

REF: 033/EGL17022086/Tlvbz,

Special Instruction:

46: \$ 11400.00

*Third Parties:*

Claimant:

Surveyor: PAL's Appraiser

Workshop: Ham Car Repairs

From (Person): Heng Xin Yi of Seah Ong Date/Time: 05/07/2018  
Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

Estimated Cost:                      Bill to:                     

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBB 6369M Insured: STN 6085J

at Workshop m/s Man Car Repairs. Tel: 9777 7266

of Blk 1001 Bukit Merah Lane 3 # 01-49

Policy No: 18.24263-S.CK xy Claim No: DM17H002629

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 19.11.2017

(Client's Record)

18.07.2018 (Wednesday) @ 4pm

H.O.D. Endorsement/Date: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: \_\_\_\_\_ Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_, \_\_\_\_\_ days (Red S \_\_\_\_\_ / \_\_\_\_\_ %; Original (7) days)

Date/Time: 3/8/18 Submit Final Fig 4/5/18 200, 13 days (Red \$ 3200 / 18 %; Original days)

Date/Time	Action/Instruction
	GBB 6369M - (33/EQL17022586/71602 SHN 6085J - (08/EQL17023084/Gvbsj DA: 19.11.2017 DA: 19.11.2017

03/08/18

---

Para(1) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

**Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)**

RECEIVED 0 3 AUG 2018

**Para(3) : Nett Value**

Market Value : \_\_\_\_\_

Salvage Value :

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

*Fee Charged:*

Basic &amp; Add

## Transport

## Photos

Others

Total

Date: \_\_\_\_\_

250

1) Date/Time 3/8 - typist File Pass to

## 2) Date/Time

File Return to

3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

#### 4) Date/Time

File Return to

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

6) Date/Time

File Return to

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

of

Insured

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No:

GAB6369M

Yr Regn: 2009

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

Truck / Trailer or

Make:

Toyota Hiace

C/C

2A82

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

STPH702P1000 H6058

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: M / S/Rim / STD A/Rim or

Tyre Size:

F:

195 R15

R:

n n

BS / DUN / EXNOVA / GY / FS / LIZA / M/C / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

18/1/18

Survey held at

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

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

Date / Time Action / Instruction

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$ - PS \$

) Photos

) Other

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech Invs (\$)

☐

Weekend (\$)

Survey

Taylor

REF:

EQ1

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s: \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

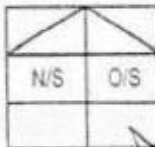
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

PKS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: \_\_\_\_\_

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

Truck / Trailer or

Make: \_\_\_\_\_

Colour: \_\_\_\_\_

Sp. Reading: \_\_\_\_\_

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

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: \_\_\_\_\_ R: \_\_\_\_\_

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

TOYO / YOKO or

Front

R/Bal. \_\_\_\_\_ mm

L/Bal. \_\_\_\_\_ mm

D.O.A. \_\_\_\_\_

Survey held at \_\_\_\_\_

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

Rear o/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

8/5 Submit PKS report.

A 6000 - 97000, Ede 9 days.

RECEIVED 03 MAY 2018

Date/Time. File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

Date/Time. File Return to?

2)

Days Of Repair: 9

Resurvey No. of Trip: 1

Survey Fee:

Transportation

\_\_\_\_\_ \$ + RS \_\_\_\_\_ \$

Photo

Other

TOTAL

Report Format: PKS

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

Add Fee:

☐ Site Insp (\$)  
☐ Interview (\$)  
☐ Tech Invs (\$)  
☐ Weekend (\$)

100

100

**Catherine Chong (LKK Auto)**

---

**From:** Xin Yi <xinyi@seahong.com.sg>  
**Sent:** Monday, 9 July, 2018 12:07 PM  
**To:** 'Catherine Chong (LKK Auto)'  
**Cc:** Chee Kiong; june@seahong.com.sg  
**Subject:** [GBB 6369M] [Our file ref: 18.24263.S.CK.xy]  
**Attachments:** SGN6085J\_GIA REPORT.PDF; LKKPreRepairInspection-GBB 6369M.pdf; PF survey report.pdf; PF GIA.pdf

**Importance:** High

Dear Catherine,

**MC / MC SUIT NO. 8618 OF 2018  
CLAIM BY AEON ENVIRONMENTAL SERVICES PTE LTD – OWNERS OF GBB 6369M  
ACCIDENT ALONG DUNMAN ROAD TOWARDS HAIG ROAD INVOLVING SGN 6085J AND GBB  
6369M ON 20.11.17**

1. We act for EQ Insurance Company Limited, the insurer of motor car no. SGN 6085J at the material time of the abovesaid accident.
2. We have been instructed by our clients to request you to attend a re-inspection on vehicle No. GBB 6369M which is scheduled as follows:-

**18 July 2018 at 4.00pm**

Workshop: Han Car Repairs

Address: Block 1001 Bukit Merah Lane 3, #01-49 Alexandra Village, Singapore 159718

Contact: Ms Susan (h/p: 9777 7266 / tel: 6271 0275)

3. We also refer to the telephone conversation between your Ms Catherine and our Ms Xinyi on 9 July 2018 in which we confirm that your surveyor can attend the re-inspection as stated above.
4. We enclose herewith copies of the following documents for your attention :-
  - (a) the accident statement, photographs and survey report of vehicle No. GBB 6369M. We will forward the coloured photographs once we receive the same.
  - (b) the accident statement and photographs of vehicle No. SGN 6085J.
5. Please note that AXA's reference is DM17HO02629.

Thanks & Best Regards

**Heng Xinyi**

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	9472N
<b>Vehicle Details</b>	
Vehicle No.:	GBB6369M
Vehicle to be Exported:	No
Intended De-registration Date:	03 Aug 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE MANUAL
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	1KD1943120
Chassis No.:	JTFHT02P100046058
Maximum Power Output:	-
Open Market Value:	\$25,387.00
Original Registration Date:	26 Aug 2009
First Registration Date:	26 Aug 2009
Transfer Count:	0
Actual ARF Paid:	\$1,270.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	25 Aug 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$18,801.00
COE Rebate Amount:	\$1,991.00
<b>Total Rebate Amount:</b>	<b>\$1,991.00</b>

The information contained herein is correct as at 03 Aug 2018

OK

# PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883  
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Report Reference : TP / 11-17031/DY / 2017  
Date of Report : 30 Nov 2017

Aeon Environmental Service Pte Ltd  
c/o Bk 1001 Bukit Merah Lane 3  
#01-49 Alexandra Village  
Singapore 159718

## THIRD PARTY SURVEY ACCIDENT HAPPENED ON 19 Nov 2017

As per your instruction dated 21 Nov 2017 with regard to the above matter. We have carried out a physical inspection on the said vehicle GBB 6369 M. We enclosed herewith our report and findings as follows:

### 1. VEHICLE PARTICULARS

Registration No : GBB 6369 M  
Model : Toyota Hiace  
Year / Capacity : 2009/2982  
Chassis No : JTFHT02P100046058  
Engine No : 1KD1943120  
Mileage : 311743  
Colour : Silver

### 2. TYRES CONDITION

		<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT	O/S	: 195 R15	Michelin	6.00	mm	Normal
REAR	O/S	: 195 R15	Michelin	6.00	mm	Normal
FRONT	N/S	: 195 R15	Michelin	6.00	mm	Normal
REAR	N/S	: 195 R15	Michelin	6.00	mm	Normal

# PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883  
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

### 3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear o/s portion(s). For more detail of the damages, please see photograph attached.

4. Workshop Address : Han Car Repairs  
Blk 1001 Bukit Merah Lane 3  
#01-49 Alexandra Village  
Singapore 159718

5. Estimated normal period of repair : 17 working days and including lead time to complete.
6. Enclosed number of photograph : 83 copies.
7. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey was done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.
8. Should you discover any discrepancy in the report, please kindly notify us within 2 weeks, or the report will be treated as correct.

#### Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.



Vehicle No: GBB 6369 M  
Report No: TP/ 11-17031/DY / 2017

SPARE PARTS

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Rear tailgate	Damage	\$ 1673.50	\$ 1673.50
2	Rear tailgate dampers	Damage	\$ 508.40	\$ 508.40 R
2	Rear tailgate hinges	Intact	\$ 137.10	\$ nn
1	Rear tailgate inner board	Damage	\$ 286.95	\$ 286.95
1	Rear tailgate inner remote	Damage	\$ 286.59	\$ 286.59
1	Rear tailgate lock	Damage	\$ 223.30	\$ 223.30 R
1	Rear tailgate lock striker	Damage	\$ 48.50	\$ 48.50 R
1	Rear tailgate logo	Necessary	\$ 61.90	\$ 61.90
1	Rear tailgate outer garnish	Damage	\$ 219.20	\$ 219.20 R
1	Rear tailgate outer handle	Damage	\$ 195.80	\$ 195.80 R
1	Rear tailgate rubber	Necessary	\$ 328.48	\$ 328.48
1	Rear tailgate side stopper	Damage	\$ 42.60	\$ 42.60
1	Rear tailgate key lock	Damage	\$ 156.10	\$ 156.10
1	Rear taillamp	Damage	\$ 246.50	\$ 246.50
1	Rear taillamp panel	Damage	\$ 461.90	\$ 461.90
1	Rear taillamp lower garnish	Damage	\$ 75.00	\$ 75.00
1	Rear end panel	Damage	\$ 887.90	\$ 887.90
1	Rear inner end panel	Damage	\$ 896.50	\$ 896.50
1	Rear end panel top moulding	Damage	\$ 99.20	\$ 99.20
1	Rear bumper	Damage	\$ 411.95	\$ 411.95
2	Rear bumper side retainers	Necessary	\$ 47.80	\$ 47.80
1	Rear number plate lamp	Damage	\$ 42.15	\$ 42.15
1	Rear floor panel	Damage	\$ 1880.80	\$ 1880.80 R
1	Rear spare tyre carrier	Intact	\$ 331.20	\$ nn
1	Rear spare tyre carrier lock catch	Intact	\$ 89.60	\$ nn
2	Rear exhaust silencer mountings	Necessary	\$ 97.20	\$ 97.20
1	Rear exhaust silencer pipe	Damage	\$ 832.37	\$ 832.37
1	Rear fender	Damage	\$ 1090.30	\$ 1090.30
1	Rear fender inner board	Damage	\$ 338.70	\$ 338.70
1	Rear fender inner shield	Damage	\$ 437.20	\$ 437.20
1	Rear fender inner panel	Damage	\$ 437.20	\$ 437.20 R
			\$ 12871.89	\$ 12313.99
Discount 25.0%			\$ 3217.97	\$ 3078.50
			\$ 9653.92	\$ 9235.49

8800.79  
6600.60

List Items Total \$ 9653.92 \$ 9235.49

Vehicle No: GBB 6369 M  
Report No: TP/ 11-17031/DY / 2017

**SPARE PARTS**

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
-----	-------------------	-----------	-----------------------	------------------------

List Items Total c/f      \$      9653.92      \$      9235.49

<u>Special Nett Items</u>				
1	Rear windscreen sealant	Necessary	\$      60.00	\$      60.00
1	Rear windscreen seal	Necessary	\$      80.00	\$      80.00 60
1	Rear tailgate '70KM/H' sticker	Necessary	\$      25.00	\$      25.00
1	Rear tailgate sticker	Necessary	\$      20.00	\$      20.00
1	Rear reverse sensor (1 set)	Damage	\$      280.00	\$      280.00 200
			<u>\$      465.00</u>	<u>\$      465.00</u>

365

Spare Parts Total      \$      10118.92      \$      9700.49

Vehicle No: GBB 6369 M  
Report No: TP/ 11-17031/DY / 2017

**LABOUR COST**

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
	Spare Parts Total c/f	\$ 10118.92	\$ 9700.49
1	To disconnect and reconnect, check electrical wiring, harness wires, sockets, replace damaged parts.	\$ 50.00	\$ 30.00
2	To remove and refit inner trims, inner garnishes, to facilitate the repairs.	\$ 150.00	\$ 80.00 <sup>50</sup>
3	To remove and refit rear bumper sensor.	\$ 150.00	\$ 80.00 <sup>30</sup>
4	To remove and refit rear windscreen glass.	\$ 200.00	\$ 150.00 <sup>120</sup>
5	To remove and refit, straighten and re-adjust exhaust pipe and replace rear exhaust silencer and mountings.	\$ 150.00	\$ 80.00 <sup>60</sup>
6	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 2500.00	\$ 2200.00 <sup>1600</sup>
7	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 2000.00	\$ 1760.00 <sup>1200</sup>
8	To apply undercoating on the repaired and replaced panels for rust protection.	\$ 250.00	\$ 180.00 <sup>100</sup>
<b>Total</b>		<u>\$ 15568.92</u>	<u>\$ 14260.49</u> <sup>3290</sup>

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of:

\$ 11400.00

SDLS: ELEVEN THOUSAND FOUR HUNDRED ONLY

  
Qualified Appraiser

10255-60  
21598200  
13days



## 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 willful 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 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	29/11/2017 18:07
Date Of Accident	20/11/2017 11:00
Exact Location Of Accident	ALONG DUNMAN ROAD TOWARDS HAIG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN6085J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK YEOK CHAI, WINSTON
NRIC No	S8435257H
Email Address	WINSTON682@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87433295
Alternative Phone No	OFFICE-87433295

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-003694
Cover Note Number	N.A.

### Driver

Name of Driver	QUEK YEOK CHAI, WINSTON
NRIC No	S8435257H
Date Of Birth	23/11/1984
Occupation	INDOOR
Date Of Driving Pass	27/09/2005
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87433295
Fax Number	
Contact Number	OFFICE-87433295
Email Address	WINSTON682@GMAIL.COM

Address  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 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  
 Was any body injured in the Accident? 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

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name JOO CHIAT NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-3459999 - FAX NO: 64474181  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

ON 20/11/2017 AT ABOUT 1100HRS, I WAS DRIVING MY VEHICLE SGN6085J ALONG DUNMAN ROAD AND WAS HEADING TOWARDS HAIG ROAD. THERE WAS ONE PASSENGER ON BOARD OF MY VEHICLE. AS THE TRAFFIC LIGHT LOCATED BEFORE HAIG ROAD SIGNALLED RED, I THEN STOP MY VEHICLE. I WISH TO INFORM THAT THERE WAS ONE VAN, GBB6369M IN FRONT OF MY VEHICLE. AS MY VEHICLE WAS SLOWING DOWN, A VEHICLE ON MY RIGHT THEN HONK TOWARDS ME. I THEN LOOK AT THE DRIVER OF THE VEHICLE, I THEN LOST MY FOCUS AND MY VEHICLE THEN CAME INTO CONTACT WITH THE REAR RIGHT BUMPER OF THE VAN. I THEN CAME DOWN OF MY VEHICLE AND OBSERVED MY FRONT LEFT HEAD LIGHT OF MY VEHICLE TO BE DAMAGED. MY FRONT BONNET WAS ALSO OBSERVED TO BE DENTED. I HAVE OBSERVED THE VAN'S REAR RIGHT SIDE DOOR TO BE DENTED. THE RIGHT TAIL LIGHT OF THE VAN WAS ALSO OBSERVED TO BE DAMAGED. AT THE MOMENT, I HAVE CHECKED WITH THE DRIVER AND THE 2 PASSENGER WHETHER THEY NEED ANY MEDICAL ATTENTION AND THEY TOLD ME THAT THEY WERE OKAY. I THEN EXCHANGED PARTICULARS WITH THE VAN DRIVER AND TOOK PHOTO OF THE DAMAGES OF BOTH VEHICLE. WE BOTH AGREED TO CLAIM THE DAMAGES THROUGH OUR OWN INSURANCE. I WISHED TO STATE THAT THERE WAS CCTV IN MY VEHICLE. I AM LODGING THIS REPORT FOR INSURANCE CLAIM.

#### 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 GBB6369M  
 Vehicle Make/Model/Colour TOYOTA/ HIACE  
 Details Of Properties NA  
 Name of Driver MUNIANDY A/L WAI OON @ PAH WAI ONN  
 NRIC/Passport Number G7195448Q  
 Contact Number 98310120

Address

NA  
NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address



# 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 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 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 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.
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/are 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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

Muhammad Faizal

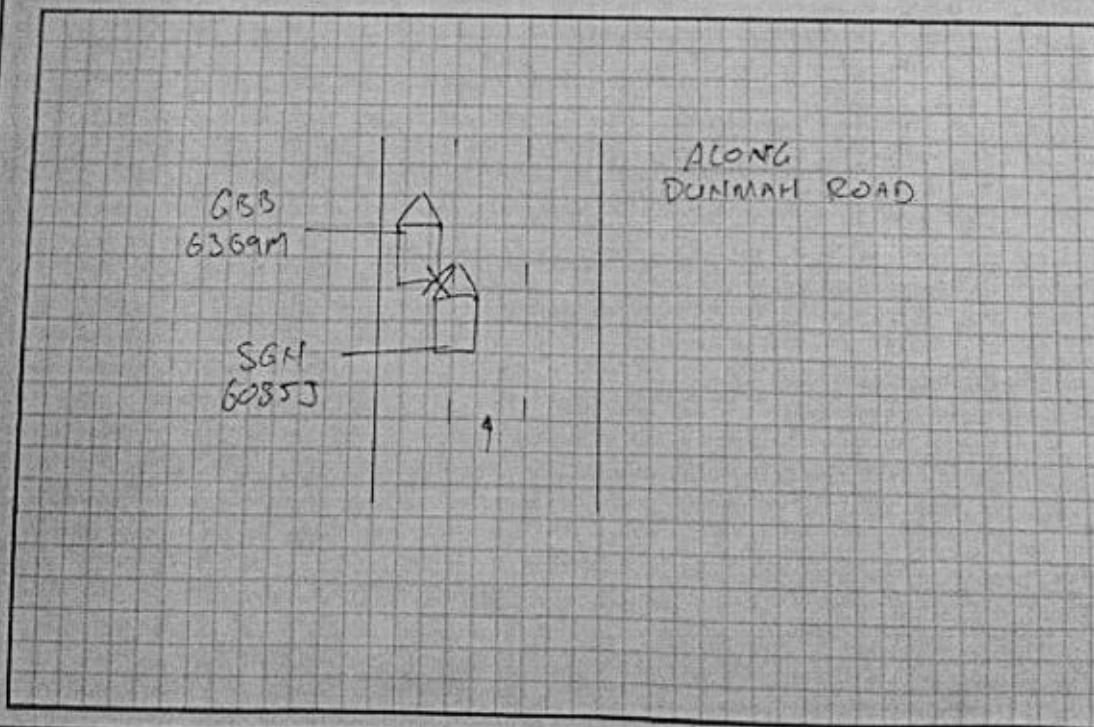
Bin Pabla

Witnessed by Reporting Centre  
Personnel

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

### Sketch Plan





## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171129/2091

Police Station Of Origin:  
Joo Chiat NPP  
207 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

1 of 3

Report No: T/20171129/2091

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 29/11/2017 14:35		Vide Report No.:	Station Diary No. 21
<b>Informant's Particulars</b>			
Name of Informant: QUEK YEOK CHAI, WINSTON		Address: 95 STILL ROAD SINGAPORE 423987	
ID Type / ID No.:		Contact No.:	
NRIC NO / S8435257H		Home/Office: Mobile: 87433295	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 23/11/1984	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: self-employed		Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/11/2017 11:00	Type of Location: Straight Road
Location: Along Road 1 DUNMAN ROAD HAIG ROAD Along Dunman road towards Haig Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
GBB6369M	Van				Slightly Damaged	2
SGN6085J	Car	CHEVROLET	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	Black	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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## POLICE REPORT

SINGAPORE  
POLICE FORCE

T/20171129/2091

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

2 of 3

Report No. T/20171129/2091

## CONTINUATION OF REPORT

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGN6085J	EQ INSURANCE COMPANY LTD.	DMPPHQ17-003694	15/07/2017	14/07/2018

## Brief Details.

On 20/11/2017 at about 1100hrs, I was driving my vehicle SGN6085J along Dunman road and was heading towards Haig road. There was one passenger on board of my vehicle. As the traffic light located before Haig road signaled red, I then stop my vehicle. I wished to inform that there was one Van, GBB6369M in front of my vehicle. As my vehicle was slowing down, a vehicle on my right then honk towards me. I then look at the driver of the vehicle. I then lost my focus and my vehicle then came into contact with the rear right bumper of the Van.

I then came down of my vehicle and observed my front left head light of my vehicle to be damaged. My front bonnet was also observed to be dented. I have observed the Van's rear right side door to be dented. The right tail light of the van was also observed to be damaged. At the moment, I have checked with the driver and the 2 passenger whether they need any medical attention and they told me that they were okay. I then exchange particulars with the van driver and took photo of the damages of both vehicle. We both agreed to claim the damages through our own insurance.

I wished to state that there was CCTV in my vehicle. I am lodging this report for insurance claim.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171129/2001

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

3 of 3

Report No. T/20171129/2001

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:  
G/  
Staff Sgt TAY WEI SIANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/11/2017 14:35

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No: 65476430

Classification Of Case:

Authentication Stamp  
NP168

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 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	20/11/2017 14:45
Date Of Accident	19/11/2017 10:20
Exact Location Of Accident	DUNMAN ROAD TOWARD HAIG ROAD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	GBB6369M
Insured/Policyholder	
Name Of Registered Owner	AEON ENVIRONMENTAL SERVICE PTE LTD
Co Reg No	199409472N
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98310120
Alternative Phone No	OFFICE-98310120

**Vehicle Particulars**

Manufacturer	TOYOTA
Model	HIACE

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	VCA/P1972049
Cover Note Number	

**Driver**

Name of Driver	MUNIANDY A/L WAI OON @ PAH WAI ONN
Passport No/FIN	G7195448Q
Date Of Birth	12/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2013
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address

Postcode

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

Was any body injured in the Accident? 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

#### 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

#### 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 SGN6085J

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver QUEK YEOK CHAI, WINSTON

NRIC/Passport Number S8435257H

Contact Number 87423295

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

VEHICLE NO: 9UB 6369M

DOA: 19/11/2017

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 Authorized 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 to 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 as aforesaid.
- B. 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 firm, 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 firm, 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.



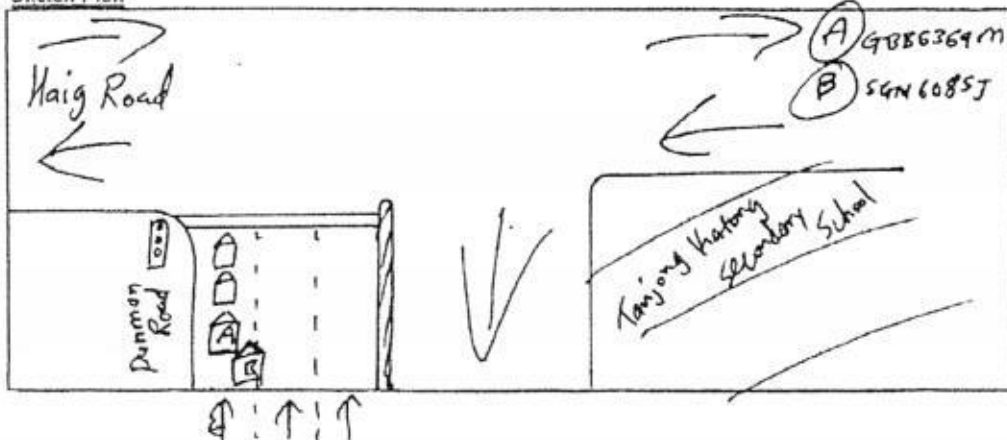
PLEASE NOTE YOUR INSURER MAY HAVE A **14 DAY-TIME FRAME** FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along ~~Down~~ Dunman Road towards Haig Road.  
My vehicle (A) was stationary at the traffic junction waiting  
for traffic light to turn green. A few seconds later, vehicle (B)  
came from behind & hit my vehicle (A). The impact caused my  
neck to hurt.

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 policy holder) / Date & Time

Witnessed by Reporting Centre Personnel

☐ OWN DAMAGE

☒ THIRD PARTY CLAIM

☐ REPORTING ONLY



**SINGAPORE  
POLICE FORCE**



T/20171119/2075

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 4

Report No. T/20171119/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/11/2017 18:04	Vide Report No.:	Station Diary No.: 54
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**Informant's Particulars**

Name of Informant: MUNIANDY A/L WAI OON @ PAH WAI OON			Address: APT BLK 658 Jalan Tenaga #04-145 SINGAPORE		
ID Type / ID No.: NRIC NO / G7195448Q			Contact No.: Home/Office: Mobile: 98310120		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 12/05/1981	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: HOUSEKEEPING AND RELATED SERVICE SUPERVISOR			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2017 10:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 DUNMAN ROAD HAIG ROAD BEFORE JUNCTION OF DUNMAN ROAD AND HAIG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6369M	Van				Seriously Damaged	1
SGN6085J	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20171119/2075

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

2 of 4

Report No. T/20171119/2075

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	MOHAMED IMRAN BIN AZMI	ID No.	G2704385U
Related Vehicle	GBB6369M (Van)	Contact No.	83690276
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/11/2017	Date Discharge	19/11/2017
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	MUNIANDY A/L WAI OON @ PAH WAI ONN	ID No.	G7195448Q
Related Vehicle	GBB6369M (Van)	Contact No.	98310120
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/11/2017	Date Discharge	19/11/2017
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	QUEK YEOK CHAI, WINSTON (GUO YUCAI)	ID No.	S8435257H
Related Vehicle	SGN6085J (Car)	Contact No.	87423295
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 19/11/2017 at about 1020hrs, I was travelling from Dunman Road to Haig Road. Subsequently, at the junction of Dunman Road and Haig Road, the traffic light had turned red. Hence, I had stopped my vehicle behind another vehicle, before the said junction. There were another 2 vehicles in front of mine. My vehicle was stationary.

Subsequently, I felt a hard impact from the back of my vehicle. I alighted and discovered that the other party's vehicle had hit onto the right rear portion of my vehicle. The damage sustained to my vehicle is damages to the right rear light and damages to the right rear bumper of the vehicle. I also felt pain at my chest area and my back area. I had went for medical consultation on my own afterwards, and was given medical leave of 2 days.



**SINGAPORE  
POLICE FORCE**



T/20171119/2075

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

3 of 4

Report No. T/20171119/2075

**CONTINUATION OF REPORT**

I wished to inform that there is in-car camera in my vehicle, and it is pointing towards the front direction.



**SINGAPORE  
POLICE FORCE**



T/20171119/2075

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

4 of 4

Report No. T/20171119/2075

**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:  
G /  
Staff Sgt MUHAMMAD SHAMIR BIN ZAINAL  
SUTU KHORIM HANUS RUKI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476179

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
19/11/2017 18:04

Classification Of Case:

**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

EQ INSURANCE COMPANY LTD

Ref : CS3/EQ117022286/T1vbe2-1

C/O: SEAH ONG & PARTNERS LLP  
36 ROBINSON ROAD  
#12-03 CITY HOUSESINGAPORE 068877

Date : 03-08-2018



Code : EQ1

**1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)**

Insured Veh.	SGN 6085J	Veh. Inspected	GBB 6369M
Policy No.	18.24263.S.CK.xy	Coverage (\$)	0.00
Claim No.	DM17HO02629	Excess (\$)	0.00
Assign From	HENG XIN YI	Assign Date	09/07/2018

**2. Vehicle Particulars & Condition**

Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	JTFHT02P100046058	Colour	SILVER
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	195 R15	MICHELIN	6 mm
L/H Front Tyre	195 R15	MICHELIN	6 mm
R/H Rear Tyre	195 R15	MICHELIN	6 mm
L/H Rear Tyre	195 R15	MICHELIN	6 mm

**4. Description of Damages**

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.
REPAIR CONDITION SEE DETAILS.

**5. General Information**

Accident Date	19/11/2017	Inspection Date	18/07/2018
Survey held at	HAN CAR REPAIRS BLK 1001 #01-49 BUKIT MERAH LANE 3 ALEXANDRA VILLAGE SINGAPORE 159718		

**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:	13 Working Days
-------------------------------------	-----------------

**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

Page No.: 1 of 3

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBB 6369M**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR TAILGATE	REPLACED	1,673.50	1,673.50
2	REAR TAILGATE DAMPERS	REPAIRED SEE LABOUR	508.40	-
2	REAR TAILGATE HINGES	NOT NECESSARY	137.10	-
1	REAR TAILGATE INNER BOARD	REPLACED	286.95	286.95
1	REAR TAILGATE INNER REMOTE	REPLACED	286.59	286.59
1	REAR TAILGATE LOCK	USED BACK	223.30	-
1	REAR TAILGATE LOCK STRIKER	REPAIRED SEE LABOUR	48.50	-
1	REAR TAILGATE LOGO	REPLACED	61.90	61.90
1	REAR TAILGATE OUTER GARNISH	USED BACK	219.20	-
1	REAR TAILGATE OUTER HANDLE	USED BACK	195.80	-
1	REAR TAILGATE RUBBER	REPLACED	328.48	328.48
1	REAR TAILGATE SIDE STOPPER	REPLACED	42.60	42.60
1	REAR TAILGATE KEY LOCK	REPLACED	156.10	156.10
1	REAR TAILLAMP	REPLACED	246.50	246.50
1	REAR TAILLAMP PANEL	REPLACED	461.90	461.90
1	REAR TAILLAMP LOWER GARNISH	REPLACED	75.00	75.00
1	REAR END PANEL	REPLACED	887.90	887.90
1	REAR INNER END PANEL	REPLACED	896.50	896.50
1	REAR END PANEL TOP MOULDING	REPLACED	99.20	99.20
1	REAR BUMPER	REPLACED	411.95	411.95
2	REAR BUMPER SIDE RETAINERS	REPLACED	47.80	47.80
1	REAR NUMBER PLATE LAMP	REPLACED	42.15	42.15
1	REAR FLOOR PANEL	REPAIRED SEE LABOUR	1,880.80	-
1	REAR SPARE TYRE CARRIER	NOT NECESSARY	331.20	-
1	REAR SPARE TYRE CARRIER LOCK CATCH	NOT NECESSARY	89.60	-
2	REAR EXHAUST SILENCER MOUNTINGS	REPLACED	97.20	97.20
1	REAR EXHAUST SILENCER PIPE	REPLACED	832.37	832.37
1	REAR FENDER	REPLACED	1,090.30	1,090.30
1	REAR FENDER INNER BOARD	REPLACED	338.70	338.70

Report Ref No. CS3/EQ17022286/T1vbe2-1



# 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

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR FENDER INNER SHIELD	REPLACED	437.20	437.20
1	REAR FENDER INNER PANEL	REPAIRED SEE LABOUR	437.20	-
	LESS 25% DISCOUNT		-3,217.97	-2,200.20
			9,653.92	6,600.59
	<b>SPECIAL NETT ITEMS</b>			
1	REAR WINDSCREEN SEALANT (SN)	REPLACED	60.00	60.00
1	REAR WINDSCREEN SEAL (SN)	REPLACED	80.00	60.00
1	REAR TAILGATE '70KM/H' STICKER (SN)	REPLACED	25.00	25.00
1	REAR TAILGATE STICKER (SN)	REPLACED	20.00	20.00
1	SET REAR REVERSE SENSOR (SN)	REPLACED	280.00	200.00
			465.00	365.00
	<b>LABOUR</b>			
	TO DISCONNECT AND RECONNECT, CHECK ELECTRICAL WIRING, HARNESS WIRES, SOCKETS, REPLACE DAMAGED PARTS.		50.00	30.00
	TO REMOVE AND REFIT INNER TRIMS, INNER GARNISHES, TO FACILITATE THE REPAIRS.		150.00	50.00
	TO REMOVE AND REFIT REAR BUMPER SENSOR.		150.00	30.00
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS.		200.00	120.00
	TO REMOVE AND REFIT, STRAIGHTEN AND RE-ADJUST EXHAUST PIPE AND REPLACE REAR EXHAUST SILENCER AND MOUNTINGS.		150.00	60.00
	TO REMOVE AND REPLACE THE ABOVE DAMAGED PARTS, STRAIGHTEN, KNOCK OUT, REALIGN AND REPAIR INCLUDING CUT AND WELD BODY PANELS. TO RE-ADJUST TO THE ORIGINAL POSITION USING POWER TOOLS. INCLUSIVE OF THE REPAIR OF REAR TAILGATE DAMPERS, REAR TAILGATE LOCK STRIKER, REAR FLOOR PANEL AND REAR FENDER INNER PANEL.		2,500.00	1,600.00
	TO SPRAY PAINT ON THE REPLACED AND REPAIRED PARTS, PREPARE SPRAY SUCH AS MASKING TAPE THE UNAFFECTED AREAS WITH PAPER, CLEANING AND SANDING OF SURFACES, FINAL POLISHING AND WAXING ARE ALSO AVAILABLE.		2,000.00	1,300.00
	TO APPLY UNDERCOATING ON THE REPAIRED AND REPLACED PANELS FOR RUST PROTECTION.		250.00	100.00
			5,450.00	3,290.00

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GRAND TOTAL		15,568.92	10,255.59
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			8,200.00

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MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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