

72/03/2001

ASS. REC. BY:

REF: CS3 / ASM 18000048 / M16-47 Special Instruction:

SURVAYOR

ASSIGNMENT (Office)

Smart claim

From (Person): Shirley Tan

of ASM

Date/Time: 10042018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SJT 9576 Y

Insured: XD 4940 E

at Workshop m/s A T Performance

Tel:

of 160 Sin Ming Drive #07-18/19 Sin Ming Auto City, Singapore 575722

Policy No:

Claim No:

S7M0068F

Sum Insured:

Excess:

Make of Veh:

D.O.A 28/22017

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wpi'

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Alvin 96866219

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
23/04/2015	SJT 9576 Y - NBA/INCL15006931/e 1 DOA: 23/04/2015
	Dismantle Part: 05/01/2018
	After repair: 09/01/2018
27/01/18 1:55pm	Email to Ruth Chua thru smart claim

P150-00

L/S 4200/-

labour 5 days

17/5/18

23/5/18 Submit CS \$4600, 6 days (Red \$7200, 37%)

RECEIVED 23 MAY 2018



23/5/2018.



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 : CS3/ASM18000048/M1qb-1

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 10-04-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	XD 4940E	Veh. Inspected	SJT 9576Y
Policy No.		Coverage (\$)	0.00
Claim No.	S7M0068F	Excess (\$)	0.00
Assign From	SMART CLAIM (SHIRLEY TAN)	Assign Date	10/04/2018

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

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5. General Information

Accident Date	28/12/2017	Inspection Date	10/04/2018
Survey held at	A T PERFORMANCE BLK 14 SIN MING IND EST #01-21 SINGAPORE 575658		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--




Service Request Details

Claim

S7M0068F

Reference

None 

Loss Date

December 28, 2017

Request Date

April 10, 2018

Due Date

April 17, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Re-inspection

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SJT9576Y

Make

TPVD TOYOTA

Service Address

...

Primary Contact/Insured

CHIP SENG CONTRACTOR PTE LTD
1 CHOA CHU KANG TRACK 14, 698933, Singapore
63148588
contractor@csgroup.com.sg

Claim Handler

TAN Shirley
6568804834
chaigeok.tan@axa.com.sg

Additional Instructions

LKK, please conduct paper resurvey for this case first.

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

TYPE



SENT

4/10/18 1:43 AM

FROM

TAN Shirley

SUBJECT

paper resurvey

BODY

Dear LKK, please conduct paper resurvey for this c...



ARIDAS & ASSOCIATES

ACRA REG. NO : 53131060D

NOTARY PUBLIC

COMMISSIONER FOR OATHS

ADVOCATES & SOLICITORS

75 BUKIT TIMAH ROAD, #05-18, BOON SIEW BUILDING, SINGAPORE 229833

TEL : 6337 6359 (3 LINES) FAX : 6338 2713

E-mail : aridasv@singnet.com.sg.

VYILINGAM ARIDAS

LLB (Hons) Lond. M.A.
Barrister. (Lincoln's Inn)

Our ref : AA.21463.17.ATP

Certificate of Posting
WITHOUT PREJUDICE
- 1 FEB 2018

Chip Seng Contractor Pte Ltd
Block 210 Verde View
Villa Verde
Singapore 688762
Owner of vehicle no. XD 4940E

cc M/s AXA Insurance (S) Pte Ltd
8 Shenton Way
#24-01 AXA Tower
Singapore 068811
Attn : Vale Oh
Your Ref : S7M0068FMC/VO
Vale.oh@axa.com.sg

Driver of vehicle no. XD 4940E
C/o Block 210 Verde View
Villa Verde
Singapore 688762

Dear Sirs

CLAIMANT : LIM KIM HUN
ADDRESS : 62 TANAH MERAH KECHIL AVENUE
#01-22
SINGAPORE 465530

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 28.12.2017 at 8.00 a.m. at Bedok South Avenue 1 to ECP involving our client's vehicle registration number **SJT 9576Y** and vehicle registration number **XD 4940E** driven by you at the material time.

We are instructed that the accident was caused by your negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows :

1.	Cost of repair	\$ 7,300.00
2.	Rental charges for 8 days	\$ 1,200.00
3.	Loss of use at \$150.00 per day for 2 days (pre-repair inspection)	\$ 300.00
4.	Assessor's fee	\$ 726.00
5.	GIA report fees	\$ 29.00
6.	LTA search fees	\$ 5.35
7.	Legal costs and disbursements	\$ 700.00
		\$ 10,260.35

A copy each of the following supporting documents is enclosed :

- 1 1 GIA report;
- 2 Final repair bill;
- 3 Assessor's report and invoice;
- 4 131 original photographs for your perusal and return;
- 5 A copy of the LTA search particulars;
- 6 Rental Agreement from M/s T5 Auto Pte Ltd.

We have on 29.12.2017 notified your insurers, M/s AXA Insurance Singapore Pte. Ltd., of the accident and a pre-repair survey of our client's vehicle was carried out on 2.1.2018.

In the meantime, the parties will commence negotiation to resolve the matter amicably.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully

A handwritten signature in black ink, appearing to be 'A. R.' or similar, with a stylized flourish underneath.

Enquire Vehicle & Owner Information (Vehicle No. XD4940E As At 28 Dec 2017 / 08:00:25)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: ATP

Current Owner Details

Owner ID Type: Company
Owner ID: 199800684E
Owner Name: CHIP SENG CONTRACTOR PTE LTD
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 210
Registered Street Name: VERDE VIEW
Registered Unit No.: -
Registered Building Name: VILLA VERDE
Registered Postal Code: 688762

Current Vehicle Details

Vehicle No.: XD4940E
Make Description/Model: ISUZU / CYZ52K
Insurance Company Name: AXA INSURANCE PTE LTD

Address 62 TANAH MERAH KECHIL AVE
#01-22
Postcode 465530
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 - CHANGE/CROSS LANE
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) 2
Passenger 1
NAME: : ONG POH LIAN
GENDER: : FEMALE

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

WAS DRIVING TOWARD ECP, SUDDENLY I FEEL AN IMPACT ON MY RIGHT SIDE. VEHICLE B HIT ONTO MY VEHICLE RIGHT SIDE.

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 XD4940E
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

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	28/12/2017 17:55
Date Of Accident	28/12/2017 08:00
Exact Location Of Accident	BEDOK SOUTH AVE 1 TO ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9576Y
Insured/Policyholder	
Name Of Registered Owner	LIM KIM HUN
NRIC No	S7836609E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96693549
Alternative Phone No	OFFICE-96693549

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10024938R00
Cover Note Number	

Driver

Name of Driver	LIM KIM HUN
NRIC No	S7836609E
Date Of Birth	04/12/1978
Occupation	INDOOR
Date Of Driving Pass	21/06/2002
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96693549
Fax Number	
Contact Number	OFFICE-96693549
EMail Address	NOEMAIL

Address	62 TANAH MERAH KECHIL AVE #01-22
Postcode	465530
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : ONG POH LIAN GENDER: : FEMALE

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

WAS DRIVING TOWARD ECP, SUDDENLY I FEEL AN IMPACT ON MY RIGHT SIDE. VEHICLE B HIT ONTO MY VEHICLE RIGHT SIDE.

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	XD4940E
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)

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.
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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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS DRIVING TOWARD ECP, SUDDENLY I FEEL AN IMPACT ON
MY RIGHT SIDE. VEHICLE B HIT INTO MY VEHICLE RIGHT SIDE.

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.

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

FINAL REPAIR BILL
REF: TP/140004/000019576

AT PERFORMANCE

160 SIN MING DRIVE #07-19 SIN MING
AUTOCITY SINGAPORE 575722

TEL: 6453 5112

FAX: 6552 2061

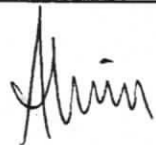
Regn. No. 52983289E

Messrs. Lim Kim Hun
62 Tanah Merah Kechil Ave #01-22
Singapore 465530

Date 13/01/18

Vehicle No. SJT9576Y Toyota Wish 2.0 Auto

Quantity	Items/Descriptions	Prices
	Lump sum repair basis as recommended.	7300.00
	SGD.: Seven Thousand Three Hundred Only.	
Total :		\$7,300.00



T5 AUTO PTE. LTD.

160 Sin Ming Drive #07-18 Sin Ming Autocity Singapore 575722 Co Regn No.201326853C

Tel/FAX:68521588 Email Address:t5auto@singnet.com.sg

Invoice

Invoice To
Lim Kim Hun 62 Tanah Merah Kechil Avenue #01-22 Singapore 465530 HP: 96693549

Date	10/1/2018
Invoice #	11861

Handled By Tommie 96317803

Referred By Alvin Tng/96866219

(AT PERFORMANCE)

Qty	Description	Amount
1	One unit SGR4060Y Toyota Wish. Rent for 08 days Rental Period: 02 Jan 2018 To 09 Jan 2018(Vehicle return @1830 HRS) Rental Fee: \$150 X 08 days REF: Rental Agreement: 15374	1,200.00
Important Note: Hirer has to top up Fuel to the same level as check out upon returning the Vehicle.		Total \$1,200.00

No refund will be given for fuel left in the vehicle.
Vehicle return during office hour only (9.00a.m. - 5.00p.m.)
No service on Public Holiday & Sunday.

All Cheque should be crossed and make payable to "T5 AUTO PTE LTD".

For payment made via electronic transfer

Bank: United Overseas Bank Limited

Account No.: 357-305-306-9

Bank Code:7375

Branch Code: 018

Signed for and behalf

T5 Auto Pte Ltd

Authorised Signature

T5 AUTO PTE LTD

T5 AUTO PTE LTD

Sin Ming Autocity #07-18
160 Sin Ming Drive Singapore 575722
Tel / Fax : +65 6852 1588

SJT9576Y

RENTAL AGREEMENT

BLK 13 SIN MING INDUSTRIAL ESTATE SECTOR B #01-37 SINGAPORE 575057

TEL / FAX : +65 6852 1588 EMAIL : t5auto@singnet.com.sg

Co. Regn. No.: 201326853C

NO. 15374

HIRER PARTICULAR			
NAME Lim Kim Hun		NRIC/ROC S7836609E	
ADDRESS 62 Tanah Merah Kechil Avenue #01-22 Singapore 465530			
CONTACT (HP) 96693549	(OFFICE) -	FAX -	

DRIVER'S PARTICULAR			
NAME Lim Kim Hun		NRIC/PERMIT S7836609E	
ADDRESS 62 Tanah Merah Kechil Avenue #01-22 Singapore 465530			
DRIVING EXPERIENCE 16 Yrs 21 Jun 2002	LICENSE NO. S7836609E	DOB 04-12-1978	

VEHICLE & CHARGES			
VEHICLE NO SGR4060 Y	MAKE & MODEL		Toyota Wish
RENTAL PERIOD 08 days	CHARGES \$150 Per day		DEPOSIT -
DATE OUT 02 Jan 2018	TIME 1340HRS	MILAGE 326310	FUEL LEVEL 1/4

* INTEREST OF LATE PAYMENT 1.5% PER MONTH

IMPORTANT NOTES: Restricted to Singapore use only.

No refund will be given for fuel left in vehicle.

Hirer is liable to pay first insurance Excess S\$ 3,500/- Section 1 in any accident plus lost of earnings while damaged vehicle is under repair. Hirer is liable for all Parking Fines and Traffic Violations.

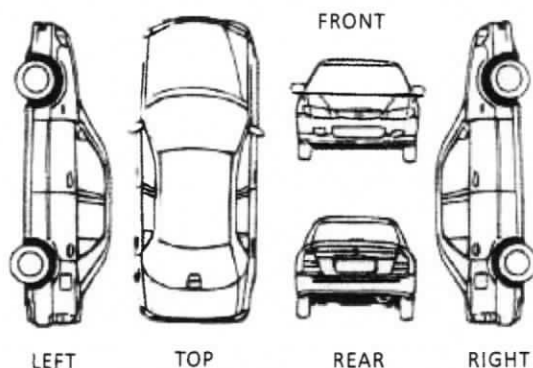
Driver must be above 23 years with minimum 2 years driving experience.

Vehicle return during office hour only. No services on Public Holiday and Sunday.

- ☐ I/WE DECLARE THAT THE ABOVE PARTICULARS ARE TRUE AND CORRECT IN EVERY RESPECT AND
- ☐ I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT AND AGREE TO

COMPANY'S STAMP / HIRER'S SIGNATURE & DATE

INDICATE :
D-DENTS
S-SCRATCHES
A-ACCIDENT



DATE IN 09 Jan 2018	TIME 1830 HRS	MILAGE 326585	FUEL LEVEL E
CHECKED BY Alvin		DEPOSIT REFUND -	
REMARKS			

SIGNATURE OF HIRER / DRIVER



KM AUTO ASSESSORS PTE. LTD.

Insurance Loss Assessors / Adjusters

47 Jalan Pemimpin

#02-07 Halcyon 2

Singapore 577200

T 6448 8208

F 6442 9690

E kmautoassessors@gmail.com

Regn. No. 200907340Z

INVOICE

NO.

8/TP1003/P

Messrs.

LIM KIM HUN

62 TANAH MERAH KECHIL AVE #01-22 S'PORE 465530

Date 9-Jan-18

8/1/TP003/I	Particulars	Amount
	<u>RE: SJT 9576 Y - TOYOTA WISH 2.0 AUTO</u>	
	SURVEY FEE (INCL. PHOTOS & TRANSPORT CHARGES)	\$726.00
SGD: (SEVEN HUNDRED AND TWENTY-SIX ONLY)	TOTAL:	\$726.00

E. & O. E.

for KM AUTO ASSESSORS PTE. LTD.

**KM AUTO ASSESSORS PTE. LTD.**

Insurance Loss Assessors / Adjusters

47 Jalan Pemimpin

#02-07 Halcyon 2

Singapore 577200

T 6448 8208

F 6442 9690

E kmautoassessors@gmail.com

Regn.No. 200907340Z

**AUTOMOBILE
INSPECTION REPORT**

NO. 8/1/TP003/I

To: LIM KIM HUN
62 TANAH MERAH KECHIL AVE #01-22 S'PORE 465530

General Condition: ~~Poor~~/Fair/Good/Excellent

Reg. No.	SJT 9576 Y	Make/Model	TOYOTA WISH 2.0 AUTO	Year	2009
Engine No.	3ZRA397441	Chassis No.	JTDGJ20W905001193	Colour	Pearl White
Condition of Tyres			Speedometer Reading - Km		
			178958		
Front N/S	CONTINENTAL 195/65R15 worn	20 %	Front O/S	CONTINENTAL 195/65R15 worn	20 %
Rear N/S	CONTINENTAL 195/65R15 worn	10 %	Rear O/S	CONTINENTAL 195/65R15 worn	10 %

Requested By YOURSELF On 3-Jan-18 The Above Vehicle

Was Inspected At (3-Jan-18) A T PERFORMANCE 160 SIN MING DR #07-18-19 SIN MING AUTOCITY S'PORE 575722

And The Undermentioned Damage Was Noted:-

Rear bumper o/s portion grazed, sliced, torn, bent and deformed, o/s rear body 1/4 panel grazed, buckled, torn and folded, wheel housing buckled, o/s rear wheel assy. grazed, sliced, bent and out of alignment, o/s rear door grazed, bent and flattened, outer handle grazed, sliced and bent.

Photographs:- 131 Copies were taken at time of inspection and are attached

The Repairers estimate was for a total amount of \$ 12,930.95

After adjustment the estimate was revised and agreed at \$ 9,164.96

SPECIAL REMARKS

The Repairers were **NOT AUTHORISED** to proceed with the repairs.

Survey was carried out without prejudice.

The above were due to impact to the o/s rear portion of the vehicle.

Alternatively, we recommend that repairs be carried out on a Lump Sum basis instead, @\$7,300/- Nett.

Date 9-Jan-18


MICHAEL EE Dip.A.Eng., AMIRTE, AMSAE, AMSOE, AMIMI, MSAAA

**KM AUTO ASSESSORS PTE. LTD.**

Insurance Loss Assessors / Adjusters

47 Jalan Pemimpin

#02-07 Halcyon 2

Singapore 577200

T 6448 8208

F 6442 9690

E kmautoassessors@gmail.com

Regn. No. 200907340Z

APPENDIX 'A'**TO REPORT NO: 8/1/TP003/I****REGN. NO: SJT 9576 Y**

Nature of Work and Materials	Repairers Estimate \$	Remarks	Amount Revised \$
1 pce o/s rear body 1/4 panel	752.21	grazed, buckled, torn, folded	752.21 Buc ✓
1 pce o/s rear body 1/4 glass moulding	73.25	necessary	73.25 nec ✓
1 pce rear bumper fascia	1,038.57	grazed, sliced, torn, bent	1,038.57 Dn ✓
1 pce rear bumper o/s side retainer	36.00	snapped	36.00 Br ✓
1 pce o/s rear door	1,009.43	grazed, bent, flattened	1,009.43 Buc ✓
1 pce o/s rear door outer handle	63.70	grazed, sliced, bent	63.70 BT ✓
1 pce o/s rear door rubber	143.00	twisted, kinked, deformed	143.00 Dm ✓
1 pce o/s rear door inner lock assy.	415.30	bent & jammed	415.30 Dm ✓
1 pce o/s rear door inner lock catch	52.50	bent	52.50 BT ✓
1 pce o/s rear door glass regulator	201.95	bent & stiffened	201.95 R SIC
1 pce o/s rear door inner trimboard	845.00	fasteners snapped	845.00 X kn
1 set o/s rear door window frame black stickers	158.00	necessary	158.00 nec ✓
1 pce o/s rear wheel hub	275.81	warped	275.81 WP ✓
1 pce o/s rear shock absorber	267.65	bent & stiffened	267.65 BT ✓
1 pce rear axle beam assy.	1,755.58	bent	1,755.58 R NN
		less 25%	7,087.95 4285.4
	7,087.95		1,771.99 1071.35
			5,315.96 3214.06
S.NETT			
1 set o/s rear body 1/4 panel inner trimcover clips	54.00	necessary	42.00 nec ✓
1 pce o/s rear body 1/4 glass sealant	80.00	necessary	50.00 nec ✓
1 set rear bumper clips	45.00	necessary	35.00 nec ✓
1 pce body panel joint sealant	90.00	necessary	60.00 40/-
1 set o/s rear door inner trimboard clips	54.00	necessary	42.00 nec ✓
1 pce o/s rear alloy wheel rim	600.00	grazed, sliced, bent	450.00 DD 300/-
1 pce o/s rear tyre	350.00	not necessary	-
Remove o/s rear body 1/4 glass assy. to enable necessary repairs, check and refit same.	120.00		60.00 ✓
Remove interior roof lining assy., necessary upholsterys and fittings to enable necessary repairs, check and refit.	400.00		250.00 100/-
Remove o/s rear door's complete fittings and glass assy., check, replace damaged parts, transfer all fittings to new door and refit.	120.00		60.00 ✓
Remove lamps, necessary wirings and electrical fittings to enable necessary repairs, check, refit same, test electrical-circuit.	60.00		30.00 ✓
c/f	9,060.95		3973.06
Total Amount Revised	\$		6,394.96
Lump Sum Repairs Amount	\$		
It is estimated that the repairs will take		days to complete.	

**KM AUTO ASSESSORS PTE. LTD.**

Insurance Loss Assessors / Adjusters

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Regn. No. 200907340Z

APPENDIX 'A'**TO REPORT NO:****8/1/TP003/I****REGN. NO:****SJT 9576 Y**

Nature of Work and Materials	Repairers Estimate \$	Remarks	Amount Revised \$
b/f	9,060.95		6,394.96 3973.06
Disconnect rear suspensions assy. and rear axle beam assy. to enable necessary repairs, check, replace damaged parts and refit same.	500.00		360.00 200/-
Check and realign wheels (computerised).	120.00		60.00 ✓
Remove damaged parts, jack and cut out damaged body panels, jack out, straighten up damaged body panels and repair body parts and fittings, whichever possible and necessary, replace and weld necessary damaged parts, refit and align whichever parts necessary (incl. alignment of body structure).	1,400.00		1,000.00 500 1/2 Δ + 200
Paint replacement parts and repaint damaged sections with welded portions in and outside (Chemical Pearl Paint).	1,600.00		1,200.00 600 1/2 + 200 Δ
Rustproof replacement parts and touch-up damaged sections.	250.00		150.00 40/- + 30 Δ
			5373.06
TOTAL	12,930.95		9,164.96
<div style="text-align: left; padding-left: 50px;"> 4/5 4200/- Labour 6 days 10/5/18 </div>			
Total Amount Revised		\$	9,164.96
Lump Sum Repairs Amount		\$	7,300.00
It is estimated that the repairs will take		EIGHT	days to complete.