

2/05/2001

ASS REC BY:

REF: CS3 / ASM18008279 / G24b57

Special Instruction:

Surveyor

GD

ASSIGNMENT (Office)

Submit claim

From (Person):

Jas Tan

of

ASM

Date/Time:

04052018 433pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLA 9481M

Insured:

YP 3970A

at Workshop m/s

Vix Auto

Tel:

6448 9268

of

60 Kaki Bukit Ave 6

Policy No:

Claim No:

SS M0061Y

Sum Insured:

Excess:

Make of Veh:

D.O.A.

03052018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

07052018 1057am

Person Contacted:

Irene

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate 'Virtual'

SLA 9481M - X

YP 3970A - X

20/A

Mei Koon said submit PRE report first.

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

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: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLA 9431M Yr Regn: 2016 Mar 22.

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

Truck / Trailer or _____

Make: Toyota Yellfire 252 cc 2493

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

Sp Reading: 94504 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AFH300030484

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ STD A/Rim or

Tyre Size: F: 235/50 ZR18

R: _____

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

TOYO / YOKO or

ABILEAD

Front

Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A: 03062018 D.O.I: 071152018 @ 1:59pm

Survey held at Vix

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

) \$ - RE - SI

1) Photos

1) Others

Report Format: PR2 -

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

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


TOTAL

Service Request Details

Claim

S8M00G1Y

Reference

None 

Loss Date

May 3, 2018

Request Date

May 4, 2018

Due Date

May 11, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP) ▾

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Agree to perform service

[Decline Work](#)[Accept Work](#)

Vehicle Information

Incident Vehicle Registration #

SLA9481M

Make

TPVD

Service Address

...

Primary Contact/Insured

RAJENDRAN VIJAYA KUMAR S/O
JOO SENG ROAD, #08-105, 360014, Singapore
98000911
SRM_SERVICES@HOTMAIL.COM

Claim Handler

TAN Jas
6568804844
jas.tan@axa.com.sg

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

TYPE



SENT

5/4/18 4:43 PM

FROM

TAN Jas

SUBJECT

VIRTUAL ACC

BODY

hi, please conduct PRI only. do not finalise repai...



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 | 04/05/2018 16:50 |
| Date Of Accident | 03/05/2018 19:00 |
| Exact Location Of Accident | SELETAR WEST LINK TOWARDS YISHUN |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SLA9481M |
| Insured/Policyholder | |
| Name Of Registered Owner | BENJAMIN TRANSPORT SERVICES |
| Co Reg No | 53123341C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-96349189 |

Vehicle Particulars

| | |
|--------------|-----------------------|
| Manufacturer | TOYOTA |
| Model | VELLFIRE 2.5Z CVT 2WD |

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 HIRE

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5078178449-02 CLASSIC |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | NG SI HIONG |
| NRIC No | S6910491F |
| Date Of Birth | 02/04/1969 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/12/1987 |
| Driving Experience | 30 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96349189 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 895C WOODLANDS DRIVE 50 #09-38 |
| Postcode | 732895 |
| 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 | CHAIN COLLISION |
| 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? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-6659999 - FAX NO: 66655793 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | YP3970A |
| Vehicle Make/Model/Colour | ISUZU NMR85UH5A |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | SYAFIQ BIN AZAHAR |
| NRIC/Passport Number | S8838693J |
| Contact Number | 85691206 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | SGU7805E |
| Vehicle Make/Model/Colour | TOYOTA WISH 1.8X A |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | NELSON JOSEPH |
| NRIC/Passport Number | S7781269E |
| Contact Number | 82583147 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|---|
| Name | NG SI HIONG |
| Approximate Age | 49 |
| Injuries Sustain | PAIN ON BACK NECK, SPINAL CODE AND BACK |
| Injured person in which vehicle? | SLA9481M |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | BLK 895C WOODLANDS DRIVE 50 #09-38 |
| Postcode | 732895 |

Sketch Plan Pg. 1


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:



Driver's Signature
(If driver is not the policyholder)
Date & Time: **4 MAY 2018**

3DAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

SELETAR WEST LINK TOWARDS YISHUN

A) 81A 9481M

B) YP 3970A

C) SGU 7805E

Diagram showing vehicle positions A, B, and C on a road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No.: T/20180504/2031

[Large empty area for describing the accident circumstances]

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:

- 4 MAY 2018

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: yackb@singnet.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180504/2031

1 of 4

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180504/2031

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 04/05/2018 11:23 | Vide Report No.: | Station Diary No.: 48 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: NG SI HIONG | | | Address: APT BLK 695C WOODLANDS DRIVE 50 #09-38 SINGAPORE 732895 | | |
| ID Type / ID No.: NRIC NO / S6910491F | | | Contact No.: Home/Office: Mobile: 96349189 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 49 | Date of Birth: 02/04/1969 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: SELF-EMPLOYED | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 03/05/2018 19:00 | Type of Location: Straight Road |
| Location: Along Road 1 SELETAR WEST LINK | | | | |
| SELETAR WEST LINK TOWARDS YISHUN | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|--------|----------|-------|-------------------|-----------------|
| SGU7805E | Car | | | | Slightly Damaged | 0 |
| SLA9481M | Car | TOYOTA | VELLFIRE | Black | Seriously Damaged | 0 |
| YP3970A | Lorry | | | | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No | Insurance Company | Insurance No | Effective | Expiry Date |
|------------|-------------------|--------------|-----------|-------------|
|------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20180504/2031

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

2 of 4

Report No: T/20180504/2031

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLA9481M | NTUC Income Insurance Co-Operative Limited | 5078178449-02 | 22/03/2018 | 21/03/2019 |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | NELSON JOSEPH | ID No. | S7781269E |
| Related Vehicle | SGU7805E (Car) | Contact No. | 82583147 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | NG SI HIONG | ID No. | S6910491F |
| Related Vehicle | SLA9481M (Car) | Contact No. | 96349189 |
| Hospital/Clinic | KOO & CHOO MEDICAL CLINIC P.L | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 04/05/2018 | Date Discharge | 04/05/2018 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |
| Driver | | | |
| Name | SYAFIQ BIN AZAHAR | ID No. | S8838693J |
| Related Vehicle | YP3970A (Lorry) | Contact No. | 85691206 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |



SINGAPORE
POLICE FORCE



T/20180504/2031

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 4

Report No. T/20180504/2031

CONTINUATION OF REPORT

Brief Details:

On 03.05.2018 at about 1900hrs, I was travelling in my vehicle of reg: SLA9481M, Toyota in Black along Seletar West Link towards Yishun in lane 3 in the queue to enter the slip road. I came to a stop after the vehicle of reg: SGU7805E in front of mine came to a stop. Suddenly, I heard a loud bang and the impact caused my vehicle to surge forward and hit onto the rear of the vehicle of reg: SGU7805E which was in front of my vehicle. After which, together with the other two drivers, we alighted from our vehicles and we exchanged our particulars. The vehicle which hit onto the rear of my vehicle is reg: YP3970A. Both rear signal lights, back door, the front and back bumpers and both front headlights of my vehicle were damaged. The rear of the vehicle of reg: SGU7805E which was in front of my vehicle, has some dents. I am not sure of the damage to the rear vehicle of reg: YP3970A. At that moment, no one was injured. There no government property damaged. There was no traffic police or ambulance came to the scene. When I reached home, I felt pain on the back of my neck, spinal code and back. On 04.05.2018, I went to see a doctor. I would like to inform that I have front and rear CCTVs installed in my vehicle.



SINGAPORE
POLICE FORCE



T/20180504/2031

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

4 of 4

Report No. T/20180504/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sr Staff Sgt MARY CHYE SIEW PING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

SN 114

Authentication Stamp

NP186

Singapore Police Force

Signature Of Informant:

Date/Time:

04/05/2018 11:23

Classification Of Case:

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|---------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Business |
| Owner ID: | 3341C |
| Vehicle Details | |
| Vehicle No.: | SLA9481M |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 20 Jul 2018 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | VELLFIRE 2.5Z CVT 2WD |
| Primary Colour: | Black |
| Manufacturing Year: | 2015 |
| Engine No.: | 2ARH593820 |
| Chassis No.: | AGH300030484 |
| Maximum Power Output: | 134.0 kW (179 bhp) |
| Open Market Value: | \$33,996.00 |
| Original Registration Date: | 22 Mar 2016 |
| First Registration Date: | 22 Mar 2016 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$39,595.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 21 Mar 2026 |
| PARF Rebate Amount: | \$29,696.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 21 Mar 2026 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$50,089.00 |
| COE Rebate Amount: | \$38,415.00 |
| Total Rebate Amount: | \$68,111.00 |

The information contained herein is correct as at 20 Jul 2018

OK

M/S AXA INS (S'PORE) PTE LTD
8 SHENTON WAY
#27-01 AXA TOWER
SINGAPORE 068811

ESTIMATE

DATE : 07/05/2018
ACC DATE : 03/05/2018
REF NO. : VFIX-TP20180465
POLICY NO :

Attention: Motor Claim Department

RE : VEHICLE NO.SLA9481M TOYOTA VELLFIRE

| DESCRIPTION | AMOUNT S\$ |
|--|-----------------|
| 1 1 TAIL GATE / <i>buc</i> | 1,988.60 |
| 2 1 TAIL GATE LOCK ? | 526.30 |
| 3 1 TAIL GATE LOCK CATCH ? | 58.00 |
| 4 1 TAIL GATE INNER TRIM ? | 658.30 |
| 5 2 TAIL GATE REFLECTOR R+L / <i>CRA</i> | 578.50 1,157.00 |
| 6 1 TAIL GATE LOGO / <i>MC</i> | 105.00 |
| 7 1 TAIL GATE (VELLFIRE) EMBLEM / <i>MC</i> | 102.00 |
| 8 1 TAIL GATE CHROME / <i>Cut</i> | 452.30 |
| 9 2 TAIL GATE DAMPER R+L X | 325.30 650.60 |
| 10 1 TAIL GATE WEATHERSTRIP ? | 385.20 |
| 11 1 REAR NUMBER PLATE GARNISH X | 258.50 |
| 12 1 REAR CORNER PANEL RETAINER LH / <i>MC</i> | 125.00 |
| 13 1 REAR CORNER PANEL LH / <i>ee</i> | 356.50 |
| 14 1 REAR BUMPER / <i>ee</i> | 1,825.10 |
| 15 1 REAR BUMPER SIDE RETAINER (LONG) / <i>MC</i> | 98.00 |
| 16 1 REAR BUMPER SIDE RETAINER (SHORT) / <i>MC</i> | 85.00 |
| 17 1 REAR BUMPER TOW COVER / <i>Mrs</i> | 95.00 |
| 18 1 REAR BUMPER REFLECTOR X | 115.60 |
| 19 1 FRONT BUMPER / <i>ee</i> | 1,875.10 |
| 20 2 FRONT BUMPER CHROME R+L / <i>CRA</i> | 298.60 597.20 |
| | \$ 11,514.30 |
| LESS 25% | \$ 2,878.58 |
| | \$ 8,635.73 |

| DESCRIPTION | SPECAIL NETT | AMOUNT S\$ |
|--|--------------|---------------|
| 1 1 REVERSE SENSOR / <i>DM</i> | | 200 450.00 SN |
| 2 8 REAR BUMPER CLIP / <i>MC</i> | | 6.00 48.00 SN |
| 3 1 REAR WINDSCREEN GLASS MOULDING / <i>MC</i> | | 115.90 SN |
| 4 1 REAR WINDSCREEN GLASS SEALANT / <i>MC</i> | | 90.00 SN |
| No. plate / <i>BT</i> | | \$ 703.90 |
| | | \$ 35. |

LABOUR & MISCELLANEOUS:

| | | | |
|---|---|-----|----------|
| 1 | To remove damaged body parts with all necessary components/ attachment apply hot-works where necessary repair/reshape dented panel in accordance to factory specifications, replace new parts align into position refit all necessary components/attachments | 500 | 1,200.00 |
| 2 | To spray paint replaced/repaired body panels inclusive of preparatory works and painting materials | 700 | 1,000.00 |
| 3 | To remove, refit rear windscreen glass and water test | 100 | 200.00 |
| 4 | To install reverse sensor and check function | 40 | 100.00 |
| | | \$ | 2,500.00 |

Transfer Tailgate components. \$100 - 60.

GRAND TOTAL : \$ 11,839.63

SINGAPORE DOLLARS : ELEVEN THOUSAND EIGHT HUNDRED THIRTY NINE & CENTS
SIXTY THREE ONLY

Vfix Auto Service Pte Ltd



5 Days.
lumpsum Repair.

After repair photos.

Guo Qiang - 82880282

07/5/18.



| PRE-REPAIR INSPECTION REPORT | | | |
|--|---|---|-------------------------|
| AXA INSURANCE PTE LTD 8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN: JAS TAN | | Ref: CS3/ASM18008279/Gz4bs2 Date: 23-07-2018 Code: ASM | |
|  | | | |
| 1. Policy Particulars :- (THIRD PARTY CLAIM) | | | |
| Insured Veh. | YP 3970A | Veh. Inspected | SLA 9481M |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | S8M00G1Y | Excess (\$) | 0.00 |
| Assign From | SMART CLAIM (JAS TAN) | Assign Date | 04/05/2018 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | TOYOTA VELLFIRE 25Z | c.c | 2493 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | AGH300030484 | Colour | BLACK |
| Odometer | 94504 KM | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | GOOD | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 235/50ZR18 | ABILEAD | 6 mm |
| L/H Front Tyre | 235/50ZR18 | ABILEAD | 6 mm |
| R/H Rear Tyre | 235/50ZR18 | ABILEAD | 6 mm |
| L/H Rear Tyre | 235/50ZR18 | ABILEAD | 6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. | |  | |
| 5. General Information | | | |
| Accident Date | 03/05/2018 | Inspect Date / Time | 07/05/2018 (01:39 PM) |
| Survey held at | VFIX AUTO SERVICE PTE LTD 60 KAKI BUKIT AVE 6, ARK@KB, 417892 KAKI BUKIT SINGAPORE 417892 | | |
| 5a. Remarks | | | |
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. | | | |

Report Ref No. CS3/ASM18008279/Gz4bs2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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