

22/03/2002

AGS. REC. BY:

REF: CS/CT118007237 / Kvbz Special Instruction:

Surveyor

Kamukh

ASSIGNMENT (Office)

From (Person):

Jowyn Tay

of

CT1

Date/Time:

18042018 312pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLS 9729E

Insured:

SJJ 8383X

at Workshop m/s

City Auto

Tel:

of

160 Sin Ming Drne #05-01

Policy No:

DMP/CSN306829T700

Claim No:

SNM18D01981C02

Sum Insured:

Excess:

Make of Veh:

D.O.A.

16042018

(Client's Record)

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

24-04-2018

H.O.D. Endorsement:

Date/Time:

18042018 5:58pm

Person Contacted:

Vronica

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SLS 9729E - X

SJJ 8383X - X

13/7/18

@515pm Repairer waiting for surveyor reply

16/1/19

Final fig \$ 6132.24 confirmed by email (Ref 3138-11, 341)

REF: C72

ASSIGNMENT

From: _____ Date: 24/04/2018

Estimated Cost: _____

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

To Inspect Vehicle No: SLS 9729E

at Workshop m/s City Auto

of 160 Sin Ming Drive #05-01

Insured: _____

Policy No. _____

Claims No. _____

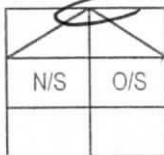
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1-131 % 3 Val.: Yes or No

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

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

Veh No: SLS 9729E Yr Regn: 09 / 17

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

Truck / Trailer or

Make: Toy CHR C.C. 1797

Colour: M. P. White A/C: Insured / Std / NI / NA

Sp. Reading: 9676 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 24X10 2074078

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: F: 215/60R17 R: _____

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

TOYO / YOKO or

Front Rear

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 16/4/18 D.O.I. 24/4/18

Survey held at _____

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

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

Date / Time Action / Instruction

23/4 File pass to Carman

RECEIVED 16 JAN 2019

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1)

Date/Time, File Return to?

2) 16/1 - typist

Report Format: merimen

Lump Sum / I.B.I. (\$) 6132.24

Days Of Repair: 4

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

220

220

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	18 Apr 2018		18 Apr 2018 15:12 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS		[Created by insurer]
Insured:	LOH MENG TUCK, ID: S7936299I	
Main Claimant:	TOH LENG LENG (ZHUO LINGLING), ID: S7240357F	
Vehicle Reg. No.:	SLS9729E	Date of Loss: 16/04/2018 13:00 - :59
Claim Type:	TP / SNM18D01981C02	Policy/Cover Note No.: DMPCSN3068291700
Vehicle Reg. No. (Insured):	SJJ8383X	Policy No. (Claimant):
		Excess: S\$0.00
Repairer:	City Auto Pte Ltd (HQ) 160 Sin Ming Drive #05-01,, Sin Ming AutoCity,, 575722 Sin Ming - Tel: 6453 1235	
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]	
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 27/04/2018]	
Adj Asg. Remarks:	DEAR MARCUS/KALVIN, PLEASE CONDUCT THIRD PARTY SURVEY, CHECK CONSISTENCY OF THE DAMAGES AND DO A DIRECT SETTLEMENT.	

ASSOCIATED MAIL RECEIVED	View All	Compose Case Mail
There are no mail for this case.		

ALL ASSOCIATED TASKS							View All	Search Tasks	Create New Task	Complete
Due Date	Priority	Type	Task Group	Subject	Handler		Assigned By	Completed On	Created On	Done?
No results.										

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	17/04/2018 14:45
Date Of Accident	16/04/2018 12:50
Exact Location Of Accident	JOHOR CIQ CUSTOM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9729E
Insured/Policyholder	
Name Of Registered Owner	TOH LENG LENG (ZHUO LINGLING)
NRIC No	S7240357F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81801228
Alternative Phone No	OFFICE-81801228

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S CVT (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094680640
Cover Note Number	

Driver

Name of Driver	CLIFFORD YAP BENG HOCK
NRIC No	S7618610C
Date Of Birth	20/06/1976
Occupation	INDOOR
Date Of Driving Pass	18/12/2007
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82993888
Fax Number	
Contact Number	
Email Address	CLIFFORDYAP@GMAIL.COM

Address -
 Postcode -
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured FRIEND
 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 ON COLLISION
 Weather Conditions INDOOR
 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: : PASSENGER 1
 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

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ8383X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LOH MENG TUCK
 NRIC/Passport Number S7936299I
 Contact Number 83330800
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

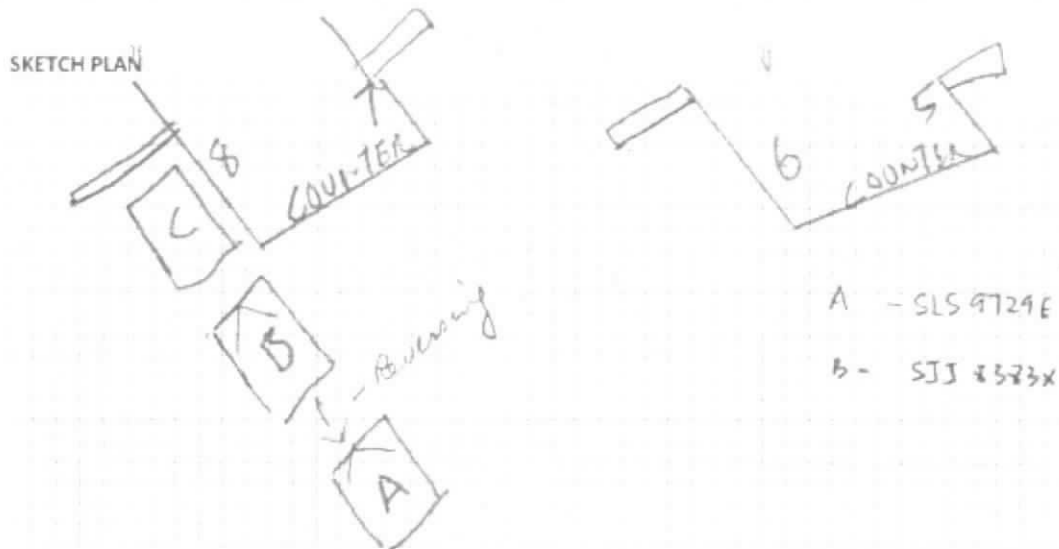
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature
Date & Time: 17/4/18
12:00

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/4/18
1300

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Reporting Centre Personnel's Signature
Name
NRIC/ID No.

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 1249HR 16/4/18, WHILE QUEUING AT JOMON CUSTOM
VEHICLE "B", LAST PATIENT WAITING FOR "C"
TO CLEAR IMMIGRATION COUNTER 8, HE REVERSED AT
SPEED INTO OUR CAR VEHICLE "A". WE WERE ALL
STATIONARY WHEN ACCIDENT HAPPENED. DRIVER "B"
APOLOGISED AND CONFESSED HE DID NOT CHECK REAR MIRROR
AND ONLY CHECKED HIS ^{IN} SIDE MIRROR AND DID NOT SEE
US. ENTIRE ACCIDENT HAPPEN WITHOUT HIM BRAKING DESPITE
US HONKING AT HIM

DECLARATION

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

Policyholder's Signature
Date & Time: 17/4/18
1315pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/4/18
1315pm

CITY AUTO PTE LTD

81A 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 (Fax: 6453 7944
(Claims Section))

Reporting Centre Personnel's Signature
Name:
NRIC/IN No:



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel: 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Tuesday

24/04

BLK 160

Estimate : QUOT201804-000434(00)

Date : 18/04/2018

Vehicle No. : SLS9729E

Make/Model : TOYOTA C-HR HYBRID 1.8S CVT

CHINA TAIPING INSURANCE (S) PTE LTD

3

ANSON RD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Attention: Toh Leng Leng (Zhuo LingLing)

Contact : 81801228

Fax No. : 62247175

Mileage (km) : 0

Chassis No. : ZYX102074078

Accident Date : 16/04/2018 00:00:00

Claim No. : SJJ8383X

Reference : SLS9729E

Policy No. : 5094680640

*Not Authorized
1.B.1
Resurvey B4paim
8.6132.24 4 days*

S/No	Particular	Quantity	Unit Price	Amount S\$
------	------------	----------	------------	------------

LIST ITEMS :

1	Front grille	1.0	434.00	434.00
2	Front grille emblem	1.0	1,654.00	1,654.00
3	Front bonnet	1.0	1,213.00	1,213.00
4	Front bumper (got sensor hole)	1.0	1,198.00	1,198.00
5	Front bumper upper grille	1.0	234.00	234.00
6	Front bumper lower grille	1.0	362.00	362.00
7	Front bumper reinforcement	1.0	628.00	628.00
List Total :				5,723.00
25% Discount S\$				1,430.75
				4,292.25

SPECIAL NET :

1	Number plate	1.0	25.00	25.00
2	Number plate garnish	1.0	79.00	79.00
SPECIAL NET Total S\$:				104.00

LABOUR :

- To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts	1.0	450.00	450.00
- Spray painting on affected & replace parts	1.0	600.00	600.00
LABOUR Total S\$:			<u>1,050.00</u>

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:

9270.35

Total S\$:	5,446.25
GST 7% S\$:	381.24
Amount Due S\$:	5,827.49

for CITY AUTO PTE LTD



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643

TEL: 6453 1235, 6452 0850 FAX: 6453 7944

24hrs Towing Services Tel: 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Supplementary Estimate : QUOT201804-000434(00)

CHINA TAIPING INSURANCE (S) PTE LTD

3

ANSON RD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Attention: Toh Leng Leng (Zhuo LingLing)

Contact : 81801228

Fax No. : 62247175

Date : 18/04/2018

Vehicle No. : SLS9729E

Make/Model : TOYOTA C-HR HYBRID 1.8S CVT

Mileage (km) : 0

Chassis No. : ZYX102074078

Accident Date : 16/04/2018 00:00:00

Claim No. : SJJ8383X

Reference : SLS9729E

Policy No. : 5094680640

S/No	Particular	Quantity	Unit Price	Amount S\$
LIST ITEMS :				
1	Bumper top beam bracket	1.0	283.90	283.90 ✓
2	Brace panel	1.0	145.20	145.20 X
3	Bumper sponge	1.0	188.50	188.50 X
4	Bumper air guide	1.0	85.20	85.20 ✓
5	LH headlamp	1.0	4,396.00	4,396.00 ✓
List Total :				5,098.80
30% Discount S\$				1,529.64
25				3,569.16

3804.10

E & O E

Total S\$: 3,569.16

GST 7% S\$: 249.84

Amount Due S\$: 3,819.00

144

for CITY AUTO PTE LTD

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Wednesday, 16 January 2019 1:36 PM
To: 'City Auto'; SUR
Subject: RE: SLS 9729E-DOA:16/4/2018

Dear Vronica,

Noted with thanks.

Kindly send Final invoice and all supporting documents to CHINA TAIPING

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: City Auto <cityauto@singnet.com.sg>
Sent: Wednesday, 16 January 2019 10:30 AM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: RE: SLS 9729E-DOA:16/4/2018

Dear Veron,

Confirmed COR at \$ 6,132.24 with 4 days of repair.

Thank you.

Best Regards,

Veronica Law

City Auto Pte Ltd

Blk 8 Sin Ming Industrial Estate,

#01-60/62 Sin Ming Road,

Singapore 575643

Tel : 6453 1235

Fax : 6453 7944

From: Veron Chen (LKKAuto) [<mailto:veronchen@lkkauto.com>]
Sent: Monday, 14 January, 2019 1:38 PM
To: cityauto@singnet.com.sg
Subject: SLS 9729E-DOA:16/4/2018

Dear Vronica,

WITHOUT PREJUDICE

Finalize amount \$6132.24 @ 4 working days.

Please check and confirm

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)

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	18 Apr 2018		18 Apr 2018 15:12 Edit Adj Rpt	S\$6,132.24 Edit Estimates	S\$6,132.24 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS		[Created by insurer]							
Insured:	LOH MENG TUCK , ID: S7936299I								
Main Claimant:	TOH LENG LENG (ZHUO LINGLING) , ID: S7240357F								
Vehicle Reg. No.:	SLS9729E	Date of Loss:	16/04/2018 13:00 - :59 [6 Months and 18 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM18D01981C02	Policy/Cover Note No.:	DMPCSN3068291700						
Vehicle Reg. No. (Insured):	SJJ8383X	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	City Auto Pte Ltd (HQ) 160 Sin Ming Drive #05-01,, Sin Ming AutoCity,, 575722 Sin Ming - Tel: 6453 1235								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 27/04/2018]								
Adj Asg. Remarks:	DEAR MARCUS/KALVIN, PLEASE CONDUCT THIRD PARTY SURVEY, CHECK CONSISTENCY OF THE DAMAGES AND DO A DIRECT SETTLEMENT.								
ASSOCIATED MAIL RECEIVED		View All Compose Case Mail							
There are no mail for this case.									
ALL ASSOCIATED TASKS 		View All	Search Tasks	Create New Task Complete					
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SLS9729E (SNM18D01981C02)**
[SJJ8383X]
TP
TOH LENG LENG (ZHUO LINGLING)
Apr 16 2018 1:00PM
[LOH MENG TUCK]
City Auto Pte Ltd

Upload Documents	Upload Photos	Compose New Letter	View	View in Browser
------------------	---------------	--------------------	-------------	-----------------

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	16/01/19 13:32	General View	Load PDF	
2	16/01/19 13:32	Reinspection Photo (1)	Load PDF	
3	16/01/19 13:32	Reinspection Photo (2)	Load PDF	

Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	18/04/18 15:16	INSURED SAS REPORT SJJ8383X	Load PDF	
2	18/04/18 15:16	THIRD PARTY SLS9729E -FROM CITY AUTO PTE LTD -TP ESTIMATE	Load PDF	
3	18/04/18 15:16	THIRD PARTY SAS REPORT SLS9729E	Load PDF	

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	18/01/19 11:42	Supplementary	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Show Remarks To: ☐ Handling Insurer
 Note: Remarks are private unless you show it to other parties.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CTI18007237/KVBE2

Date: 18/01/2019

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMPCSN3068291700

Claimant Vehicle No: SLS9729E Insured Vehicle No: SJJ8383X

Date of Loss: 16/04/2018 Nature of Claim: TP Claim No: SNM18D01981C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SLS9729E**

Make & Model: TOYOTA C-HR HYBRID, 1.8 S CVT (A) Engine No: 2ZR8191636

Reg. Date: 29/09/2017 (Man. Year: 2017) Chassis No: ZYX102074078

Colour: Metallic Pearl White Odometer: 9676 km

Engine Capacity: 1797 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): **Market Value/New Car Price**

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition: Yes

CONDITION OF TYRES

Front Tyre Size: 215/60 R17 Rear Tyre Size: 215/60 R17

Front Left Side: Dunlop 9 mm Rear Left Side: Dunlop 9 mm

Front Right Side: Dunlop 9 mm Rear Right Side: Dunlop 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	8,220.35	5,332.24	2,888.11	35.13
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,050.00	800.00	250.00	23.81
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	9,270.35	6,132.24	3,138.11	33.85
+ GST 7.00/7.00% (S\$)	648.92	429.26	219.66	33.85
Nett Amount (S\$)	9,919.27	6,561.50	3,357.77	33.85

INSPECTION

Date of Assignment: 18/04/2018

Date Inspected: 24/04/2018 Inspected At: City Auto Pte Ltd (HQ)
160 Sin Ming Drive #05-01,, Sin Ming
AutoCity,
Singapore 575722

Estimated Period of Repair: 4.0 days

Adjuster: KENNETH KONG

Manager: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 18 Jan 2019)
Parts:	M1-SUV	TOYOTA C-HR HYBRID 1.8 S CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLS9729E)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT GRILLE	Serviceable	434.00 FL	*- FL
2	1		*FRONT GRILLE EMBLEM	Cracked	1,654.00 FL	*1,654.00 FL
3	1		*FRONT BONNET	Bent	1,213.00 FL	*972.55 FL
4	1		*FRONT BUMPER (GOT SENSOR HOLE)	Serviceable	1,198.00 FL	*- FL
5	1		*FRONT BUMPER UPPER GRILLE	Cracked	234.00 FL	*234.00 FL
6	1		*FRONT BUMPER LOWER GRILLE	Serviceable	362.00 FL	*- FL
7	1		*FRONT BUMPER REINFORCEMENT	Repair	628.00 FL	*- FL
8	1		*NUMBER PLATE	Serviceable	25.00 FS	*- FS
9	1		*NUMBER PLATE GARNISH	Serviceable	79.00 FS	*- FS
10	1		*BUMPER TOP BEAM BRACKET	Buckled	283.90 FL	*283.90 FL
11	1		*BRACE PANEL	Repair	145.20 FL	*- FL
12	1		*BUMPER SPONGE	Serviceable	188.50 FL	*- FL
13	1		*BUMPER AIR GUIDE	Distorted	85.20 FL	*85.20 FL
14	1		*LH HEADLAMP	MTG Cracked	4,396.00 FL	*3,880.00 FL

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	10,925.80	7,109.65
- List Item Discount on L Items 25.00/25.00% (\$\$)	2,705.45	1,777.41
Total Parts (\$\$)	8,220.35	5,332.24

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO KNOCK JACKOUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, REFIX AND TO RENEW ACCIDENT PARTS	New	450.00	360.00
2	SPRAY PAINTING ON AFFECTED & REPLACE PARTS	New	600.00	440.00
Gross Labour Cost (S\$)			1,050.00	800.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >