18006144/tb	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 03-04-2018	
			Code : MSG	
1. Policy Particulars :- PAPER SURVEY				
Insured Veh.	SGH 6286C	Veh. Inspected	SGQ 2830K	
Policy No.		Coverage (\$)	0.00	
Claim No.	394982	Excess (\$)	0.00	
Assign From	PANG XIU SHI	Assign Date	02/04/2018	
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				
Accident Date	28/10/2014	Inspection Date	03/04/2018	
Survey held at	1ST AUTO PTE LTD 13 KAKI BUKIT ROAD 4 #01-05 BARTLEY BIZ CENTRE SINGAPORE 417807			
5a. Remarks				

Catherine Chong (LKK Auto)

From: Pang Xiu Shi <xiushi_pang@sg.msig-asia.com>
Sent: Monday, 2 April, 2018 6:10 PM
To: assignments@lkkauto.com
Cc: Catherine Thia
Subject: Paper Survey for SGQ2830K
Attachments: SGH6286C E-FILE REPORT.pdf; SGQ2830K E-FILE REPORT.pdf; TP SURVEY REPORT.pdf

Dear LKK,

We would like to appoint your firm to do a paper survey on the third party's vehicle.

Our Claim Ref No: 394982

Please see attach the following documents:

- 1) OI SGH6286C GIA Report
- 2) TP SGQ2360K GIA Report
- 3) TP Survey Report

Please acknowledge upon receipt of the assignment.

Thank you !

Have a great week ahead!

Pang Xiu Shi

Admin Officer, Claims Services (Motor)

Direct line +65 6594 2586 | Direct fax +65 6225 7402 | xiushi_pang@sg.msig-asia.com



MSIG



Insurer Claims
Team of the Year
2016

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or disclose its contents.

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	29/10/2014 16:23
Date Of Accident	28/10/2014 19:50
Exact Location Of Accident	ALONG BALESTIER RD JUNCTION BHAMO RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ2830K
Insured/Policyholder	
Name Of Registered Owner	RAZINNA BINTE MOHD NURI
Passport No/FIN	-

Vehicle Particulars

Manufacturer	TOYOTA
Model	MARK X-2.5 (A)
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	AXA INSURANCE SINGAPORE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1396903
Cover Note Number	

Driver

Name of Driver	MOHAMMAD ISMAIL BIN A KADIR
NRIC No	S7706109F
Date Of Birth	04/03/1977
Occupation	INDOOR
Date Of Driving Pass	16/06/2004
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93660773
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 5 TECK WHYE AVENUE #04-132
Postcode	680005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION- HEAD TO REAR (TP HIT INSURED)
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
Was there any video captured by Car Camera?	NO

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

MY VEHICLE WAS MOVING SLOWLY. SUDDENLY, VEHICLE B CAME AND HIT INTO MY VEHICLE REAR.

Are accident photos available for attachment?	YES
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGH6286C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	SOONG CHNG HAU ALVIN
NRIC/Passport Number	
Contact Number	96667946
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

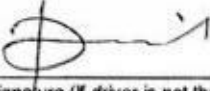
Sketch Plan

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/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



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	29/10/2014 09:33
Date Of Accident	28/10/2014 20:00
Exact Location Of Accident	ALONG 401 BALESTIER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH6286C
Insured/Policyholder	
Name Of Registered Owner	SOONG CHNG HAU,ALVIN
NRIC No	S7735413A

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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

Insurance Company

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A27293381QMY(COMP)
Cover Note Number	0

Driver

Name of Driver	SOONG CHNG HAU,ALVIN
NRIC No	S7735413A
Date Of Birth	26/12/1977
Occupation	Indoor
Date Of Driving Pass	30/01/1997
Driving Experience	17 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-96667946
Fax Number	
Contact Number	
E-Mail Address	asoongch@gmail.com
Address	BLK 515C TAMPINES CENTRAL 7 #11-28
Postcode	523515
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Rear (Insured Hit TP)
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
Was there any video captured by Car Camera?	No

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 THE DATE AND TIME MENTIONED ABOVE, ALONG 401 BALESTIER ROAD. **PLEASE REFER TO SKETCH FORM FOR ACCIDENT CIRCUMSTANCES** --ATT BY SALINA--

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGQ2830K
Vehicle Make/Model/Colour	TOYOTA MARK
Details Of Properties	VEH B
Name of Driver	MOHAMMAD ISMAIL BIN A KADIR
NRIC/Passport Number	S7706109F
Contact Number	93660773
Address	BLK 5 TECK WHYE AVE #04-132
Postcode	680005
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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/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.

29 OCT 2014

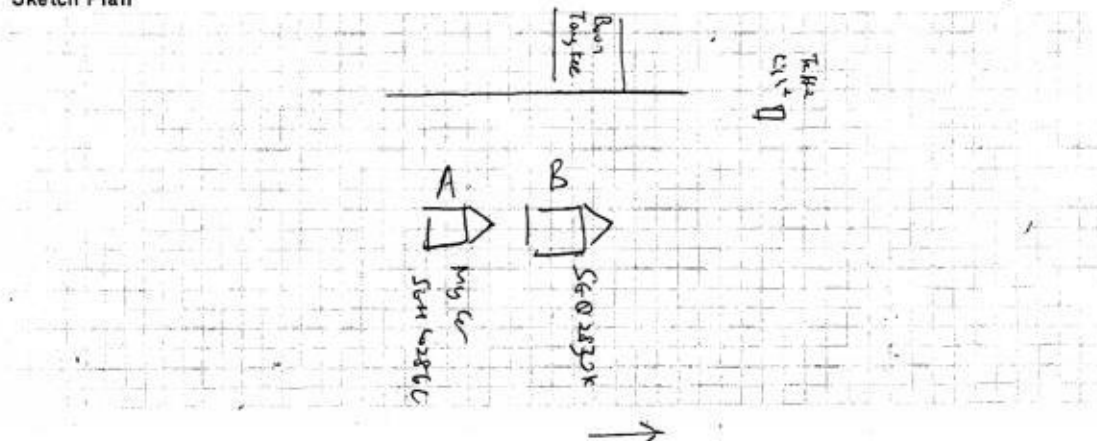
 Policyholder's Signature / Date & Time

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

29 OCT 2014

 Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

My car was doing along Belvoir Road, when the traffic light turns green, I thought the car in front, SE02832K has started driving, hence when I moved forward, the car knock on his rear.

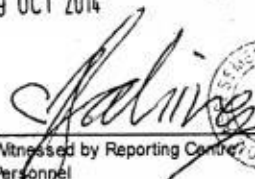
Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 29/10/14

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

29 OCT 2014


 Witnessed by Reporting Centre Personnel

Sincere Appraisal Services

81 Ubi Avenue 4 #06-28 UB.One Singapore 408830

Tel : 6636 4628 Fax : 6636 4638 E-mail : sincereappraisal@gmail.com

Company Registration No. 53159958B

INVOICE

Razinna Binte Mohd Nuri
C/O 1st Auto Pte Ltd
338 Circuit Road
Singapore 379489

Invoice No: 141114-606
Our ref: 606/TP/2014
Date: 14/11/2014

Claim Type: Third Party
Vehicle Reg No: SGQ2830K
Vehicle Make/Model: Toyota Mark X 2.5 A

Date of Loss: 28/10/2014
Claimant: Razinna Binte Mohd Nuri

Description	Amount (S\$)
1. Professional Fee (including Transport, Photographs and Miscellaneous charges)	468
Total	468
Singapore Dollar: Four hundred and sixty eight dollars only.	

Cheques should be crossed A/C PAYEE and made payable to Sincere Appraisal Services



Sincere Appraisal Services

Sincere Appraisal Services

81 Ubi Avenue 4 #06-28 UB.One Singapore 408830
Tel : 6636 4628 Fax : 6636 4638 E-mail : sincereappraisal@gmail.com
Company Registration No. 53159958B

VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 606/TP/2014

Date: 14/11/2014

REFERENCE

Date of loss: 28/10/2014
Claimant: Razinna Binte Mohd Nuri

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SGQ2830K	Make &	Toyota
Reg date:	10/1/2007	Model	Mark X 2.5A
Colour:	White	Engine No:	4GR0255188
Type:	Motor Car	Chassis No:	GRX1200080111
Type of Claims:	Third Party	Odometer No:	154837km
		Engine Cap:	2499cc

CONDITION OF VEHICLE AT THE TIME OF SURVEY

(STATIC ONLY)

General Condition: Good	Steering: Good	Engine Modification: Nil
Paint work: Good	Handbrake: Good	Pre-accident
	Footbrake: Good	Damage: Nil

CONDITION OF TYRES

Front Left Size: Bridgestone 215/55R17 70%	Front Right Size: Bridgestone 215/55R17 70%
Rear Left Size: Maxxis 225/50ZR17 70%	Rear Right Size: Maxxis 225/50ZR17 70%

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS

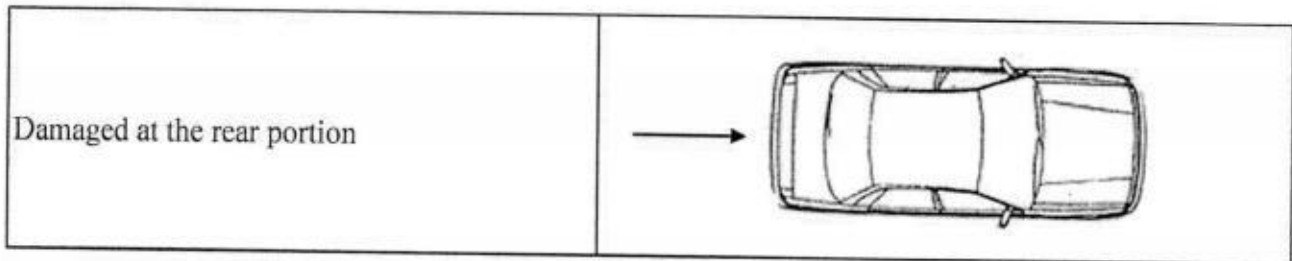
	Repairer S\$	Adjuster S\$
Parts	\$ 7,175.75	\$ 6,551.75
Labour	\$ 3,360.00	\$ 2,830.00
Calculated Cost (S\$) :	\$ 10,535.75	\$ 9,381.75

Recommended Lump Sum Repair Cost (S\$) : \$ 7,500.00

Date of Assignment: 31/10/2014
Date Inspected: 31/10/2014
Est. repair Period: 07 days

Inspected At: 1st Auto Pte Ltd
338 Circuit Road
Singapore 379489

POINT OF IMPACT



BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle at the junction of Bhamo Road towards Valestier Road.

GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the rear portion.

SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$10,535.75. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$7,500.

We have not authorised the repair. Under normal circumstances, estimated 07 working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.


Dave Chang
Automotive Appraiser
AUTO. ENG, CAE, CGI
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.

ANNEX A

REPAIR DETAILS

Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Rear bumper assy	cracked	\$ 1,265.00	\$ 1,265.00 ✓
2	2	Rear bumper bracket	bent	\$ 156.00	\$ 156.00 ✓
3	2	Rear bumper retainer	bent	\$ 178.00	\$ 178.00 ✓
4	2	Rear bumper tow cover	warped	\$ 127.00	\$ 127.00 ✓
5	1	Rear bootlid	buckled	\$ 1,489.00	\$ 1,489.00 ✗
6	1	Rear bootlid inner board	bent	\$ 286.00	\$ 286.00 ✗
7	2	Rear bootlid hinges	bent	\$ 153.00	\$ 153.00 ✗
8	1	Rear bootlid weatherstrip	warped	\$ 202.00	\$ 202.00 ✓
9	1	Rear bootlid lock	bent	\$ 218.00	\$ 218.00 ✗
10	1	Rear bootlid lock catch	bent	\$ 87.00	\$ 87.00 ✗
11	4	Rear bootlid rubber stopper	necessary	\$ 60.00	\$ 60.00 ✗
12	1	Rear bootlid centre logo	necessary	\$ 48.00	\$ 48.00 ✓
13	1	Rear bootlid 'mark' emblem	necessary	\$ 52.00	\$ 52.00 ✓
14	1	Rear bootlid 'X' emblem	necessary	\$ 42.00	\$ 42.00 ✓
15	1	Rear bootlid '250 G' emblem	necessary	\$ 48.00	\$ 48.00 ✓
16	1	Rear left taillamp	cut	\$ 828.00	\$ 828.00 ✗
17	1	Rear right taillamp	cut	\$ 828.00	\$ 828.00 ✗
18	1	Rear end lower panel	repair	\$ 832.00	\$ - ✗
19	1	Rear spare tyre top board	necessary	\$ 266.00	\$ 266.00 ✗
20	1 set	Rear exhaust twin muffler	dented	\$ 1,768.00	\$ 1,768.00 ✓
21	4	Rear exhaust twin muffler rubber mounting	necessary	\$ 88.00	\$ 88.00 ✓
				\$ 9,021.00	\$ 8,189.00
Less 25%				\$ 2,255.25	\$ 2,047.25
				\$ 6,765.75	\$ 6,141.75
<u>Special Nett Items</u>					
1	10	Rear bumper clips	necessary	\$ 50.00	\$ 50.00 ✓
2	8	Rear bootlid inner board clips	necessary	\$ 30.00	\$ 30.00 ✗
3	2	Rear bumper reverse sensor	necessary	\$ 250.00	\$ 250.00 ✓
4	1	Rear no plate with garnish	necessary	\$ 80.00	\$ 80.00 ✗
				\$ 410.00	\$ 410.00
Total parts				\$ 7,175.75	\$ 6,551.75

2-2118
 15-88.5
 3428.5

ANNEX B

REPAIR DETAILS

Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten rear fenders and replace rear damaged parts.	\$ 1,400.00	\$ 1,200.00 550
2	To putty and spray painting rear portion.	\$ 1,400.00	\$ 1,200.00 600
3	To check rear lighting and wiring.	\$ 50.00	\$ 30.00 ✓
4	To remove and install rear bootlid lock mechanism.	\$ 80.00	\$ 60.00 X
5	To remove and install rear exhaust twin muffler.	\$ 100.00	\$ 80.00 X
6	To apply anti rust proofing to rear affected area.	\$ 150.00	\$ 120.00 X
7	To remove and install rear reverse sensor.	\$ 80.00	\$ 60.00 ✓
8	Towing service.	\$ 100.00	\$ 80.00 X
Total labour :		\$ 3,360.00	\$ 2,830.00

ANNEX C

REPAIR DETAILS

Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 7,175.75	\$ 6,551.75
Total labour :	\$ 3,360.00	\$ 2,830.00
Total repair cost :	\$ 10,535.75	\$ 9,381.75

Adjusted Repair Cost (Lump Sum Repair)

\$ 7,500.00



Your Ref: 394982

Date: 27th April 2018

Our Ref: CS1/MSG18006144/Utbs2

M/s MSIG Insurance (Singapore) Pte Ltd

16 Raffles Quay

#24-01 Hong Leong Bldg

Singapore 048581

(The Motor Claims Department)

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO:

SGQ 2830K

INSURED VEHICLE: SGH 6286C

ACCIDENT DATE: 28/10/2014

We thank you for your instruction on 02/04/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SGQ 2830K from M/s Sincere Appraisal Services.
- b) Singapore Accident Statement of Vehicles SGQ 2830K and SGH 6286C.
- c) Colour damaged vehicle photographs of SGQ 2830K.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SGQ 2830K
Make & Model	: Toyota Mark X 2.5A
Year of Registration	: 2007
Chassis Number	: GRX1200080111
Engine Capacity	: 2499 cc

2. We recommend that the repairs of the entire damage require about 4 (Four) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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. SGQ 2830K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER ASSY	CRACKED	1,265.00	1,265.00
2	REAR BUMPER BRACKET	BENT	156.00	156.00
2	REAR BUMPER RETAINER	BENT	178.00	178.00
2	REAR BUMPER TOW COVER	DEFORMED	127.00	127.00
1	REAR BOOTLID	TO REPAIR SEE LABOUR	1,489.00	-
1	REAR BOOTLID INNER BOARD	NOT NECESSARY	286.00	-
2	REAR BOOTLID HINGES	NOT NECESSARY	153.00	-
1	REAR BOOTLID WEATHERSTRIP	TWISTED	202.00	202.00
1	REAR BOOTLID LOCK	NOT NECESSARY	218.00	-
1	REAR BOOTLID LOCK CATCH	NOT NECESSARY	87.00	-
4	REAR BOOTLID RUBBER STOPPER	NOT NECESSARY	60.00	-
1	REAR BOOTLID CENTRE LOGO	NECESSARY	48.00	48.00
1	REAR BOOTLID 'MARK' EMBLEM	NECESSARY	52.00	52.00
1	REAR BOOTLID 'X' EMBLEM	NECESSARY	42.00	42.00
1	REAR BOOTLID '250 G' EMBLEM	NECESSARY	48.00	48.00
1	REAR LEFT TAILLAMP	NOT NECESSARY	828.00	-
1	REAR RIGHT TAILAMP	NOT NECESSARY	828.00	-
1	REAR END LOWER PANEL	TO REPAIR SEE LABOUR	832.00	-
1	REAR SPARE TYRE TOP BOARD	NOT NECESSARY	266.00	-
1	SET REAR EXHAUST TWIN MUFFLER	NOT NECESSARY	1,768.00	-
4	REAR EXHAUST TWIN MUFFLER RUBBER MOUNTING	NOT NECESSARY	88.00	-
	LESS 25% DISCOUNT		-2,255.25	-529.50
			6,765.75	1,588.50
<u>SPECIAL NETT ITEMS</u>				
10	REAR BUMPER CLIPS (SN)	NECESSARY	50.00	50.00
8	REAR BOOTLID INNER BOARD CLIPS (SN)	NOT NECESSARY	30.00	-
2	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	250.00	250.00
1	REAR NO PLATE WITH GARNISH (SN)	NOT NECESSARY	80.00	-
			410.00	300.00

Report Ref No. CS1/MSG18006144/Utbs2

**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	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN REAR FENDERS AND REPLACE REAR DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF REAR BOOTLID AND REAR END LOWER PANEL.		1,400.00	550.00
	TO PUTTY AND SPRAY PAINTING REAR PORTION.		1,400.00	600.00
	TO CHECK REAR LIGHTING AND WIRING.		50.00	30.00
	TO REMOVE AND INSTALL REAR BOOTLID LOCK MECHANISM.	NOT NECESSARY	80.00	-
	TO REMOVE AND INSTALL REAR EXHAUST TWIM MUFFLER.	NOT NECESSARY	100.00	-
	TO APPLY ANTI RUST PROOFING TO REAR AFFECTED AREA.	NOT NECESSARY	150.00	-
	TO REMOVE AND INSTALL REAR REVERSE SENSOR.		80.00	60.00
	TOWING SERVICE.	NOT NECESSARY	100.00	-
			3,360.00	1,240.00
	GRAND TOTAL		10,535.75	3,128.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,500.00

Report Ref No. CS1/MSG18006144/Utbs2

CHUA KANG SENG

Licensed Appraiser

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.