MINION TOUR CONTROL CO	of CTI Bill to:	Date/Time 20/8/18/050cm
	RESTEVATINUMYTCS SIM 5520Y Truns Euroleus	Insured: 90F 32254 Tel: 9127 79 28
of Solicy No: DMPCSN / (Sum Insured: Make of Veh: Client's Record)	5 Ubi Close 512761802 Claim No:_ Excess:_	D.O.A 11 08 2018
CA / REV / REP. / REV 2.	HRS (UP)	H.O.D. Endorsement Vehicle IN OUT
Date/Time Action/Instruction SLMSS2 SDF 3.23	on () Estimate	4/Rodel DOA: 28/9/11

REF: CTI

(08/11/13)	wef	
ASS. REC.	BY:	Tank

ASSIGNMENT

From:	Date: 21/08/18	Veh No:	32455	20 4- Yr Re	ign: 2017	March
Estimated Cost:		Type: M.Ca	/ M.Cycle / Bus	/ Van / Lorry / Taxi	/ Prime Mover	1
OD THE WS ITP RES !	OD RES / EVA / INV / MV	Truck	/ Trailer or			12
To Inspect Vehicle No:	STM2250X	Make:	Margla.	5	c.c	1998
at Workshop m/s	Truns Eurokairs	Colour	Guy	A/C:	Insured / Std	/ NI / NA
of	5 Ubi close	Sp.Reading	26201)	T/Radi	o: Insured / Sto	AN I IN I
Insured:		Eng/No:				
Policy No.		C/No:	6 JM	6(W107	19012	5/25
Claims No.		Gen. Cond:	Good / Fair / Poo	or / Burnt		
Sum Insured:	Excess:	Steering: Inc	rder / Jammed /	Leaked / Burnt or	0	
(Client's Record)	11am-11-30am	Brake: Inc	nder / Jammed /	Leaked / Burnt or		
Make of Veh;	owner waiting	Modi: Nil	18/13/m / STD	A/Rim or	,	
	Ronald	Tyre Size:	F:	20	35 SKR	1/2
(Policy Condition)	Taken T		R:	7	1	
Remark: The veh had con	mmenced its N/S O/S	BS / DUN / E	EXNOVA / GY / F	S/LIZA/MIC/OH	TSU / PIR / SU	MI /
repair at the tin	ne of inspection.	TOYOTYO	KO or			
Bal, or Market Value:		Front		Rear		
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal.	6 m	m R/Bal.	6	mm
GIA / PR Seen:	Consistent? ; Yes or No	L/Bal.	L m	m L/Bal.	6	mm
Est. Repairs:	days Res.: Yes or No	D.O.A.		D.O.I.	21/8/	1884135
Lum Sum:	% 3 Val.: Yes or No	Survey held	at Tra	nsenvokar u	bi plase.	(00)
CA / DEV / DED /	24 HRS (W)		-	r / O/S / N/S / U	C / Rooftop	or
CA / REV / REP. /	Vehicle: IN / OUT	1 20/300//AD 50: MI	7	+0/5	vestamota dante.	
Date: Pe	erson Contacted:	The U/C	/ Chassis frame	e / Body Structure	affected due t	to collision.
Date / Time Action /	/ Instruction		360			
	RECEIVE	D 1 5 00	7 2018			
			. 2010			
Date/Time, File Pass to?	: Preli. Report	Days Of Rep	pair: 4			
15/10 Typist.	= /	Resurvey N		Survey	Fee:	
Date/Time, File Return to?	<u>J</u> . i mai report	resurrey n		Transpo	District Co.	
2)	Add Fee	: Site	Insp (\$	The state of the s	RSSI	
	1		view (\$) Photos	1	220
Report Format :	TP	: Tech	. Invs (\$) Others		
Lump Sum / I.B.I: (\$	4002.02	: Wee	kend (\$)		
				TOTA		



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

СН	INA TAIPING INSI	Affiliated to Federation Internation URANCE (S) PTE LTD			
	TAIL ING ING	DIVANCE (S) PTELTD	Ref : CS/CTI180151	45/T1td3	
3 A SP	NSON ROAD #16- RINGLEAF TOWE	-00 RSINGAPORE 079909	Date: 20-08-2018 Code: CTI		
1.		Policy Particulars	:- THIRD PARTY CLA	IM	
	Insured Veh.	SDF 3225U	Veh. Inspected	SLM 5520Y	
	Policy No.	DMPCSN1612761802	Coverage (\$)	0.00	
	Claim No.	SNM18D03890C02	Excess (\$)	0.00	
	Assign From	MERIMEN (ELAINE CHEONG)	Assign Date	20/08/2018	
2.		Vehicle Parti	culars & Condition		
	Make & Model		c.c	0	
	Engine No.	HIDDEN	Year of Reg.	ye.	
	Chassis No.		Colour		
	Odometer	¥)	Steering		
	Brakes		Modification		
	General				
		Conditi	ons of Tyres		
_		Size	Make	Balance	
	R/H Front Tyre			mm	
	L/H Front Tyre			mm	
	R/H Rear Tyre			mm	
	L/H Rear Tyre			mm	
		Description	on of Damages		
	English Sto.	General	Information		
	Accident Date		Inspection Date	21/08/2018	
	Survey held at	TRANS EUROKARS PTE LTD		21/00/2010	
		NO 5 UBI CLOSE SINGAPORE 408605			
a.	Communication	Re	marks		
	A)THE INSPECTIO	ON WAS CONDUCTED ON A"WITH CE TO YOUR INSTRUCTIONS, WE	AOUT DDE HIDIOET DAGE	c	

. . .

...CLAIM SUBFOLDER...(New Assignment)

Case	lotified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sut	mitted	Ins Auth'ed	Status	
Main 1	7 Aug 2018		20 Aug 2018 10:50 Assign				TIO MALITER	New Assignm Cancel Case	nent
М	ain	Re	ference		Claim Details		Documen	nts	Show All
CLAIM SUB	FOLDER DE	TAILS	the Later which the lat	Control of the last	AND DESCRIPTION OF THE PERSON NAMED IN				
Insured:		NG CHIT, ID: S	2557135F			Create	d by insurer]		
Main Claimant:	LOW E-WE		200712002						
Vehicle Reg. No.:	SLM5520	DY			Date of Loss:	pss: 11/08/2018 08:00 - :59			
Claim Type:	TP / SNM	18D03890C02			Policy/Cover	er DMPCSN1612761802 (Comprehensive)			
Vehicle Reg. No. (Insured):	SDF3225U				Note No.: Policy No. (Claimant):				
Repairer:	Tenes For		W-10-2-00-00-00-00-00-00-00-00-00-00-00-00-		Excess:	S\$0.00			
landling		kars Pte Ltd ()							
nsurer:	Cilila Taip	ing Insurance (singapore) Pte	. Ltd. (HQ)	- Tel: 6389 611	1 [Hand	iled by Elaine Che	eong]	
Adjuster: Adi Asa.	LKK Auto (Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Final Rpt	due 30/0	08/2018]		
koj Asg. Remarks:	EST \$7044.	86, ASSIGN MARC	US CHUA AS SJI	Ε.	1919-1-11-11				
SSOCIATE	MAIL REC	EIVED					72		
here are no	mail for this c	ase.						View All Compo	se Case Mail
ALL ASSOC	ATED TASK	S				Territories de	770000		
Due Date	Priority	Type Task G	roup Sobi	who is the		View All		Create New Task	Complete
lo results.		1,550	roup Subje	ct Hand	iler Assign	ed By	Completed On	Created O	n Done?

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/08/2018 10:53
Date Of Accident	11/08/2018 08:50
Exact Location Of Accident	JUNCTION OF SIN MIN WALK & SIN MIN AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM5520Y
Insured/Policyholder	
Name Of Registered Owner	LOW E-WEN
NRIC No	S8106376A
Email Address	EWENLOW19@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98233109
Alternative Phone No	OTHERS-98233109

Vehicle Particulars

Manufacturer MAZDA

Model MAZDA5

Exact Purpose for which vehicle was being used at PRIVATE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

or repair to your verticle;

If No, Please state action to be taken

Trito, riodad diata dation to be tanon

Vehicle Category

NO

THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number Cover Note Number

Driver

 Name of Driver
 LOW E-WEN

 NRIC No
 S8106376A

 Date Of Birth
 19/02/1981

 Occupation
 INDOOR

 Date Of Driving Pass
 19/04/2001

Driving Experience 17 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98233109

Fax Number

Contact Number OTHERS-98233109

EMail Address EWENLOW19@GMAIL.COM

Address

22 LORONG PUNTONG

#05-01

Postcode

576439

OWNER

Was driver an employee of the Insured's Company NO

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

4

Passenger 1

NAME:

: GARY LAU

GENDER:

: MALE

Passenger 2

NAME:

: GREGORY LAU

GENDER:

: MALE

Passenger 3

NAME:

: GENEVIEVE LAU

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDF3225U

Vehicle Make/Model/Colour

KIA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHENG

NRIC/Passport Number

Contact Number

97317091

Page 2 of 11

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

SKETCH PLAN

IMPORTANT NOTICE

- 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
- 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: 11 / 8 (18

11.45 am

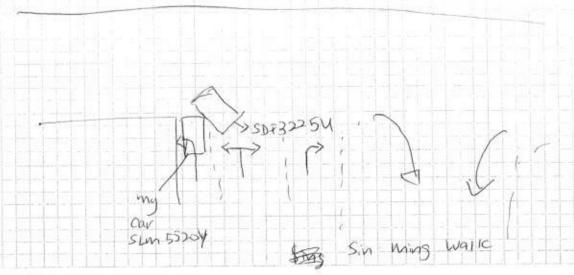
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Catherine Chua

NRIC/FIN No.:

SILLIAZELH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	turhi	190 ABI	na	to	tuin	left	ont	o Sing	Ming	Ave	Run
Sin in	ing L	Naik-	B	I was	on	the	101+	most	lane.	Q2 .	F3 2250
Nas in	the	middle	٤ ١	ane,	also	goin	ng t	s tavr	104	. HC	did .
not go	Snal.	when	tu	ming	left,	he	ramme	od the	sid	e 04	my
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and the second		1-1-1-1-1				11/2/15					
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									200	70°C-1	
		-	97-111								10-
						-					

DECLARATION

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

even.

Policyholder's Signature Date & Time: 11/S/18

GTASSMC SHotchPlanForm V2

Driver's Signature (If driver is not the policyholder) Date & Time: 3

Reporting Centre Personnel's Signature Name: Catherine Chuig NRIC/FIN No.: SI44935H



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No:

GR-18-122945

Date of Request:

11/08/2018

Your Ref No:

Online Purchase

Trans Eurokars Pte Ltd 12 Sungei Kadut Ave Singapore 729648

Dear Sir/Madam,

Enquiry Date

11/08/2018

Enquiry By

Catherine Chua Siew Quek

TP Vehicle No.

SDF3225U

Accident Date

11/08/2018

Enquiry Result

SDF 3225 N

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SDF3225U	China Taiping Insurance (Singapore) Pte. Ltd.	13/03/2018-12/03/2019	6389 6111

Thank You.

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

This is a computer generated document and requires no signature.



TRANS EUROKARS PTE LTD NO:5 UBI CLOSE, SINGAPORE 408605



ESTIMATE COST OF REPAIRS

WIP: 18741 Ms Low E-Wen CHINA TAIPING INSURANCE P/L NAME: ADDRESS : 626 Upper Thomson Road EXCESS: 3 ANSON ROAD DATE: 13-Aug-18 #02-16 #16-00 SPRINGLEAF TOWER Singapore 787130 SINGAPORE 079909 98233109 TEL: MOTOR CLAIMS ATTN.: FAX: CONTACT PERSON: Ronald 63957875 SLM5520Y DATE IN: VEH NO: THIRD PARTY CLAIM MILEAGE: TYPE OF CLAIM: CHASSIS NO: JM6CW1071G0125125 POLICY NO. : DATE REG.: MODEL: MAZDA5 31-Mar-17 NATURE OF WORKS Parts Description REVISED PRICES QTY NO 101 1,055.40 FRONT BUMPER 1 MC513-50-031BBB 1 ALL MC513-50-0T1B 20.50 RETAINER RHS 1 2 \$ 40.20 CVW 3 BRACKET RHS 1 MC513-50-151A X \$ 74.40 MC513-50-C11 1 COVER RHS, FOGLAMP 4 35.00 Mec-\$ MC274-50-133 CLIP, FORNT BUMPER 10 5 15.40 GROMMET, FRONT BUMPER 1 MC513-50-0T5A 6 \$ 30.40 4 MEA01-50-037 NU RIVET, FRONT BUMPER \$ ne, 21.60 4 MBN8F-50-355 8 RIVET, FRONT BUMPER 307.00 MCG37-52-111 1 9 FRONT FENDER RHS Ś 30.50 10 STAY RHS, FENDER 1 MC513-52-140 ne 42.00 FASTENER, MUDGUARD 15 MB45A-56-146A \$ 11 Ś 1.411.40 MC513-51-0K0F 12 HEADLAMP RHS 1 \$ 18.30 CLIP, HEADLAMP 3 MDR61-50-133 13 \$ MB092-51-833 3.30 RIVET, HEADLAMP 1 14 **TOTAL PARTS** 3,105.40 310.54 **LESS 10%** 2,794.86 TOTAL PARTS COST \$ **Labour Description** TO REPLACE FRONT BUMPER AND FRONT FENDER RH. REPAIR ALL AREAS AFFECTED BY 1,800.00 MZ-BR-FRONT7 1 THE ACCIDENT. MZ-SP-SFRT07 TO RESPRAY FRONT BUMPER AND FRONT FENDER RH. \$ 1,500.00 2 250.00 MZ-BR-CAVITY TO CARRY-OUT BODY CAVITY PRESERVATION. 3 MZ-BR-ELECTR TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING. 250.00 4

5	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		18	O	\$ 350.00
6	MZ-BR-SUNDRI	SUNDRIES.	nec 20		ETT	\$ 100.00
			TOTAL LABOUR	\$. 14	\$ 4,250.00
			TOTAL PARTS	\$. (14)	\$ 2,794.86
			TOTAL	\$	0.0	\$ 7,044.86
			LESS EXCESS	\$		\$
			TOTAL AFTER EXCESS	\$		
			GST 7%	\$	40	\$
			GRAND TOTAL	\$		\$

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT. TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400 WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

TRANS EUROKARS PTE LTD

Authorised Signature

62563561

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:



4

TRANS EUROKARS PTE LTD NO:5 UBI CLOSE, SINGAPORE 408605



FINALISED COST OF REPAIRS

18741 WIP: Ms Low E-Wen NAME: CHINA TAIPING INSURANCE P/L EXCESS: ADDRESS: 626 Upper Thomson Road 3 ANSON ROAD DATE: 13-Aug-18 #02-16 #16-00 SPRINGLEAF TOWER Singapore 787130 SINGAPORE 079909 98233109 TEL: MOTOR CLAIMS ATTN.: FAX: Ronald 63957875 CONTACT PERSON: DATE IN: SLM5520Y VEH NO : THIRD PARTY CLAIM TYPE OF CLAIM: JM6CW1071G0125125 MILEAGE: CHASSIS NO: POLICY NO. : DATE REG.: 31-Mar-17 MAZDA5 MODEL: NATURE OF WORKS **Parts Description** REVISED PRICES QTY NO 1,055.40 1,055.40 MC513-50-031BBB 1 FRONT BUMPER 1 \$ 20.50 \$ 20.50 MC513-50-0T1B 1 RETAINER RHS 2 40.20 \$ 1 MC513-50-151A 3 BRACKET RHS 74.40 \$ 1 MC513-50-C11 COVER RHS, FOGLAMP 4 MC274-50-133 \$ 35.00 \$ 35.00 10 CLIP. FORNT BUMPER 5 \$ 15.40 15.40 MC513-50-0T5A GROMMET, FRONT BUMPER 1 6 30.40 \$ 30.40 MEA01-50-037 4 RIVET, FRONT BUMPER 7 \$ 21.60 21.60 MBN8F-50-355 4 RIVET, FRONT BUMPER \$ 307.00 307.00 1 MCG37-52-111 FRONT FENDER RHS 9 \$ 30.50 \$ 30.50 MC513-52-140 1 STAY RHS, FENDER 10 \$ 42.00 \$ 42.00 MB45A-56-146A FASTENER, MUDGUARD 15 11 1,411.40 MC513-51-0K0F 1 HEADLAMP RHS 12 \$ 18.30 3 MDR61-50-133 CLIP, HEADLAMP 13 Ś 3.30 MB092-51-833 1 RIVET, HEADLAMP 14 1,557.80 \$ 3,105.40 **TOTAL PARTS** \$ 155.78 310.54 **LESS 10%** 1,402.02 2,794.86 **TOTAL PARTS COST Labour Description** TO REPLACE FRONT BUMPER AND FRONT FENDER RH. REPAIR ALL AREAS AFFECTED BY \$ 990.00 1,800.00 MZ-BR-FRONT7 THE ACCIDENT. 1,500.00 TO RESPRAY FRONT BUMPER AND FRONT FENDER RH. 1,260.00 \$ MZ-SP-SFRT07 2 250.00 MZ-BR-CAVITY TO CARRY-OUT BODY CAVITY PRESERVATION. \$ 3 150.00 250.00 MZ-BR-ELECTR TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.

1		Wige 1114-12-12-12-12-12-12-12-12-12-12-12-12-12-		-		_	
5	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACC	DIDENT REPAIR WORKS.	\$	180.00	\$	350.00
6	MZ-BR-SUNDRI	SUNDRIES.		\$	20.00	\$	100.00
-			TOTAL LABOUR	\$	2,600.00	\$	4,250.00
			TOTAL PARTS	\$	1,402.02	\$	2,794.86
			TOTAL	\$	4,002.02	\$	7,044.86
			LESS EXCESS	\$		\$	
			TOTAL AFTER EXCESS	\$	4,002.02		
			GST 7%	\$	280.14	\$	
			GRAND TOTAL	s	4,282.16	\$	

REMARKS:

4 REPAIR DAYS (exclude preparation of estimate, wait for survey/authorization/spare parts, Sat/Sun/PH)

LKK Auto Consultants Pte Ltd (Co.Reg. No:199807198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/CTI18015145/T1TD3N2

Date:

15/10/2018

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

Nature of

DMPCSN1612761802

Claimant

SLM5520Y

Insured Vehicle

SDF3225U

Vehicle No: Date of Loss: 11/08/2018

No: Claim:

TP

Claim No:

SNM18D03890C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

SLM5520Y

Make & Model:

MAZDA 5, 2.0 (A)

Engine No:

PE10437094

Reg. Date:

31/03/2017 (Man. Year: 2016)

Chassis No: Odometer:

JM6CW1071G0125125

Colour: Engine Capacity:

1998 cc

Market Value/New Car

N/A

Price:

Market Value/New Car Price

26201 km

Sum Insured (S\$):

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable): Yes Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

205/55R16

Rear Tyre Size:

205/55R16

Front Left Side: Front Right Side: Toyo 6 mm

Rear Left Side: Rear Right Side:

Toyo 6 mm Toyo 6 mm

Toyo 6 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts Miscellaneous Items	Repairer's 2,894.86 0.00	Adjuster's 1,422.02 0.00	Difference 1,472.84 0.00	Diff % 50.88
Labour Paintwork Labour	4,150.00 0.00	2,580.00 0.00	1,570.00 0.00	37.83
Towing	0.00	0.00	0.00	
Gross Total (S\$)	7,044.86	4,002.02	3,042.84	43.19
+ GST 7.00/7.00% (S\$)	493.14	280.14	213.00	43.19
Nett Amount (S\$)	7,538.00	4,282.16	3,255.84	43.19

INSPECTION

Date of Assignment:

20/08/2018

Date Inspected:

21/08/2018 Inspected At:

Trans Eurokars Pte Ltd

NO. 5 UBI CLOSE, SINGAPORE

Singapore 408605

Estimated Period of Repair:

4.0 days

Adjuster: XING GUO QIANG

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Version: 1.0 (Last Synchronised: 15 Oct 2018) Part Source: MRM-SG

MAZDA 5 2.0 (A) (Catalogue:Merimen Singapore 1.0) M1-MPV Parts:

(Price-denominated Standard List) Repairer's Labour:

Print Code: (Unsubmitted, no print-code for SLM5520Y)

These estimates are valid only if they contain the print code (above) on all estimate pages, running page Validity:

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended	Parts
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No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Deformed	1,055.40 FL	*1,055.40 FL
2	1		*RETAINER RHS	Necessary	20.50 FL	*20.50 FL
3	1		*BRACKET RHS *COVER RHS,FOGLAMP	Not Necessary Not Necessary	40.20 FL 74.40 FL	*- FL *- FL
5	10 1		*CLIP,FRONT BUMPER *GROMMET,FRONT BUMPER	Necessary Necessary	35.00 FL 15.40 FL	*35.00 FL *15.40 FL
7	4		*RIVET,FRONT BUMPER *RIVET,FRONT BUMPER	Necessary Necessary	30.40 FL 21.60 FL	*30.40 FL *21.60 FL
9	1		*FRONT FENDER RHS *STAY RHS,FENDER	Bent Necessary	307.00 FL 30.50 FL	*307.00 FL *30.50 FL
11	15		*FASTENER,MUDGUARD	Necessary	42.00 FL	*42.00 FL
12	1		*HEADLAMP RHS	Not Necessary	1,411.40 FL	*- FL
13 14	3		*CLIP,HEADLAMP *RIVET,HEADLAMP	Not Necessary Not Necessary	18.30 FL 3.30 FL	*- FL *- FL
15	1 anchise	part. S=SpcNe	*SUNDRIES ett. L=ListItemDisc.	Necessary	100.00 FS	*20.00 FS
			Sub Total (S\$) - List Item Discount on L Items 10.00/10.00% (S\$)			1,577.80 155.78
				Total Parts (S\$)	2,894.86	1,422.02

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	TO REPLACE FRONT BUMPER AND FRONT FENDER RH.REPAIR ALL AREAS AFFECTED BY THE ACCIDENT	New	1,800.00	990.00
2	TO RESPRAY FRONT BUMPER AND FRONT FENDER RH	New	1,500.00	1,260.00
3	TO CARRY-OUT BODY CAVITY PRESERVATION	New	250.00	-
4	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING	New	250.00	150.00
5	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS	New	350.00	180.00
	Gross Labou	r Cost (S\$)	4,150.00	2,580.00
	Report was unsubmitted durin	g this print-out.		

< END OF ESTIMATES >