

Surveyor: ASSIGNMENT (Office)

From (Person): Julie of AGL Date/Time: 27062018 5pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJB 885061 Insured: SJV 1384 B

at Workshop m/s Thiam Heng Huat Tel: 8163 6255 / 96391626 - Jenny

of Blk 176 Shi Ming Dkt # 05-14

Policy No: _____ Claim No: C10001715 / AH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25062018
(Client's Record)

CA / REV / REP. / REV 24 HRS wpi 29-06-2018 H.O.D. Endorsement: _____

Date/Time: 28062018 1009am Person Contacted: Steven Vehicle IN / OUT

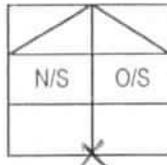
| Date/Time | Action/Instruction (✓) Estimate |
|-----------------|---|
| | SJB 885061- CC4 / AG118011837 / DCB DUA - 150908 |
| | SJV 1384B - X |
| <u>19/10/18</u> | <u>lump sum \$2050, 5 days confirm. (red: 4685.70 : 69%)</u> |
| | |
| | |

ASSIGNMENT

From: _____ Date: 29/6/2018
 Estimated Cost: _____
 ON TP WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SJB 8850G
 at Workshop m/s Thiam Heng Huat
 of Blk 176 Sin Ming Drive #05-14
 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: 5 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS 1up
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SJB 8850G Yr Regn: Dec 12007
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Vios c.c. 1497
 Colour White A/C: Insured / Std / NI / NA
 Sp. Reading 180842 T/Radio: Insured / Std / NI / NA
 Eng/No: INZX665083
 C/No: MRO53HY9305041038
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 175/60 R15
 R: 175/60 R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 25/6/2018 D.O.I. 29/6/2018
 Survey held at Thiam Heng
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | Repair days 5 |
| | RECEIVED 23 OCT 2018 |
| | TCIM |
| | Wim |
| | 22/10/18 |

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 23/10 Typet
 Date/Time, File Return to?

2) _____
 Report Format : _____
 Lump Sum / I.B.I: (\$ 2050)

Days Of Repair: 5
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

| | |
|------------------------|------------|
| Survey Fee: | <u>250</u> |
| Transportation: | _____ |
| _____ S + RS, _____ SI | _____ |
| Photos | _____ |
| Others | _____ |
| TOTAL | <u>250</u> |

Catherine Chong (LKK Auto)

From: Julie Mangubat <julie.m@budgetdirect.com.sg>
Sent: Wednesday, 27 June, 2018 5:00 PM
To: SUR; assignments@lkkauto.com
Subject: FW: RE: Request for PRI - | C10001715/AH

Hi Team

Please accept TPPD survey and survey on a without prejudice basis.

Thank you,
-Julie

From: Thiam Heng Huat <thh176@yahoo.com>
Sent: Wednesday, 27 June, 2018 4:50 PM
To: Julie Mangubat <julie.m@budgetdirect.com.sg>
Subject: Re: RE: Request for PRI - | C10001715/AH

Dear Julie,

Please arrange for LKK Auto Consultant Pte Ltd to contact me for the survey.

Warmest regards,
Steven
Thiam Heng Huat Pte Ltd
HP: 82636295

On Wednesday, 27 June 2018, 12:02:03 PM GMT+8, Julie Mangubat <julie.m@budgetdirect.com.sg> wrote:

Without Prejudice

Dear Sir

We refer to your Notice of Accident on even date.

Please find the list of your surveyors to choose from.

1. Calvin Ang LKK Auto Consultant Pte Ltd
2. Bryan Ang LKK Auto Consultant Pte Ltd
3. Xing Guo Qiang LKK Auto Consultant Pte Ltd

4. Mohammed Rasul LKK Auto Consultants Pte Ltd
5. Mohamad Taufihk LKK Auto Consultants Pte Ltd
6. Simon Ho LKK Auto Consultants Pte Ltd
7. Pang Kiah Keen (Frankie) FormTeam Adjusters Pte Ltd
8. Chua Soo Teck (Benjamin) FormTeam Adjusters Pte Ltd
9. Lim Say Koon FormTeam Adjusters Pte Ltd
10. Ng You Han FormTeam Adjusters Pte Ltd
11. Soon HanXin (Gary) FormTeam Adjusters Pte Ltd
12. Chow Bo Xiong FormTeam Adjusters Pte Ltd

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors.

Thank you,

-Julie

From: Thiam Heng Huat <thh176@yahoo.com>
Sent: Wednesday, 27 June, 2018 10:13 AM
To: Claims <claims@budgetdirect.com.sg>
Subject: Request for PRI -

Dear Sir/Mdm,

We are writing in on behalf of our client, Mr Ma Kin Ning who's vehicle SJB8850G was involved in an accident with your insured vehicle SJV1384B on 25.06.18 at Johor Causeway.

Please let us have your list of nominated surveyor for the PRI. **Please do not assign any surveyor without our consent.**

Attached will find the GIA report and LTA insurance search for your attention.

We hope to hear from you soon

Warmest regards,
Steven
Thiam Heng Huat Pte Ltd
HP: 82636295

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Denise Tay (LKKAuto)

From: Thiam Heng Huat <thh176@yahoo.com>
Sent: Tuesday, 23 October 2018 10:54 AM
To: SUR; Denise Tay (LKKAuto)
Subject: Re: Estimate for SJB8850G

Dear Denise,

We agree to lump sum \$2,050 and 5 days.

Warmest regards,
Steven
Thiam Heng Huat Pte Ltd
82636295

On Monday, 22 October 2018, 2:22:32 PM GMT+8, Denise Tay (LKKAuto) <denisetay@lkkauto.com> wrote:

Dear Steven,

Offer at lump sum \$2050/- 5days.

Please check and revert back.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Thiam Heng Huat <thh176@yahoo.com>
Sent: Friday, 19 October 2018 4:01 PM
To: SUR <sur@lkkauto.com>
Subject: Estimate for SJB8850G

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 | 26/06/2018 14:10 |
| Date Of Accident | 25/06/2018 10:30 |
| Exact Location Of Accident | JOHOR CAUSEWAY |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJB8850G |
| Insured/Policyholder | |
| Name Of Registered Owner | MA KIN NING |
| NRIC No | S1416307G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-82888850 |
| Alternative Phone No | OFFICE-NOPHONE |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | SOMPO INSURANCE SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D17MTPV01018411 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | FOO AI CHAN ALICE |
| NRIC No | S1567740F |
| Date Of Birth | 12/07/1962 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/07/1981 |
| Driving Experience | 36 YEARS AND 10 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-82888850 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | APT BLK 423 FAJAR RD #16-527 |
| Postcode | 670423 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| 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) | 2 |
| Passenger 1 | NAME: : MA KIN NING |
| | GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BOON TECK NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2549999 - FAX NO: 63554310 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACH POLICE REPORT

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 | SJV1384B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HASHIM BIN ASMONI |
| NRIC/Passport Number | S0071908J |
| Contact Number | |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name FOO AI CHAN ALICE-S1567740F
Approximate Age
Injuries Sustain NECK
Injured person in which vehicle? SJB8850G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MA KIN NING-S1416307G
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SJB8850G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

Sompo
Vehicle: - SJB 88509

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.



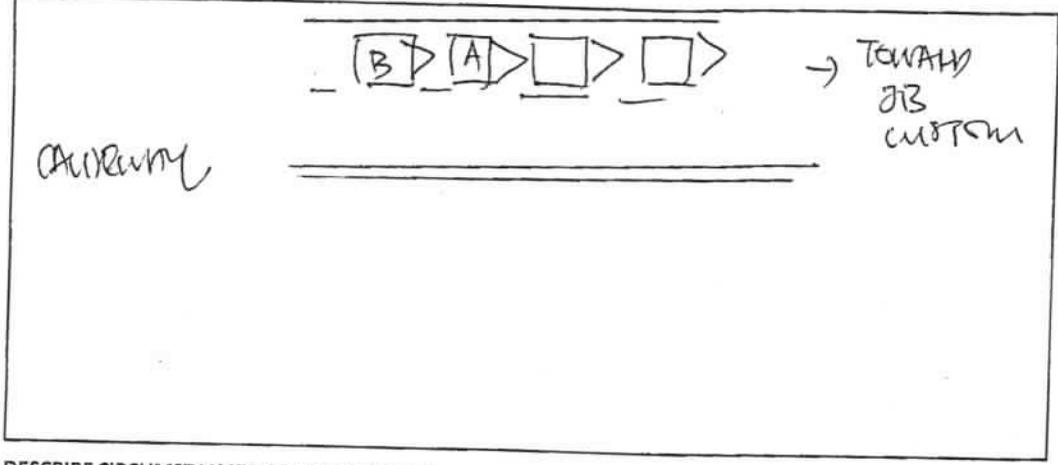

 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:
 26/6/18 1.30pm


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 26/6/18

Sketch Plan Pg. 2

Date of accident: 25/6/18 Time: 10.30 Location: CAUSEWAY TOWARD JB
 My Vehicle A: SJB88506 Vehicle B: SJV1384B Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING TOWARD JB CAUSEWAY.
 I ALREADY STOP MY CAR. SUDDENLY SJV1384B
 HIT INTO MY REAR. MY REAR WAS DAMAGE
 DUE TO THE IMPACT

- Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks : Please forward a copy of my efile accident report to:
 My workshop : thiamhenghua@gmail.com
 Email address : hantectoon@yahoo.com.sg
 & myself :
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
 Date & Time:

Vehicle SJB 88506
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 26/6/18 1-21pm

Reporting Centre Personnel's Signature
 Name: 26/6/18
 NRIC/FIN No.:

 AH LIM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**



T/20180626/2054

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

1 of 3

Report No. T/20180626/2054

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|--|------------|---|------------------------------|
| Date/Time Report Made: 26/06/2018 12:53 | | Vide Report No.: | Station Diary No.: 12 |
| Informant's Particulars | | | |
| Name of Informant: FOO AI CHAN ALICE | | Address: APT BLK 423 FAJAR ROAD #16-527 SINGAPORE 670423 | |
| ID Type / ID No.: NRIC NO / S1567740F | | Contact No.: Home/Office: Mobile: 82888850 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Female | Age: 55 | Date of Birth: 12/07/1962 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: HAWKER ASSISTANT | | 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: 25/06/2018 10:30 | Type of Location: Straight Road |
| Location: Along Road 1 CAUSEWAY Along Johor Causeway. | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | 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 |
| SJB8850G | Car | | | | | 1 |
| SJV1384B | Car | | | | | 0 |

| Details of Person Involved | |
|-----------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20180626/2054

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

2 of 3

Report No. T/20180626/2054

CONTINUATION OF REPORT

| Passenger | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Name | MA KIN NING | ID No. | S1416307G |
| Related Vehicle | SJB8850G (Car) | Contact No. | 92273399 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 26/06/2018 | Date Discharge | 26/06/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |
| Driver | | | |
| Name | FOO AI CHAN ALICE | ID No. | S1567740F |
| Related Vehicle | SJB8850G (Car) | Contact No. | 82888850 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 26/06/2018 | Date Discharge | 26/06/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |
| Driver | | | |
| Name | HASHIM BIN ASMONI | ID No. | S0071908J |
| Related Vehicle | SJV1384B (Car) | Contact No. | NIL |
| 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 |

Brief Details.

On the 25/06/18 at about 1030hrs, I was driving my vehicle no: SJB 8850G along the Johor Causeway. At that point of time, the traffic volume was heavy. Suddenly, I felt an impact at the rear of my vehicle. I went down to make a check and realized that the vehicle no: SJV1384B had collided with my vehicle. My vehicle sustained cracks and scratches at the rear portion. I did not felt any pain or injury at that point of time. On the next day, I felt pain on my neck and back therefore I went to seek medical attention at Mount Alvernia Hospital and a total of 3 days MC was given to me. I am lodging this report for record purposes.



**SINGAPORE
POLICE FORCE**



T/20180626/2054

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

3 of 3

Report No. T/20180626/2054

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: E / Sgt 1 LAM WENG HONG, ANDREW | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 26/06/2018 12:53 |
| Officer In Charge Of Case: TP / AEIT SSI 2 SITIMASITA BINTE BOHARI Contact No: 9762418 | Classification Of Case: |
| Authentication Stamp NP168 |  |



Driver's Particulars Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

S1567740F



FOO AI CHAN ALICE

Birth Date: 12 Jul 1962
Issue Date: 15 Mar 2004

001163334A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1567740F



Name
FOO AI CHAN ALICE

符 爱 峰

Race
CHINESE

Date of birth
12-07-1962

Country/Place of birth
SINGAPORE

Sex
F

S1567740F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| Class | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 28 Jul 1981 |

NP 42BA

Licence No: S1567740F

5770757



NRIC No. S1567740F



Date of issue
19-07-2017

Address
APT BLK 423 FAJAR ROAD
#16-527
SINGAPORE 870423

THIAM HENG HUAT PTE LTD

176 Sin Ming Drive
 #05-14 Sin Ming AutoCare
 Singapore 575721
 Phone 8263 6295 (Steven) Fax 6266 2881

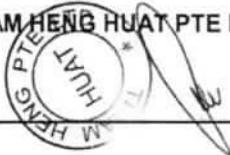
ESTIMATE

DATE 18-Sep-18
Vehicle No SJB8850G
Make/Model Toyota Vios
Date of Accident 25-Jun-18

Bill To:
 MA KIN NING
 c/o 176 Sin Ming Drive
 #05-14 Sin Ming AutoCare
 Singapore 575721

| NO | DESCRIPTION | AMOUNT | |
|--------------------------|---|-------------------------|--------|
| LIST ITEMS | | | |
| 1 | Rear bumper | \$ 570.10 | CRAV ✓ |
| 2 | Rear bumper side retainer x 2 @ 18.90 | 37.80 104.00 | NECV ✓ |
| 3 | Rear bumper bracket x 2 | 166.18 | NNX ✓ |
| 4 | Rear bumper reflector x 2 @ 35.70 | 71.40 349.24 | DLV ✓ |
| 5 | Rear end panel | 563.00 688.10 | BTV XR |
| 6 | Rear end panel inner garnish | 251.44 | NNX ✓ |
| 7 | Spare tyre board | 221.30 | NNX ✓ |
| 8 | Taillamp x 2 x 1 @ 394.00 | 394.00 788.40 | CRAV ✓ |
| 9 | Bootlid | 658.20 | BTV ✓ |
| 10 | Boot hinge x 2 | 167.10 | } NNX |
| 11 | Bootlid weatherstrip | 186.50 | |
| 12 | Boot lock | 199.01 | |
| 13 | Boot outer garnish | 200.00 | } NECV |
| 14 | Boot emblem 'LOGO' | 50.70 | |
| 15 | Boot emblem 'VIOS' | 57.50 | |
| 16 | Boot emblem 'E' | 42.80 | } NNX |
| 17 | Exhaust pipe | 545.10 | |
| | | 5,234.27 | |
| Less 25% | | 1,308.57 | |
| | | \$ 3,925.70 | |
| S/NETT ITEMS | | | |
| 1 | Rear number plate | \$ 80.00 | NNX ✓ |
| 2 | Reverse sensor | 200.00 250.00 | NW ✓ |
| 3 | Rear end panel sealant | 60.00 300.00 | NEC ✓ |
| LABOUR & MISC | | | |
| 1 | Labour for panel beating | 400.00 900.00 | |
| 2 | Spray painting on affected areas | 600.00 1,000.00 | |
| 3 | Check wiring and lights | 60.00 | |
| 4 | Rust proofing treatment on affected areas | 60.00 120.00 | |
| 5 | Remove exhaust pipe | 100.00 | NNX ✓ |
| Balance c/f | | \$ 6,735.70 | |

THIAM HENG HUAT PTE LTD



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:

Signature
 22/10/18



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 | | | |
|--|--|----------------------------|---|
| AUTO & GENERAL INSURANCE (S) PL | | Ref : CS/AGI18011837/Btbe2 | |
| (BUDGET DIRECT INSURANCE) 190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE 239924 | | Date : 22-11-2018 |  |
| Code : AGI | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SJV 1384B | Veh. Inspected | SJB 8850G |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | C10001715/AH | Excess (\$) | 0.00 |
| Assign From | JULIE | Assign Date | 27/06/2018 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | TOYOTA VIOS | c.c | 1497 |
| Engine No. | HIDDEN | Year of Reg. | 2007 |
| Chassis No. | MR053HY9305041038 | Colour | WHITE |
| Odometer | 180842 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | GOOD | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 185/60 R15 | HANKOOK | 6 mm |
| L/H Front Tyre | 185/60 R15 | HANKOOK | 6 mm |
| R/H Rear Tyre | 185/60 R15 | HANKOOK | 6 mm |
| L/H Rear Tyre | 185/60 R15 | HANKOOK | 6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 25/06/2018 | Inspection Date | 29/06/2018 |
| Survey held at | THIAM HENG HUAT PTE LTD 176 SIN MING DRIVE #05-14 SINGAPORE 575721 | | |
| 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: | | 5 Working Days | |



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJB 8850G

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | REAR BUMPER | CRACKED | 570.10 | 570.10 |
| 2 | REAR BUMPER SIDE RETAINER | NECESSARY | 104.60 | 37.80 |
| 2 | REAR BUMPER BRACKET | NOT NECESSARY | 166.18 | - |
| 2 | REAR BUMPER REFLECTOR | DISLODGE | 349.24 | 71.40 |
| 1 | REAR END PANEL | TO REPAIR SEE LABOUR | 688.10 | - |
| 1 | REAR END PANEL INNER GARNISH | NOT NECESSARY | 251.44 | - |
| 1 | SPARE TYRE BOARD | NOT NECESSARY | 221.30 | - |
| 2 | TAILLAMP | CRACKED | 788.40 | 394.00 |
| 1 | BOOTLID | BENT | 656.20 | 656.20 |
| 2 | BOOT HINGE | NOT NECESSARY | 157.10 | - |
| 1 | BOOTLID WEATHERSTRIP | NOT NECESSARY | 186.50 | - |
| 1 | BOOTL LOCK | NOT NECESSARY | 199.01 | - |
| 1 | BOOT OUTER GARNISH | NOT NECESSARY | 200.00 | - |
| 1 | BOOT EMBLEM 'LOGO' | NECESSARY | 50.70 | 50.70 |
| 1 | BOOT EMBEM 'VIOS' | NECESSARY | 57.50 | 57.50 |
| 1 | BOOT EMBLEM 'E' | NECESSARY | 42.80 | 42.80 |
| 1 | EXHAUST PIPE | NOT NECESSARY | 545.10 | - |
| | LESS 25% DISCOUNT | | -1,308.57 | -470.13 |
| | | | 3,925.70 | 1,410.37 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REAR NUMBER PLATE (SN) | NOT NECESSARY | 80.00 | - |
| 1 | REVERSE SENSOR (SN) | NOT WORKING | 250.00 | 200.00 |
| 1 | REAR END PANEL SEALANT (SN) | NECESSARY | 300.00 | 60.00 |
| | | | 630.00 | 260.00 |
| <u>LABOUR</u> | | | | |
| | LABOUR FOR PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR END PANEL. | | 900.00 | 400.00 |
| | SPRAY PAINTING ON AFFECTED AREAS. | | 1,000.00 | 600.00 |
| | CHECK WIRING AND LIGHTS. | | 60.00 | 60.00 |
| | RUST PROOFING TREATMENT ON AFFECTED AREAS. | | 120.00 | 60.00 |
| | REMOVE EXHAUST PIPE. | NOT NECESSARY | 100.00 | - |
| | | | 2,180.00 | 1,120.00 |



| | | | |
|---|--|----------|----------|
| GRAND TOTAL | | 6,735.70 | 2,790.37 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 2,050.00 |

Report Ref No. CS/AGI18011837/Btbe2

LIM TEOW GUAN

Asst. Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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