

ASS. REC. BY: Sunjoya REP: esluo1801296 / ASD3 ⁿ² Special Instruction:

ASSIGNMENT (Office)

From (Person): Jenny Lew of VOI Date/Time: 4/7/18 @ 1:30pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: PC2335R Insured: PZ1600K

at Workshop in/ of: New Hook Teek Tel: 67479241

of 1 kaki Bkt Ave 6 # 01-43 Blk C

Policy No: _____ Claim No: M11004351807

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03/07/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS (up) H.O.D. Endorsement: _____

Date/Time: 3:01pm @ 4/7/18 Person Contacted: sukyi Vehicle-IN / OUI

Date/Time	Action/Instruction (✓) Estimate
	PC2335R - x
	PZ1600K - (cc1) AIG 12009943/Kb/g221 DoA: 25/3/2012

ASS. REC. BY: Adrian King

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: _____

Veh No: PC233SR Yr Regn: 2014 Jan
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Mini Bus
 Make: Mercedes Benz Viano.c.c 2143
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 307509 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDF6398/523843383
 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: 225/55R17
 R: 225/55R17

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or King Kong
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 05/07/18
 Survey held at NHT
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or
Rear O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	TP uoI
	(\$ 4,832.00 Red - 78%)
	RECEIVED 15 AUG 2018

Date/Time, File Pass to?
15/08/18
 1) Typist
 Date/Time, File Return to?

: Preli. Report
 : Final Report

Days Of Repair: 3
 Resurvey No. of Trip: 1

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

Survey Fee:	145
Transportation:	50
S + RS. SI	50
Photos:	25
Others:	
TOTAL	270

Report Format : _____
 Lump Sum / I.B.F. (\$) 1,400/- L/S

Nivitha (LKK Auto)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Wednesday, 4 July 2018 1:30 PM
To: Admin nht; SUR; assignments
Cc: LEE KATIE; Reena
Subject: RE: PC2335R CLAIMING AGAINST PZ1600K DOA:03.07.18
Attachments: PC2335R PRI.zip

WITHOUT PREJUDICE

Dear Reena,

Please let us have a copy of the estimate and accident report.

Dear Shiau Chan/Catherine,

Please arrange to survey the vehicle at New Hock Teck Motor Pte Ltd.

Thank You.

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: Admin nht [mailto:admin@nhtmotor.com]
Sent: Wednesday, 4 July, 2018 1:23 PM
To: LEW JENNY <jennylew@uoi.com.sg>
Cc: LEE KATIE <katielee@uoi.com.sg>; Reena <reena@nhtmotor.com>
Subject: Re: PC2335R CLAIMING AGAINST PZ1600K DOA:03.07.18

Without Prejudice

Hi Jenny

We agree for your appointed surveyor - LKK Auto Consultants.

We are still midst of preparing estimate , will pass over to surveyor when come over for the survey.

Once the GIA ready we will email to you,thanks.

Best Regards,

Sukyi

NEW HOCK TECK MOTOR PTE. LTD.
1 Kaki Bukit Ave 6 Blk C #01-43 Autobay@Kaki Bukit S(417883)
Tel: 6747 9241 Fax: 6741 7276

x

x

On Wed, Jul 4, 2018 at 1:13 PM, LEW JENNY <jennylew@uoi.com.sg> wrote:

WITHOUT PREJUDICE

Dear Sir,

We refer to you email.

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case, we propose to appoint M/s LKK Auto Consultants Pte Ltd.

Please revert to the undersigned within **two (2) working days** whether you have any objections to the appointment of any of our Surveyors, failing which we shall proceed to carry out the survey of your client's vehicle by our appointed Surveyors.

Please forward us a copy of the estimated cost of repair and accident report.

We reserve all our rights in this matter.

Thank You.

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909

Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

UOB EMAIL DISCLAIMER

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From: Admin nht [<mailto:admin@nhtmotor.com>]
Sent: Wednesday, 4 July, 2018 12:29 PM
To: LEW JENNY <jennylew@uoi.com.sg>
Cc: LEE KATIE <katielee@uoi.com.sg>; Reena <reena@nhtmotor.com>
Subject: PC2335R CLAIMING AGAINST PZ1600K DOA:03.07.18

Hi Motor Claim Dept

Please send us your surveyor list,thanks.

Please take note this claim under New Hock Teck Motor Pte Ltd.

Best Regards,

Sukyi

NEW HOCK TECK MOTOR PTE. LTD.
1 Kaki Bukit Ave 6 Blk C #01-43 Autobay@Kaki Bukit S(417883)
Tel: 6747 9241 Fax: 6741 7276



NEW HOCK TECK MOTOR PTE LTD

Our Ref : PC2335R
Your Ref : PZ1600K
Date : 4-Jul-18

1 Kaki Bukit Ave 6
Blk C @ Autobay, #01-43
Singapore 417883
Tel : (65) 6747 9241
Fax : (65) 6741 7276

UNITED OVERSEAS INS LTD

Attn : Motor Claims Department

BY EMAIL

katielee@uoi.com.sg
jennylew@uoi.com.sg

Dear Sirs,

DATE OF ACCIDENT : 03 JUL 2018 @ 17:15 hours
NOTICE OF INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS
PURSUANT TO PARAGRAPH 6.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

We act for **IMPERIAL CHAUFFEUR SERVICES PTE LTD** who has appointed the undermentioned workshop to repair motor vehicle no. **PC2335R**

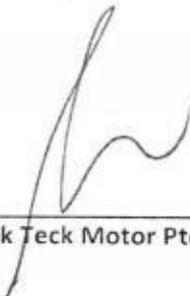
Please be informed that the said vehicle can be inspected at :

**NEW HOCK TECK MOTOR PTE LTD
1 KAKI BUKIT AVE 6
#01-43 BLK C @ AUTOBAY
SINGAPORE 417883**

Contact Person : Office @ 6747 9241 (Reena / Sukyi)

If you failed to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday. The said workshop will commence repairs thereafter without further reference to you.

Yours Faithfully



New Hock Teck Motor Pte Ltd

For Surveyor,
Please initial here after completion of
Pre-repair inspection. Thank you

Surveyor Name :
& signature

Date&Time :

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	3851C

Vehicle Details

Vehicle No.:	PC2335R
Vehicle to be Exported:	No
Intended De-registration Date:	04 Jul 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	VIANO CDI2.2 EL
Primary Colour:	Black
Manufacturing Year:	2013
Engine No.:	65194031905875
Chassis No.:	WDF63981523843383
Maximum Power Output:	-
Open Market Value:	\$44,628.00
Original Registration Date:	03 Jan 2014
First Registration Date:	03 Jan 2014
Transfer Count:	0
Actual ARF Paid:	\$2,232.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	02 Jan 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$55,002.00
COE Rebate Amount:	\$30,221.00
Total Rebate Amount:	\$30,221.00

The information contained herein is correct as at 04 Jul 2018

OK

MSME18086298 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 04/07/2018 16:19
 SUBMITTED BY: Chia Pei Ying

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	04/07/2018 16:19
Date Of Accident	03/07/2018 17:15
Exact Location Of Accident	TERMINAL 1 MINI BUS OPEN SPACE CARPARK LOT 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2335R
Insured/Policyholder	
Name Of Registered Owner	IMPERIAL CHAUFFEUR SERVICES PTE LTD
Co Reg No	201013851C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67340428
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VIANO
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1573272
Cover Note Number	
Driver	
Name of Driver	AZAN BIN MOHAMED
NRIC No	S7103632D
Date Of Birth	05/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	25/03/1991
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91212331
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 601 CHOA CHU KANG STREET 62 #04-17
 Postcode 680601
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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

MY VEHICLES PARKED STATIONARY AT TERMINAL 1 MINIBUS OPEN SPACE CARPARK LOT 6. WHEN I RETURNED TO COLLECT MY VEHICLE, I NOTICED THERE WAS A NOTE AT MY FRONT WINDSCREEN. VEHICLE B ADMITTED HE ACCIDENTALLY COLLIDED ONTO REAR RH PORTION OF MY VEHICLE.

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 PZ1600K
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to rescind 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.



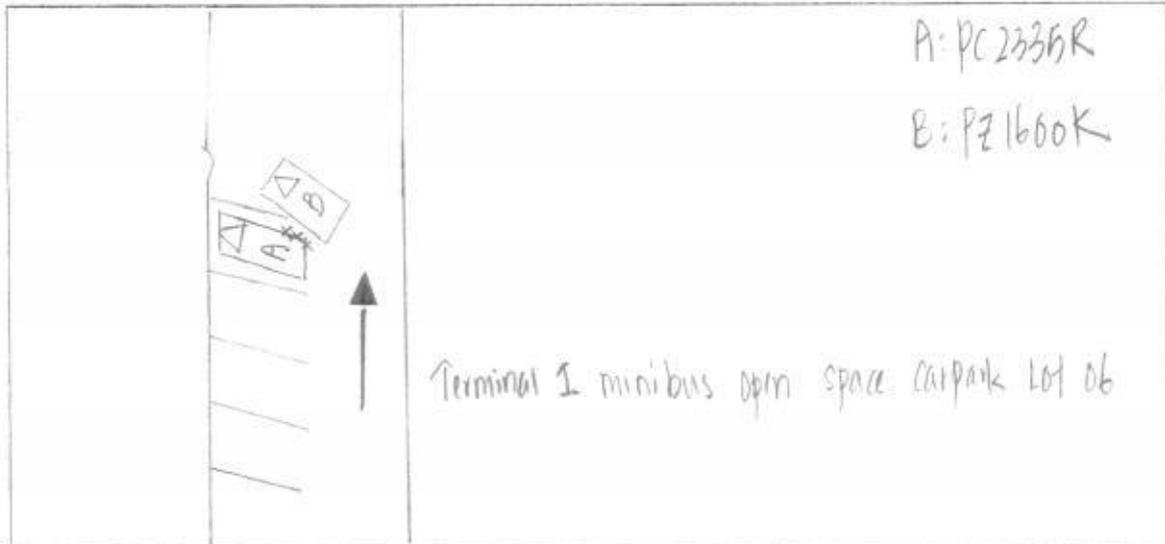
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle parked stationary at terminal 1 minibus open space carpark lot 06.

When I returned to collect my vehicle and notice there was I note at my front windscreen. Veh "B" admitted his accidentally collided onto rear RH portion of my vehicle.

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:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/we, Impitai Chan-few Services Pte Ltd, the owner of vehicle no. PC 7336R
involving in an accident with vehicle no. (TP) P21600K on 03.07.18 along Terminal 1
minibus open space carpark lot 66

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop. MW Hock Tuck motor Pte Ltd

Signed and Acknowledge by:



.....
Name and signature of policyholder



.....
Company Stamp

4/7/18

.....
Date

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 willful 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:



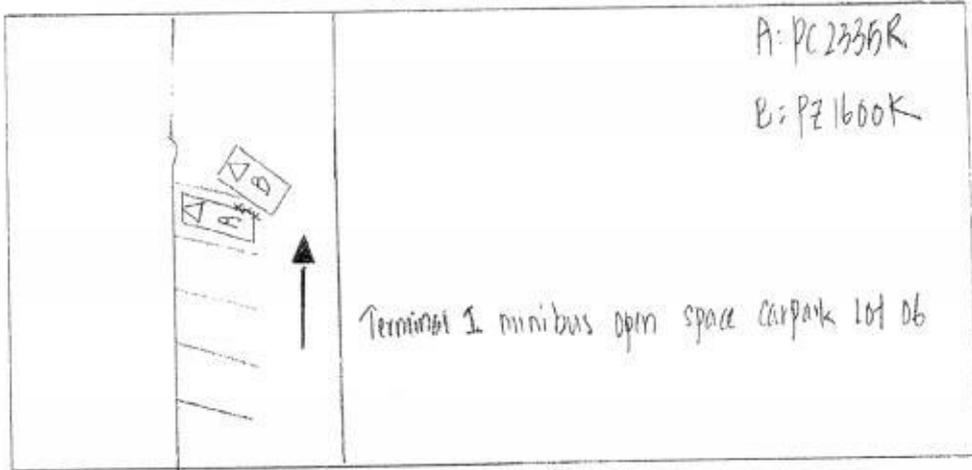
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Insured Chasseur Services Pte Ltd

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle parked stationary at terminal 1 minibus open space carpark lot 06.

When I returned to collect my vehicle and notice there was I note at my front windscreen. Veh "B" admitted his accidentally collided onto rear RH portion of my vehicle.

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:

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



新福德車廠私人有限公司

NEW HOCK TECK MOTOR PTE. LTD.

1 Kaki Bukit Ave 6, Blk C #01-43 Autobay@Kaki Bukit, Singapore 417883

Email: admin@nhtmotor.com Website: www.nhtmotor.com

Tel: 6747 9241 Fax: 6741 7276

UEN: 201718370K

IMPERIAL CHAUFFEUR SERVICES PTE LTD

04/07/2018

Blk 1 Kaki Bukit Ave 6

01-43

Singapore 417883

TPU01
Shirley

Accident date: 03/07/2018

Estimated repair cost for vehicle no: PC2335R MERCEDES VIANO 2.2 EL '14

CHASSIS: WDF63981523843383

S/n	Qty	Items	U/price	Amount
1	1	Rear RH Tail Lamp <i>at</i>		\$348.00 ✓
2	1	Rear RH Tail Lamp Lower Cover <i>Rehnd</i>		\$95.00 ✓
3	1	Rear RH Tail Lamp Lower Retainer <i>Ren</i>		\$55.00 ✗
4	1	Rear Bumper Center <i>NOT NEE</i>		\$703.00 +
5	1	Rear RH Bumper Side <i>Rehnd</i>		\$370.00 ✓
6	1	Rear RH Bumper Side Retainer <i>Ren</i>		\$65.00 ✓
7	1	Rear RH Bumper Side Reflector <i>Ren</i>		\$49.00 ✗
8	1	Rear Bumper Reverse Sensor <i>Ren</i>		\$350.00 +
9	1	Rear Exhaust <i>for Ren</i>		\$1,165.00 +
10	1	Rear Center Exhaust <i>J</i>		\$1,232.00 +

878
790-20

Subtotal :- \$4,432.00

Labour charges Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

To remove & refit reverse sensor

To check wiring

Panel beating
Acknowledged by Repairer
Signature:

Spray painting

~~\$100.00~~ 50

~~\$100.00~~ 30

~~\$850.00~~ 400

~~\$750.00~~ 500

Subtotal :- \$1,800.00

Total :- \$6,232.00

Adrian King
h/s 05/07/18
03 Sep

Total: 1770-20
h/s: 14K
1.4K
03 Sep



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

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI18012196/Asd3n2

3 ANSON ROAD #28-01
SPRINGLEAF TOWER SINGAPORE 079909

Date : 16-08-2018



Code : UOI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PZ 1600K	Veh. Inspected	PC 2335R
Policy No.		Coverage (\$)	0.00
Claim No.	M11D04351807	Excess (\$)	0.00
Assign From	JENNEY LEW	Assign Date	04/07/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ VIANO	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	WDF63981523843383	Colour	BLACK
Odometer	307509	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/55 R17	LING LONG	6 mm
L/H Front Tyre	225/55 R17	LING LONG	6 mm
R/H Rear Tyre	225/55 R17	LING LONG	6 mm
L/H Rear Tyre	225/55 R17	LING LONG	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	03/07/2018	Inspection Date	05/07/2018
Survey held at	NEW HOCK TECK MOTOR PTE LTD 1 KAKI BUKIT AVENUE 6 #01-43 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

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:	3 Working Days
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LKK Auto Consultants Pte Ltd

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

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 2335R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR RH TAIL LAMP	CUT	348.00	348.00
1	REAR RH TAIL LAMP LOWER COVER	DEFORMED	95.00	95.00
1	REAR RH TAIL LAMP LOWER RETAINER	NOT NECESSARY	55.00	-
1	REAR BUMPER CENTER	NOT NECESSARY	703.00	-
1	REAR RH BUMPER SIDE	DEFORMED	370.00	370.00
1	REAR RH BUMPER SIDE RETAINER	NECESSARY	65.00	65.00
1	REAR RH BUMPER SIDE REFLECTOR	NOT NECESSARY	49.00	-
1	REAR BUMPER REVERSE SENSOR	NOT NECESSARY	350.00	-
1	REAR EXHAUST	NOT NECESSARY	1,165.00	-
1	REAR CENTER EXHAUST	NOT NECESSARY	1,232.00	-
	LESS 10% DISCOUNT		-	-87.80
			4,432.00	790.20
<u>LABOUR</u>				
	TO REMOVE & REFIT REVERSE SENSOR.		100.00	50.00
	TO CHECK WIRING.		100.00	30.00
	PANEL BEATING.		850.00	400.00
	SPRAY PAINTING.		750.00	500.00
			1,800.00	980.00
GRAND TOTAL			6,232.00	1,770.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,400.00

Report Ref No. CS/UOI18012196/Asd3n2

ADRIAN LING WAI PING

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

Licensed Appraiser

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