

(10/2011)

INS. CASE OWNER:

Wpntuiz

CC 4 ASM
AXA1800

9403, Awb352

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

m/5/18

Date / Time:

m/5/18

Registered in Merimen:

Pre-assign / CCU / FTE

GT 1788J



Insured Vehicle No.:

Claim No.:

88mou156 / 47222

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

m/5/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SGT 6708K



INSRS:

WSP:

Tel:

Liability:

RMKS:

Dynamic



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

24/5/18

w/in

SGT 6708K

GT 1788J - K

5 months claim

no on line, sent out the letter.

4/6/18

confirm agent details, inform TP claim.
letter send out

24/9/18

seek mandate via SMART

RECEIVED 09 NOV 2018

STAGE:

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OE:

After call ltr to OE:

24/9/18
w/in

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OE:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

7/11/18

Confirm with Michelle

Email ☐ Call ☐

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

27.

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

6006.00

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

500

(\$ 50 x 10 days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

2.45

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost:

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

6713.45

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

6713.45

Name 1:

Dynamic Autowork Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

REF: AXA

ASSIGNMENT

From:

Date: 23/05/2018

Estimated Cost:

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

To inspect Vehicle No:

SGT 6308 K

at Workshop m/s

Dynamic Automobile

of

8 kaki Bukit Ave 4 # 08-09

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

8

days

Res.: Yes or No

Lump Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'wup)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SGT6308 K

Yr Regn:

2007 April

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

Truck / Trailer or

Make:

Honda Fit

c.c. 1339

Colour:

Red

A/C:

Insured / Std / NI / NA

Sp. Reading:

95980

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GD12390094

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:

185/55 R15

R:

185/55 R15

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

23/05/18

Survey held at

Dynamic

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

TP AXA

COE Expiry: 17/04/12

24/9/18

Confirm US \$5800.00 with 8 working days

MV: 261K

PV: 19.6K

Nett: 6.4K

(Red) = \$10183.52
68.1)

Date/Time. File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$ + RS.) \$

) Photos

) Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format :

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

Dynamic Autowork Pte.Ltd.

(ROC /GST Reg. No. 201436361C)

8 Kaki Bukit Ave 4, #08-09 Premier@Kaki Bukit

Singapore 415875

Tel : 6341 6789 Fax: 6341 6778

E-mail:dynamicautowork@gmail.com

DATE : 22.05.18

TO : AXA MOTOR CLAIMS DEPTS

VEHICLE NO : SGT6308K

MODEL : HONDA FIT

DATE OF ACCIDENT : 21.05.18

TIME OF ACCIDENT : 18:05HRS

GD12380094

Vivian.

WE APPEND HEREUNDER THE ESTIMATED COST OF REPAIRS TO BE CARRIED OUT TO THE ABOVE VEHICLE.

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	TAIL GATE <i>Dismantled</i>	1	\$ 849.90	\$ 849.90
2	TAIL GATE OUTER HANDLE <i>new</i>	1	\$ 164.90	\$ 164.90
3	TAIL GATE LOGO <i>new</i>	1	\$ 24.70	\$ 24.70
4	TAIL GATE EMBLEM " FIT" <i>new</i>	1	\$ 28.80	\$ 28.80
5	TAIL GATE OUTER GARNISH <i>new</i>	1	\$ 197.60	\$ 197.60
6	TAIL GATE WINDSCREEN MOULDING <i>new</i>	2	\$ 95.00	\$ 190.00
7	TAIL GATE WIPER ARM <i>new</i>	1	\$ 69.80	\$ 69.80
8	TAIL GATE WIPER ARM BOLT COVER <i>new</i>	1	\$ 42.10	\$ 42.10
9	TAIL GATE WIPER BLADE <i>3 years</i>	1	\$ 65.00	\$ 65.00
10	TAIL GATE WIPER MOTOR <i>new</i>	1	\$ 436.30	\$ 436.30
11	TAIL GATE NUMBER PLATE LAMP <i>new</i>	2	\$ 45.00	\$ 90.00
12	TAIL GATE DAMPER <i>2</i>	2	\$ 121.20	\$ 242.40
13	TAIL GATE INNER HOLDER <i>new</i>	1	\$ 47.10	\$ 47.10
14	TAIL GATE STOPPER <i>new</i>	2	\$ 12.00	\$ 24.00
15	TAIL GATE INNER LOCK <i>Damaged</i>	1	\$ 189.50	\$ 189.50
16	TAIL GATE LOCK CATCH <i>new</i>	1	\$ 25.00	\$ 25.00
17	TAIL GATE WEATHER STRIP <i>new</i>	1	\$ 134.50	\$ 134.50
18	TAIL GATE INNER TRIM <i>Replaced</i>	1	\$ 372.20	\$ 372.20
19	REAR BUMPER <i>Replaced</i>	1	\$ 490.00	\$ 490.00
20	REAR BUMPER SIDE RETAINER <i>new</i>	2	\$ 35.20	\$ 70.40
21	TAIL LAMP <i>Cracked</i>	2	\$ 296.10	\$ 592.20
22	TAIL LAMP LOWER BRACKET <i>Best</i>	2	\$ 17.20	\$ 34.40
23	TAIL LAMP PANEL (OUTER) <i>LH Dented</i>	2	\$ 168.30	\$ 336.60
24	TAIL LAMP INNER PANEL (UPPER) <i>2 pieces</i>	2	\$ 296.60	\$ 593.20
25	TAIL LAMP INNER PANEL (LOWER)	2	\$ 284.70	\$ 569.40
26	REAR FENDER LH <i>Repair</i>	1	\$ 677.80	\$ 677.80
27	REAR FENDER INNER TRIM <i>Deformed</i>	2	\$ 298.90	\$ 597.80
28	REAR FENDER AIR VENT <i>new</i>	2	\$ 72.30	\$ 144.60

222 60

168.30

29	REAR QUATER GLASS C/W MOULDING LH <i>new</i>	1	\$ 280.00	\$ 280.00	x
30	REAR DOOR INNER LOCK LH <i>new</i>	1	\$ 345.60	\$ 345.60	x
31	REAR DOOR WEATHERSTRIP LH <i>new</i>	1	\$ 154.60	\$ 154.60	x
32	REAR END PANEL <i>Distorted</i>	1	\$ 397.50	\$ 397.50	✓
33	REAR END PANEL TOP GARNISH <i>Rebond</i>	1	\$ 116.20	\$ 116.20	✓
34	REAR FLOOR PANEL <i>Buckled</i>	1	\$ 1,147.70	\$ 1,147.70	765.50
35	REAR FLOOR PANEL CROSSMEMBER <i>Rebond</i>	1	\$ 869.10	\$ 869.10	x
36	REAR FLOOR PANEL TOP BOARD <i>Rebond</i>	1	\$ 185.60	\$ 185.60	✓
37	REAR EXHAUST PIPE <i>new</i>	1	\$ 754.70	\$ 754.70	x
38	REAR EXHAUST INSULATOR <i>new</i>	1	\$ 58.40	\$ 58.40	x
39	REAR EXHAUST GASKET (SET) <i>new</i>	1	\$ 60.00	\$ 60.00	x
40	REAR EXHAUST MOUNTING <i>new</i>	4	\$ 21.20	\$ 84.80	x

5047.70
4037.76

TOTAL PRICE \$ 11,754.40
LESS 20% \$ 2,350.88
SUB TOTAL PRICE \$ 9,403.52

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT	
1	REAR NUMBER PLATE <i>new</i>	1	\$ 50.00	\$ 50.00	x
2	REAR BUMPER CLIP (SET) <i>new</i>	1	\$ 50.00	\$ 50.00	30
3	TAIL GATE PROTECTOR (SPECIAL TYPE) <i>new</i>	1	\$ 50.00	\$ 50.00	30
4	TAIL GATE OUTER GARNISH CLIP (SET) <i>new</i>	1	\$ 50.00	\$ 50.00	x
5	TAIL GATE INNER TRIM CLIP (SET) <i>new</i>	1	\$ 50.00	\$ 50.00	30
6	TAIL GATE WINDSCREEEN SEALANT <i>new</i>	1	\$ 80.00	\$ 80.00	60
7	TAIL GATE WINDSCREEEN INNER SEAL <i>new</i>	1	\$ 60.00	\$ 60.00	30
8	TAIL LAMP CLIP (SET) <i>new</i>	1	\$ 30.00	\$ 30.00	20
9	TAIL LAMP PANEL (OUTER) SEALANT <i>new</i>	1	\$ 80.00	\$ 80.00	x
10	REAR FENDER INNER TRIM CLIPS (SET) <i>new</i>	1	\$ 50.00	\$ 50.00	✓
11	REAR END PANEL INSULATION SEAL <i>new</i>	1	\$ 150.00	\$ 150.00	60
12	REAR END PANEL TOP GARNISH CLIPS (SET) <i>new</i>	1	\$ 30.00	\$ 30.00	10
13	REAR FLOOR PANEL INSULATION SEAL <i>new</i>	1	\$ 350.00	\$ 350.00	200
14	REAR JACK <i>new</i>	1	\$ 150.00	\$ 150.00	x
15	REVERSE SENSOR <i>Distorted</i>	1	\$ 220.00	\$ 220.00	200

TOTAL \$ 1,450.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	PANEL BEATING, REMOVAL AND REPLACING PARTS	\$ 1,800.00	1200
2	TO SPRAY PAINT AFFECTED AREA	\$ 1,600.00	900
3	TUFF COAT	\$ 250.00	60
4	WIRING CHECK	\$ 180.00	30

5	REMOVE AND REFIX CUSHION SEAT/ UPHOLSTERY AND ROOF LINING TO FACILITATE REPAIR	\$ 250.00	150
6	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 80.00	50
7	REMOVE AND REFIX FENDER QUARTER GLASS LH	\$ 80.00	x
8	REAR CHASSIS ALIGNMENT	\$ 250.00	x
9	REMOVE AND REFIX TAILGATE WINDSCREEN	\$ 120.00	✓
10	TRANSFER TAILGATE MECHANISM	\$ 80.00	✓
11	CONDUCT WATER LEAKAGE TEST	\$ 80.00	x
12	REMOVE AND REFIX REAR EXHAUST PIPE	\$ 180.00	x
13	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 180.00	x

TOTAL

5130

2590

ESTIMATE REPORT

TOTAL PARTS COST : \$ 10,853.52
TOTAL LABOUR COST : \$ 5,130.00
TOTAL REPAIR COST : \$ 15,983.52

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.

PARTS PRICES ARE SUBJECT TO CHANGES.

YOURS FAITHFULLY,

ABBY

SERVICE ADVISOR
ABBY (HP : 9856 4815)

Adrian Lim
L/S 23/05/18

total: 734776
L/S: S.B.K.

08 Days.

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:




Service Request Details

Claim

S8M00I5G

Reference

None 

Loss Date

May 21, 2018

Request Date

May 22, 2018

Due Date

May 30, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

22062018 @ 5:13pm
Michelle veh in
8 Kaki Subit Ave 4 #08-09.
Action

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SGT6308K

Make

TPVD HONDA

Service Address

...

Primary Contact/Insured

CHAN & CHAN ENGINEERING PTE LTD
25 MANDAI ESTATE, #03-02, 729930, Singapore
653634289
MANIVANNAN@CCE.COM.SG

Claim Handler

LOH Cynthia
6568804843
cynthia.loh@axa.com.sg

Additional Instructions
NON REPORT

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

24 May, 2018

CHAN & CHAN ENGINEERING PTE LTD

25 Mandai Estate, #03-02,
Innovation Place, Tower 1, S(729930)

Dear Sir,

OUR REF : CC4/ASM18009403/Awb3

YOUR REF : GZ1788J

**ACCIDENT INVOLVING GZ1788J & SGT6308K ALONG KPE TOWARDS
PUNGGOL ON 21/05/2018**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)

- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to vivianlau@lkkauto.com or deliver it by hand to 51 Ubi Avenue 1, #01-25 Paya Ubi Ind. Park S(408933).

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition, your insurer shall have full discretion in the process and settlement of the said third party claim subject to the merits of the case and according to the rights afforded under the policy.

Your NCD (No Claim Discount) will be reduced by 30% (20% for motorcycle/commercial vehicles) if a claim is made under your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, your insurer reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact us at 6841 8625 if you have any further enquiries.

Yours sincerely,

This is a computer generated letter and no signature is required.

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	22/05/2018 10:01
Date Of Accident	21/05/2018 18:05
Exact Location Of Accident	KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1788J
Insured/Policyholder	
Name Of Registered Owner	CHAN & CHAN ENGINEERING PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90694824

Vehicle Particulars

Manufacturer	NISSAN
Model	P/UP
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA275785/1
Cover Note Number	

Driver

Name of Driver	CHOONG CHAN FUNG
Passport No/FIN	G3266691X
Date Of Birth	08/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90694824
Fax Number	
Contact Number	
EEmail Address	CFCHOONG1008@GMAIL.COM

Address	25 MANDAI ESTATE #03-02 INNOVATION PLACE
Postcode	729930
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	COLLISION - HEAD TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

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	SGT6308K
Vehicle Make/Model/Colour	/
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:



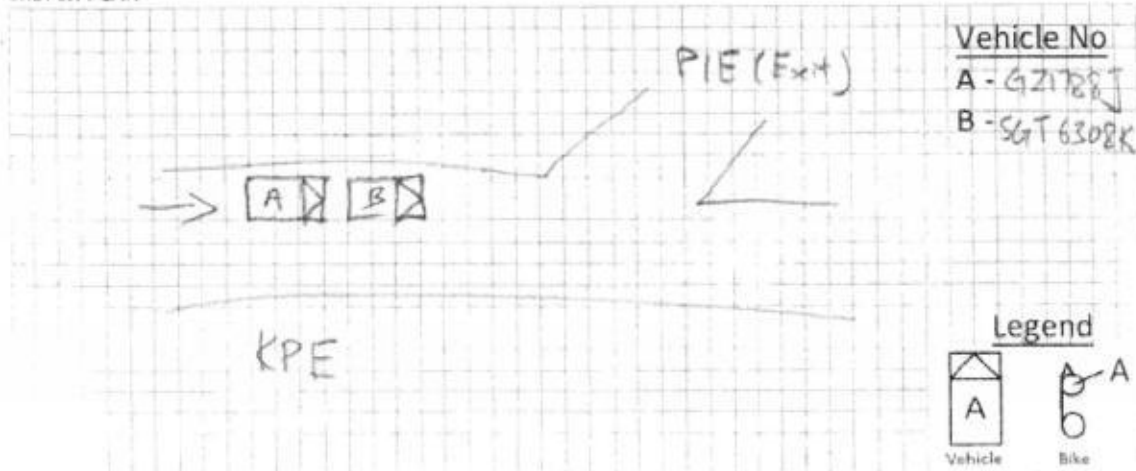
Driver's Signature
(If driver is not the policyholder)
Date & Time:

21/5/18

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21 May 2018, around 1803, I was driving in KPE towards PIE Exit. I was unable to stop and bang to the back side of the vehicle in front.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature
Date & Time:

GUARMC Signature

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

24/5/18

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

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of incidents and facts which will speed up the settlement of claims.

1. Date of accident 21/5/18		Time 1803		2. Exact location of accident KPE		To be signed by BOTH drivers	
3. Material damage To vehicle other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4. Witness' name, address and tel no. (to be underlined if liable to passenger in vehicle A or vehicle B)		5. Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
6. Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>							

Registration No. **GZ1788T**

7. Insured / policyholder (see insurance cert.)

Name: **Chan J (Chan)**

Address: **Engineering P/L**
25 Mandar Estate
#03-02 Innovation
Place (729920)
2004078142

8. Vehicle

Make, type: **Nissan. Plup**

9. Insurance company

AXA

Does the policy cover damage to vehicle A? ☒ Yes ☐ No

Policy No.: **GA23578511**

10. Driver (See driving licence)

Name: **Chong Chan Fung**

NRIC / Passport no.: **G3266691X**

Class of licence: **90694824**

Gender: ☒ Male ☐ Female

12. CIRCUMSTANCES

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

Registration No. **SGT 6308K**

7. Insured / policyholder (see insurance cert.)

Name: _____

Address: _____

NRIC / Passport no.: _____

8. Vehicle

Make, type: _____

9. Insurance company

☐ C ☐ TET ☐ IPO

Does the policy cover damage to vehicle B? ☐ Yes ☐ No

Policy No. (if available): _____

10. Driver (See driving licence)

Name: _____

NRIC / Passport no.: _____

Class of licence: _____

Gender: ☐ Male ☐ Female

11. Indicate the points of initial impact with an arrow (→)

13. Sketch of accident when impact occurred (23)

1. Layout of the road - 2. The direction of vehicles A and B with arrows - 3. Their positions at the time of impact - 4. The road signs - 5. Names of the roads or roads

REFER TO ATTACHED

14. Indicate the points of initial impact with an arrow (→)

15. Visible damage to vehicle A

16. Visible damage to vehicle B

17. Signatures of drivers

A:

B: _____

* In the event of injury or in the event of damage to property other than to vehicle A and B, give information on that.

Do not alter anything in the statement after signing. Subsequently, each driver should take two copies.

For insured's Individual Statement (Part II) see overleaf.

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

| INDIVIDUAL STATEMENT (Part II) | | Own Workshop Email / Fax (if any) | | |
|--|---|---|---|---------|
| To be completed and submitted within 24 hours to your insurer or later or appointed workshop (use a separate sheet of paper where necessary) | | | | |
| Insured | 1. Occupation (if more than one, state all) | | Email: | |
| | 2. Vehicle registration no. C.C. | | If commercial vehicle, state permissible carrying capacity | |
| | 3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state Relationship of Driver with owner | | State the vehicle number and name of insurer of driver's own vehicle (where applicable) | |
| | 4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify | | | |
| | 5. Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Yes no | | | |
| | 6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop) | | | |
| Driver or person in charge of vehicle at the time of accident (including insured) | 7. Date of birth | Occupation | Date of license pass | |
| | 8/10/91 | Indoor | Outdoor | 15/6/16 |
| | 8. Give details of any pre-existing impairment of sight or hearing and of any other disability | | | |
| | 9. Full details of all driving convictions including pending prosecutions in the last 36 months | | | |
| Insured's injuries | 10. Name(s), address(es) and approximate age(s) | Injuries sustained | If vehicle occupants, state in which vehicle | |
| | | | Were seat belts being worn? | |
| | | | Was injured conveyed to hospital by ambulance? | |
| | | | | |
| Damage to property & vehicles (other than vehicles A and B) | 11. Name(s) and address(es) of owner(s) | Vehicle registration no. or details of property | Nature of damage | |
| | | | Insurer's name and address (if known) | |
| Police station | 12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please state which Police station | | | |
| | 13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, against whom? | | | |
| Accident details | 14. Weather conditions Clear <input checked="" type="checkbox"/> Rainy <input type="checkbox"/> Others | | | |
| | 15. Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others | | | |
| | 16. Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr | | | |
| | 17. What warnings were given by driver or other party? | | | |
| | 18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | 19. What lights were displayed on your vehicle/the other vehicle(s)? | | | |
| | 20. If your vehicle is commercial, state weight of load carried at time of accident | | | |
| | 21. State how accident happened, width of roads, speed limits, etc. (Refer to attached) | | | |
| Declaration | 22. State number of Passengers (including Driver) | | | |
| | I/We declare the foregoing particulars are true in every respect | | | |
| Policyholder's signature | | Date | | |
| Driver's signature (if driver is not the policyholder) | | Date | | |

ADDENDUM SHEET

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MPA 218066387 Vehicle Registration No: GZ 1788 J
Name(as shown in NRIC): Choong Chan Fung
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No: G32666914
Address: 25 Mandai Estate #03-02 @ Innovation Place S(729930)
Contact (Tel): - (H/P): 90694824
(Email): cfchoong1008@gmail.com
Date of Accident: 21/05/2018 Time of Accident: 18:05
Place of Accident: KPE
Insurance Company: AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

re-correct vehicle number, GZ 1788 J.



Signature of Vehicle Owner / Driver

Date:

TAX INVOICE

Our Ref No: GR-18-081733

Date of Request: 30/05/2018

Your Ref No: WALK IN EDWIN

DYNAMIC AUTOWORK PTE. LTD
8 KAKI BUKIT AVE 4, #08-09 PREMIER @ KAKI BUKIT
SINGAPORE 415875

Dear Sir/Madam,

Your Vehicle No: SGT6308K

Date of Accident: 21/05/2018

Place of Accident: KPE

Involving Vehicle No: GZ1788T

| DESCRIPTION | AMOUNT (S\$) |
|----------------------------------|--------------|
| E-File Search Fee (Public) | 14.02 |
| GST Amount | 0.98 |
| Total Amount Due (GST Inclusive) | 15.00 |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-18-081734

Date of Request: 30/05/2018

Your Ref No: WALK IN EDWIN

DYNAMIC AUTOWORK PTE. LTD
8 KAKI BUKIT AVE 4, #08-09 PREMIER @ KAKI BUKIT
SINGAPORE 415875

Dear Sir/Madam,

Date of Accident: 21/05/2018

Vehicle No: SGT6308K

Place of Accident: KPE TOWARDS PUNGGOL(BEFORE EXIT OF PIE(CHANGI))

Involving Vehicle No: GZ1788T

With reference to your application for the accident report, we have attached the following accident reports as requested:

| DOCUMENTS | ACCIDENT LOCATION | PER DOC (S\$) | QTY | AMOUNT (S\$) |
|----------------------------------|---|---------------|-----|--------------|
| GZ1788T | KPE TOWARDS PUNGGOL(BEFORE EXIT OF PIE(CHANGI)) | 14.00 | 1 | 13.08 |
| GST Amount | | | | 0.92 |
| Total Amount Due (GST Inclusive) | | | | 14.00 |

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



Re:RE: S8M00I5G - Seek mandate approval

Type

🔗 Question

Message

Mandate approved

Reply

K

DYNAMIC AUTOWORK PTE. LTD.
8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, S'PORE 415875
Tel: 6341 6789 Fax: 6341 6778
Co. Reg. No. : 201436361C

Letter of Authorisation & Indemnity

Accident Involving Vehicle no. S67T6308K and G21788J On 21/05/2018
At KPE towards Janggel (Before Exit of PIE Changi)

1. I/We, the owner of vehicle no. S67T6308K hereby instruct and authorize Dynamic Autowork Pte. Ltd. ("the workshop") to commence repairs to the said vehicle. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorized to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in court in my/our name against the third party.
3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit.
4. Upon resolving my/our claim, you are authorized to agree with my/our solicitors on the amount of their professional costs and disbursement for acting for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account. In the event that my/our claim or legal costs of the third party as well as the professional costs and disbursements of my/our solicitors notwithstanding that my/our solicitors were appointed by you on our behalf.
5. I/we also hereby instruct and authorise you deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
6. In the event that I/we am/are required to attend at my/our solicitors office or to attend court in connection with my/our claim, I/we shall render full co-operation.
7. In the event that my/our claim against the third party and/or his insurers is not successful or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party, I/we authorise you to revert the claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respect, I/we understand and accept that the excess amount applicable under policy of insurance shall be borne by me/us.
8. If for whatever reasons, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
9. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 22 day of 05 2018

Signature of vehicle owner [Signature]

Name - Mohamed Salleh Bin Abdul Hamid

IC No : 51197869A

(Company stamp, if applicable)

Address : Blk 494D Tampines Street 43

#04-522 Singapore 574444

Tel : 8167 5184

Witnessed by :

[Signature]

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

| | | | |
|-------------------|---------------------|--------|-----------|
| Vehicle No: | GZ 1788J (Insd veh) | Model: | HONDA FIT |
| | SGT 6308K (TP veh) | | |
| Date of Accident: | 21/05/2018 | | |

| | | | |
|-----------------------|---|------------------------------|--|
| Global Sum Settlement | : | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Repair Estimate | : | \$ | 17,102.37 |
| Final Repair Cost | : | \$ | 6,206.00 |
| Loss of Use | : | \$ | 500.00 |
| Rental (if any) | : | \$ | 10 days at \$50.00 per day |
| LTA / GIA Search Fee | : | \$ | 7.45 |

| | | | |
|---------|---|----|--|
| Others: | : | \$ | |
|---------|---|----|--|

| | | | |
|----------------------|---|----|----------|
| | : | \$ | |
| Final Settlement Sum | : | \$ | 6,713.45 |

Is Third Party Workshop GIA Registered? ☐ YES ☒ NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability ____ 100 ____ (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: ____

BOLA Liability: ____ (%) Assessed Liability (*): ____ (%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks

| Payment Instruction: Payee's Breakdown | | | |
|--|----------------------------|---|-------------|
| 1) | DYNAMIC AUTOWORK PTE. LTD. | : | \$ 6,713.45 |

NUR SHAQILAH BTE ABDOL
WAHAB

21/11/2018

Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))




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 : CC4/ASM18009403/Awb3s2 | | |
| 8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN: CYNTHIA LOH | | Date : 21-11-2018 | |  |
| | | Code : ASM | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | GZ 1788J | Veh. Inspected | SGT 6308K | |
| Policy No. | GA275785/1 | Coverage (\$) | 0.00 | |
| Claim No. | S8M00I5G | Excess (\$) | 0.00 | |
| Assign From | CYNTHIA LOH | Assign Date | 23/05/2018 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HONDA FIT | c.c | 1339 | |
| Engine No. | HIDDEN | Year of Reg. | 2007 | |
| Chassis No. | GD12390094 | Colour | RED | |
| Odometer | 95990 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | SPORTS RIM | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 185/55R15 | NEXEN | 6 mm | |
| L/H Front Tyre | 185/55R15 | NEXEN | 6 mm | |
| R/H Rear Tyre | 185/55R15 | NEXEN | 6 mm | |
| L/H Rear Tyre | 185/55R15 | NEXEN | 6 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 21/05/2018 | Inspection Date | 23/05/2018 | |
| Survey held at | DYNAMIC AUTOWORK PTE LTD
8 KAKI BUKIT AVE 4
#08-09 PREMIER @ KAKI BUKIT SINGAPORE 415875 | | | |
| 5a. Remarks | | | | |
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. | | | | |
| 5b. Estimate Days of Repair | | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | 8 Working Days | | |



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGT 6308K

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|---|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | TAIL GATE (CONSISTENT) | DISTORTED | 849.90 | 849.90 |
| 1 | TAIL GATE OUTER HANDLE (CONSISTENT) | NOT NECESSARY | 164.90 | - |
| 1 | TAIL GATE LOGO (CONSISTENT) | NOT NECESSARY | 24.70 | - |
| 1 | TAIL GATE EMBLEM "FIT" (CONSISTENT) | NECESSARY | 28.80 | 28.80 |
| 1 | TAIL GATE OUTER GARNISH (CONSISTENT) | NOT NECESSARY | 197.60 | - |
| 2 | TAIL GATE WINDSCREEN MOULDING @ \$95.00 (CONSISTENT) | NECESSARY | 190.00 | 190.00 |
| 1 | TAIL GATE WIPER ARM (CONSISTENT) | NOT NECESSARY | 69.80 | - |
| 1 | TAIL GATE WIPER ARM BOLT COVER (CONSISTENT) | NOT NECESSARY | 42.10 | - |
| 1 | TAIL GATE WIPER BLADE (CONSISTENT) | NOT NECESSARY | 65.00 | - |
| 1 | TAIL GATE WIPER MOTOR (CONSISTENT) | NOT NECESSARY | 436.30 | - |
| 2 | TAIL GATE NUMBER PLATE LAMP @ \$45.00 (CONSISTENT) | NOT NECESSARY | 90.00 | - |
| 2 | TAIL GATE DAMPER @ \$121.20 (CONSISTENT) | NOT NECESSARY | 242.40 | - |
| 1 | TAIL GATE INNER HOLDER (CONSISTENT) | NOT NECESSARY | 47.10 | - |
| 2 | TAIL GATE STOPPER @ \$12.00 (CONSISTENT) | NOT NECESSARY | 24.00 | - |
| 1 | TAIL GATE INNER LOCK (CONSISTENT) | DAMAGED | 189.50 | 189.50 |
| 1 | TAIL GATE LOCK CATCH (CONSISTENT) | NOT NECESSARY | 25.00 | - |
| 1 | TAIL GATE WEATHERSTRIP (CONSISTENT) | CUT | 134.50 | 134.50 |
| 1 | TAIL GATE INNER TRIM (CONSISTENT) | DEFORMED | 372.20 | 232.60 |
| 1 | REAR BUMPER (CONSISTENT) | DEFORMED | 490.00 | 490.00 |
| 2 | REAR BUMPER SIDE RETAINER @ \$35.20 (CONSISTENT) | NECESSARY | 70.40 | 70.40 |
| 2 | TAIL LAMP @ \$296.10 (CONSISTENT) | CRACKED | 592.20 | 592.20 |
| 2 | TAIL LAMP LOWER BRACKET @ \$17.20 (CONSISTENT) | BENT | 34.40 | 34.40 |
| 2 | TAIL LAMP PANEL (OUTER) @ \$168.30 (CONSISTENT) | N/S DENTED | 336.60 | 168.30 |
| 2 | TAIL LAMP INNER PANEL (UPPER) @ \$296.60 (CONSISTENT) | TO REPAIR SEE LABOUR | 593.20 | - |
| 2 | TAIL LAMP INNER PANEL (LOWER) @ \$284.70 (CONSISTENT) | TO REPAIR SEE LABOUR | 569.40 | - |
| 1 | REAR FENDER LH (CONSISTENT) | TO REPAIR SEE LABOUR | 677.80 | - |
| 2 | REAR FENDER INNER TRIM @ \$298.90 (CONSISTENT) | DEFORMED | 597.80 | 597.80 |

Report Ref No. CC4/ASM18009403/Awb3s2



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Reg. No: 199607198R GST Reg. No. 19-9607198-R

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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---------------------------|--|----------------------|---------------------------|-------------------|
| 2 | REAR FENDER AIR VENT @ \$72.30 (CONSISTENT) | NOT NECESSARY | 144.60 | - |
| 1 | REAR QUARTER GLASS C/W MOULDING LH (CONSISTENT) | NOT NECESSARY | 280.00 | - |
| 1 | REAR DOOR INNER LOCK LH (CONSISTENT) | NOT NECESSARY | 345.60 | - |
| 1 | REAR DOOR WEATHERSTRIP LH (CONSISTENT) | NOT NECESSARY | 154.60 | - |
| 1 | REAR END PANEL (CONSISTENT) | DISTORTED | 397.50 | 397.50 |
| 1 | REAR END PANEL TOP GARNISH (CONSISTENT) | DEFORMED | 116.20 | 116.20 |
| 1 | REAR FLOOR PANEL (CONSISTENT) | BUCKLED | 1,147.70 | 769.50 |
| 1 | REAR FLOOR PANEL CROSSMEMBER (CONSISTENT) | TO REPAIR SEE LABOUR | 869.10 | - |
| 1 | REAR FLOOR PANEL TOP BOARD (CONSISTENT) | DEFORMED | 185.60 | 185.60 |
| 1 | REAR EXHAUST PIPE (CONSISTENT) | NOT NECESSARY | 754.70 | - |
| 1 | REAR EXHAUST INSULATOR (CONSISTENT) | NOT NECESSARY | 58.40 | - |
| 1 | SET REAR EXHAUST GASKET (CONSISTENT) | NOT NECESSARY | 60.00 | - |
| 4 | REAR EXHAUST MOUNTING @ \$21.20 (CONSISTENT) | NOT NECESSARY | 84.80 | - |
| | LESS 20% DISCOUNT | | -2,350.88 | -1,009.44 |
| | | | 9,403.52 | 4,037.76 |
| SPECIAL NETT ITEMS | | | | |
| 1 | REAR NUMBER PLATE (SN) (CONSISTENT) | NOT NECESSARY | 50.00 | - |
| 1 | SET REAR BUMPER CLIP (SN) (CONSISTENT) | NECESSARY | 50.00 | 30.00 |
| 1 | TAIL GATE PROTECTOR (SPECIAL TYPE) (SN) (CONSISTENT) | NECESSARY | 50.00 | 30.00 |
| 1 | SET TAIL GATE OUTER GARNISH CLIP (SN) (CONSISTENT) | NOT NECESSARY | 50.00 | - |
| 1 | SET TAIL GATE INNER TRIM CLIP (SN) (CONSISTENT) | NECESSARY | 50.00 | 30.00 |
| 1 | TAIL GATE WINDSCREEN SEALANT (SN) (CONSISTENT) | NECESSARY | 80.00 | 60.00 |
| 1 | TAIL GATE WINDSCREEN INNER SEAL (SN) (CONSISTENT) | NECESSARY | 60.00 | 30.00 |
| 1 | SET TAIL LAMP CLIP (SN) (CONSISTENT) | NECESSARY | 30.00 | 20.00 |
| 1 | TAIL LAMP PANEL (OUTER) SEALANT (SN) (CONSISTENT) | NOT NECESSARY | 80.00 | - |
| 1 | SET REAR FENDER INNER TRIM CLIPS (SN) (CONSISTENT) | NECESSARY | 50.00 | 50.00 |
| 1 | REAR END PANEL INSULATION SEAL (SN) (CONSISTENT) | NECESSARY | 150.00 | 60.00 |

Report Ref No. CC4/ASM18009403/Awb3s2



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|--|---------------|---------------------------|-------------------|
| 1 | SET REAR END PANEL TOP GARNISH CLIPS (SN) (CONSISTENT) | NECESSARY | 30.00 | 10.00 |
| 1 | REAR FLOOR PANEL INSULATION SEAL (SN) (CONSISTENT) | NECESSARY | 350.00 | 200.00 |
| 1 | REAR JACK (SN) (CONSISTENT) | NOT NECESSARY | 150.00 | - |
| 1 | REVERSE SENSOR (SN) (CONSISTENT) | DAMAGED | 220.00 | 200.00 |
| | | | 1,450.00 | 720.00 |
| | LABOUR | | | |
| | PANEL BEATING, REMOVAL AND REPLACING PARTS. INCLUSIVE OF THE REPAIR OF TAIL LAMP INNER PANEL (UPPER), TAIL LAMP INNER PANEL (LOWER), REAR FENDER LH AND REAR FLOOR PANEL CROSSMEMBER . | | 1,800.00 | 1,200.00 |
| | TO SPRAY PAINT AFFECTED AREA. | | 1,600.00 | 900.00 |
| | TUFF COAT. | | 250.00 | 60.00 |
| | WIRING CHECK. | | 180.00 | 30.00 |
| | REMOVE AND REFIX CUSHION SEAT / UPHOLSTERY AND ROOF LINNING TO FACILITATE REPAIR. | | 250.00 | 150.00 |
| | REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING. | | 80.00 | 50.00 |
| | REMOVE AND REFIX FENDER QUARTER GLASS LH. | NOT NECESSARY | 80.00 | - |
| | REAR CHASSIS ALIGNMENT. | NOT NECESSARY | 250.00 | - |
| | REMOVE AND REFIX TAILGATE WINDSCREEN. | | 120.00 | 120.00 |
| | TRANSFER TAILGATE MECHANISM. | | 80.00 | 80.00 |
| | CONDUCT WATER LEAKAGE TEST. | NOT NECESSARY | 80.00 | - |
| | REMOVE AND REFIX REAR EXHAUST PIPE. | NOT NECESSARY | 180.00 | - |
| | TO CHECK DIAGNOSTIC OF VEHICLE MANAGEMENT / CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC. | NOT NECESSARY | 180.00 | - |
| | | | - | - |
| | | | - | - |
| | | | - | - |
| | | | 5,130.00 | 2,590.00 |
| GRAND TOTAL | | | 15,983.52 | 7,347.76 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 5,800.00 |

Report Ref No. CC4/ASM18009403/Awb3s2



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A handwritten signature in black ink, appearing to read 'A. Ling'.

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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