

REF: C33 / ASM13011488 / Bsb⁵²-1

Special Instruction:

US: \$ 200.00

Third Parties:

Claimant:

Surveyor: CL Appraisers.

Workshop: Teamwork

ASSIGNMENT (Office)

From (Person): Heng Xinyi of Seah Ong Date/Time: 25/08/2018
 Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No: EW 213Y Insured: S8Q 4775H

at Workshop m/s Teamwork Tel: _____

of 53 Ubi A/LI #01-25

Policy No: _____ Claim No: 18-04936 PD-0

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19-06-2018

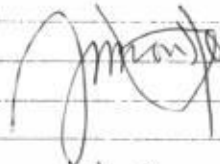
(Client's Record)

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red S _____ / _____ %; Original 6 days)

Date/Time: 11/07/18 Submit Final Fig \$6,850/-, 6 days (Red \$ 2,350/- 26 %; Original 6 days)

Date/Time	Action/Instruction
	EW 213Y - 733 / ASM18V11488 / V24652 980 17154 - X
	<div style="text-align: right;">  10/9/20 TGM lin 15/10/20 </div>

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 11 SEP 2018

Para(3) : Nett Value

Market Value : _____

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

<i>Fee Charged:</i>

Basic & Add

Transport

Photos

Others

Total

Date:

1) Date/Time _____ 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 _____

7/20/2018

ASS. REC. BY:

REF: CS3/ASM18011482/VZ4657

Special Instructions:

ASSIGNMENT (Office)

Smart claim

From (Person):

Winnie Ho

of

ASM

Date/Time: 20062018 11:27am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

EW 213Y

Insured:

SBR 4775H

at Workshop m/s

Teamwork

Tel:

6844 2475

of

53 Ubi Ave 1 #01-24

Policy No:

Claim No:

98M00LJK

Sum Insured:

Excess:

Make of Veh:

D.O.A.

19062018

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

26062018

R.O.D Endorsement:

Date/Time: 20062018 22:14pm

Person Contacted:

Damen

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate	
	EW 213Y - NA / TMT / 801625 / ZH	DIA: 19062018
	SBR 4775H - X	
17/6/18	D:smantle	

REF: ASM (AXA)

ASSIGNMENT

From:

Date:

26/6/18

Estimated Cost:

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

To Inspect Vehicle No:

EW 213Y

at Workshop no:

Teamwork

at:

53 ubi Ave 1 # 01-24

Insured:

Policy No:

Claims No:

Sum Insured:

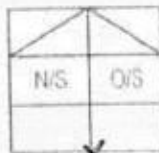
Excess:

(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

Lump Sum:

3 Val: Yes or No

CA / REV / REP. / 24 HRS 'wop

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

EW 213Y

Vr Regn:

Jan 2015

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

Truck / Trailer or

Make:

Hyundai Sonata

cc 1999

Colour:

White

A/C Insured / Std / Nil / NA

Sp Reading:

42311

T/Radio: Insured / Std / Nil / NA

Eng/No:

G4NAEA368901

C/No:

KMHE341CMFA065779

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orDrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 215/55 R17

R: 215/55 R17

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

TOYO / YOKO or

Nexen

Front:

Rear:

R/Bal:

6

mm

R/Bal:

6

mm

L/Bal:

6

mm

L/Bal:

6

mm

D.O.A:

19/6/2018

D.O.I:

26/6/2018 / Ostran

Survey held at:

Teamwork Garage

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

26/6/18

Submit PRS report.

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

1) 3 + PC 1/4

1) Others

1) Others

TOTAL

Report Format:

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

Add Fee:



Site Insp \$



Interview \$



Tech. Insp \$



Weekend \$

Catherine Chong (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Saturday, 25 August, 2018 9:18 PM
To: 'Catherine Chong (LKK Auto)'
Cc: Chee Kiong; samson@seahong.com.sg; amanda@seahong.com.sg
Subject: EW 213Y [Our file ref: 18.24936 PD-O]
Attachments: TP LOD.pdf

Dear Catherine,

CLAIMANT : THAM PEI LING SUSAN
VEHICLE NUMBER : EW 213Y
ALLEGED ACCIDENT DATE : 19 JUNE 2018
AXA VEHICLE NUMBER : SBQ 4775H

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report is attached. A copy is enclosed.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
- b. If you have not conducted post-repair inspection, please let us arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest.

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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Disclaimer: Internet communications are not secure. While every reasonable effort has been made to ensure that this communication has not been tampered with, Seah Ong & Partners LLP cannot be responsible for alterations made to the contents of this message without its express consent. If you wish to receive a hard copy of this message for comparison or should you require any other form of confirmation of the contents of this message, please contact the sender. Opinions, conclusions and other information in this message that do not relate to the official business of the company shall be understood as neither given nor endorsed by Seah Ong & Partners LLP.

60104981

UEN No: 201410012K

Our Ref : VP.282757.18(SY)
Your Ref : S8M00LJK MC/WH
Date : 20 August 2018

<input type="checkbox"/> Via Fax ()	3 0 1 9 4 5 7 0 0 8 - - -
<input type="checkbox"/> Via AR Registered	
<input checked="" type="checkbox"/> Via Certificate of Posting	
<input type="checkbox"/> Via Ordinary Post	
<input checked="" type="checkbox"/> Via Hand / Courier	
<input type="checkbox"/> Via Email ()	

Managing Director

Vijai Parwani

parwani@parwanilaw.com.sg

Associates

Shane Yeo

shane@parwanilaw.com.sg

Nicholas Chandra

nicholas@parwanilaw.com.sg

Victor Huang Po Han

victor@parwanilaw.com.sg

Legal Executive

Ari James

ari@parwanilaw.com.sg

We do not accept service of court documents by fax

AXA INSURANCE PTE LTD

8 Shenton Way
#24-01 AXA Tower
Singapore 068811

Attention: Motor Claims Department

EE PENG NEO AGNES

43 Jalan Buloh Perindu
Singapore 457701

CERTIFICATE OF POSTING

(For your information only)



Dear Sirs,

CLAIMANT: THAM PEI LING SUSAN

ACCIDENT INVOLVING EW 213Y AND SBQ 4775H AT THE JUNCTION OF JALAN BULOH PERINDU & EAST COAST ROAD ON 19 JUNE 2018.

We act on the instructions of **THAM PEI LING SUSAN**, the owner of Motor Vehicle No. **EW 213Y** (the "Vehicle").

We are instructed by our client to claim damages against you/your insured in connection with the abovementioned road traffic accident involving our client's motor vehicle (**EW 213Y**) and your/your insured's motor vehicle (**SBQ 4775H**) driven by you/your insured at the material time.

We are further instructed that the accident was caused by you/your insured's negligence in driving and/or management of your/your insured's vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows: -

Address: 151 Chin Swee Road #13-06 Manhattan House Singapore 169876

Tel: 6734 9100 Fax: 6734 9160 Email: hello@parwanilaw.com.sg

Website: www.parwanilaw.com.sg

S/No.	Description	Amount
1	Repair Costs	\$9,844
2	Loss of Use at \$200 per day (5 days)	\$1,000
3	Survey Report Fees	\$724
4	LTA Search	\$7.49
5	Cost Contribution (at this stage)	\$1,000
6	Disbursements (at this stage)	\$80
		TOTAL: \$12,655.49

We enclose a copy of each of the following supporting documents: -

- GIA Report lodged by our client;
- LTA Search;
- Vehicle Rental Agreement;
- Surveyor's report and invoice from M/s CL Appraiser Pte Ltd; and
- Copies of photographs of our client's damaged vehicle.

The demand herein is in respect of our clients' claim for damages pertaining to their motor vehicle and any settlement following or subsequent to this demand shall not prejudice our clients' claim in respect of damages and consequential loss in relation to personal injuries.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you and your insurer should send to us an acknowledgment of receipt of this letter within 14 days of receipt of this letter, failing which our clients will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Our clients' claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our clients.

Please also take note that if you have a counterclaim against our clients arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,

PARWANI LAW LLC

Shane Yeo

cc. Clients

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	21/06/2018 11:13
Date Of Accident	19/06/2018 13:55
Exact Location Of Accident	JUNC JALAN BULOH PERINDU & EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EW213Y
Insured/Policyholder	
Name Of Registered Owner	MS THAM PEI LING SUSAN
NRIC No	S1153358B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96623359
Alternative Phone No	OFFICE-96623359
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	LF SONATA 2.0 GLS A/T
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MW000229-R03
Cover Note Number	
Driver	
Name of Driver	THAM PEI LING SUSAN
NRIC No	S1153358B
Date Of Birth	12/02/1956
Occupation	INDOOR
Date Of Driving Pass	16/01/1978
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96623359
Fax Number	
Contact Number	OFFICE-96623359
Email Address	NOEMAIL

Address 14 JALAN PUTERI JULA JULI
 Postcode 457478
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 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) 1

Details of Police Action

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

Circumstances of Accident

REFER TO STATEMENT.

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 SBQ4775H
 Vehicle Make/Model/Colour TOYOTA ALTIS
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver AGNES EE
 NRIC/Passport Number
 Contact Number 96612811
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Accident 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 Authorized 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 case recording 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:

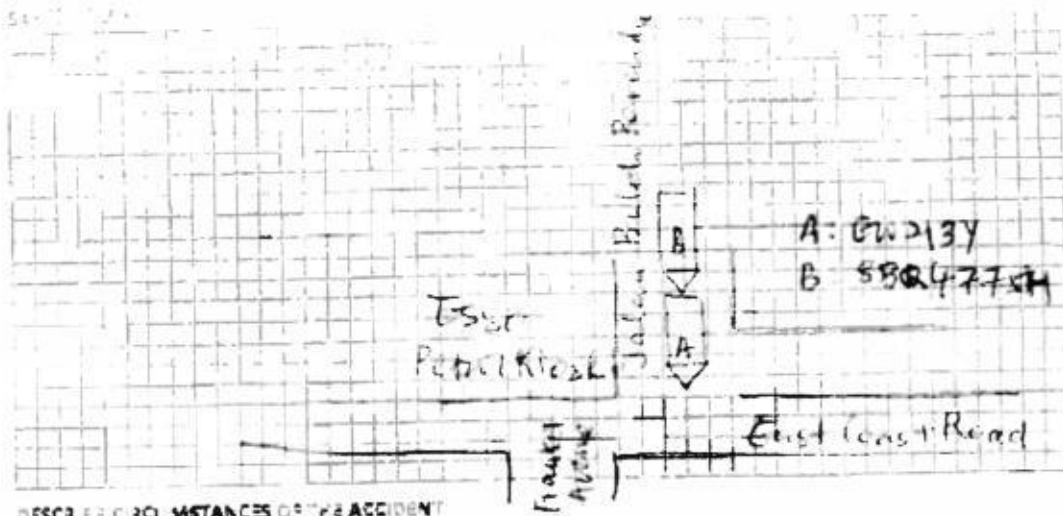
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Person's Signature
Name:
NR/C/PIN No.

Accident Sketch Plan



DESCRIBE THE DISTANCES OF THE ACCIDENT

On 19/6/18 @ 13:55 I was driving along Jalan Buloh Rendah. I stopped at the T-junction waiting for the traffic to be clear along East Coast Road before turning ~~right~~ ^{left} heading towards Changi Airport to head along East Coast Road. As I was focusing on the traffic, I suddenly felt a very strong hit and a loud bang at the back of my car. A black Toyota Altis hit my car. As I look thru the rear mirror, I saw a Toyota Altis just ^{behind} behind my car.

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 Person's Signature
Name
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



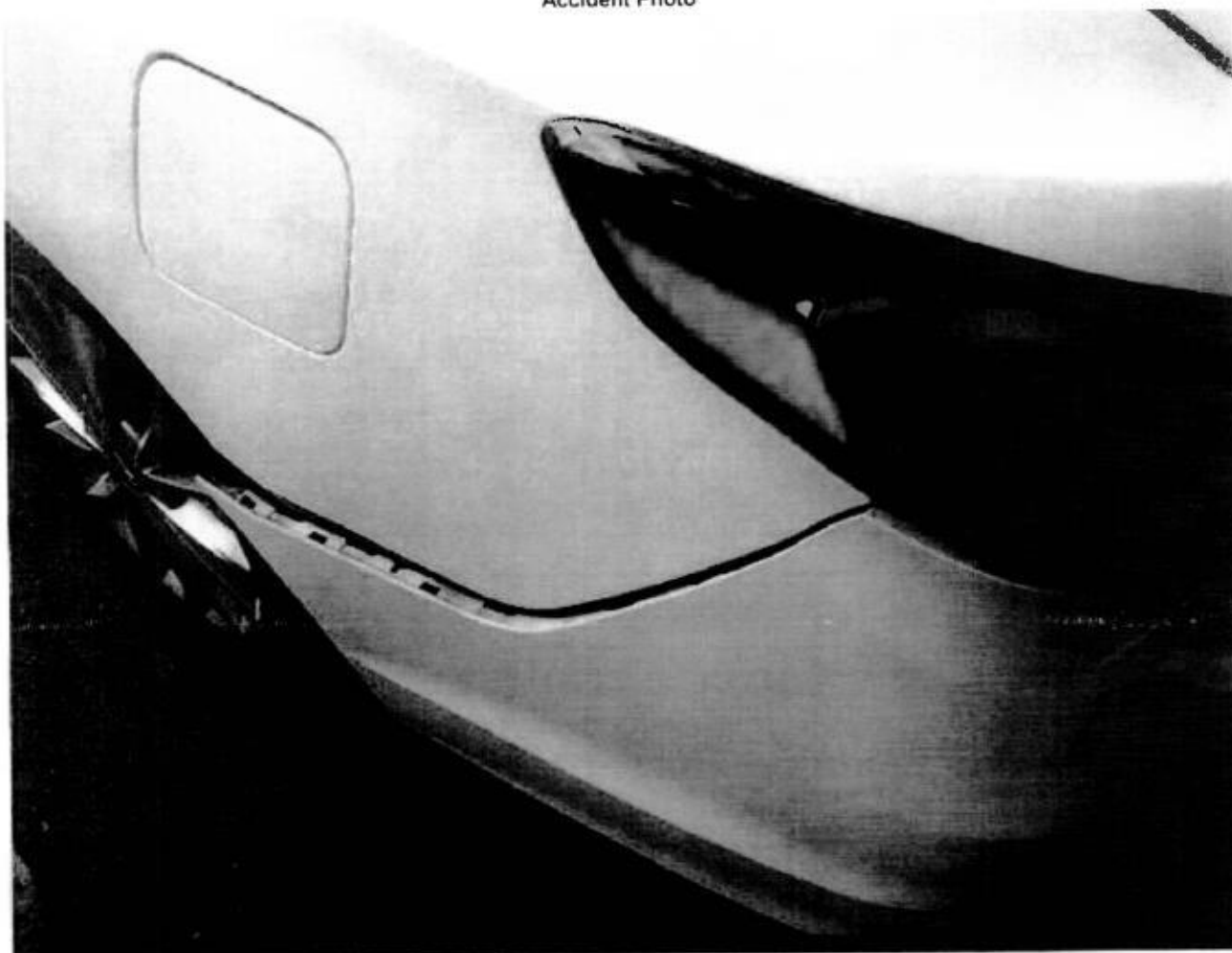
Accident Photo



Accident Photo



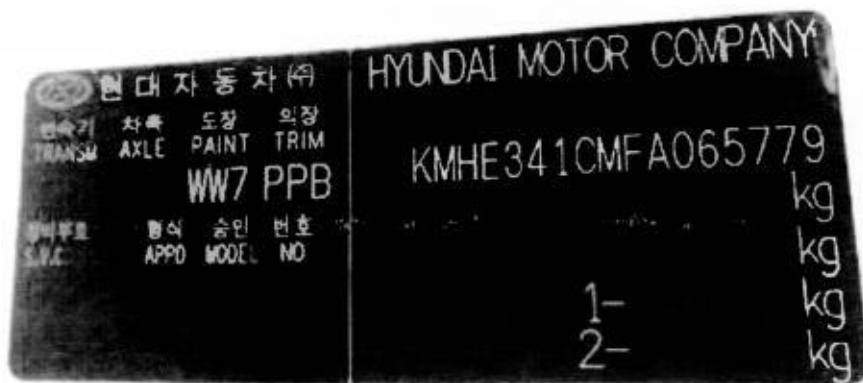
Accident Photo



Accident Photo



Accident Photo



Enquire Vehicle & Owner Information (Vehicle No. SBQ4775H As At 19 Jun 2018 / 13:55:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: VP.282757.18(SY)

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S1216103D
Owner Name: EE PENG NEO AGNES
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 43
Registered Street Name: JALAN BULOH PERINDU
Registered Unit No.: -
Registered Building Name: -
Registered Postal Code: 457701

Current Vehicle Details

Vehicle No.: SBQ4775H
Make Description/Model: TOYOTA / COROLLA ALTIS 1.6 CVT
Insurance Company Name: AXA INSURANCE PTE LTD

K & t Cars

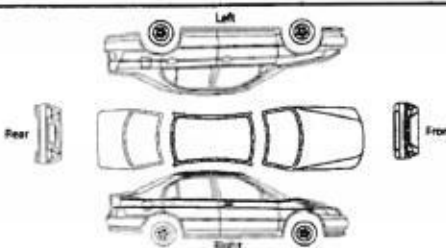
53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-03646

Veh. No.: <u>ZW 2134</u>	Replace Veh. No.: <u>SLC 8902 L</u>
Veh. M / M: <u>HYUNDAI SONATA</u>	Replace Veh. M / M: <u>NISSAN Teana</u>

HIRER'S PARTICULAR		<input checked="" type="checkbox"/> SAME AS HIRER	DRIVER'S PARTICULAR	
Name:	<u>Tham Pei Ling Susan</u>		Name:	
Address:	<u>14 Jalan Piteri, Jula Juli</u> <u>S(457478)</u>		Address:	
I/C:	<u>S1153358B</u>		I/C:	
Contact:	<u>96623359</u>		Contact:	
D.O.B:	<u>12/02/1956</u>		D.O.B:	
Pass Date:	<u>16/01/1978</u>		Pass Date:	

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	

RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	<u>25.06.18</u>		Date In	<u>30.06.18</u>	
Time Out	<u>09:25</u>		Time In	<u>11:10 a.m</u>	
ASSIGNED BY			CHECKED BY		



RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily	@ \$	<u>200</u>	<u>5</u> Days @ \$ <u>1000</u>	OUT	E	1/4	1/2	3/4	F
Weekly	@ \$		Wks @ \$						
Monthly	@ \$		Mth @ \$	IN	E	1/4	1/2	3/4	F
Hours	@ \$		Hrs @ \$						
*Inclusive of additional charges (if any)				Petrol Charges		YES	NO	AMT: _____	
Amt payable* \$ <u>1000</u>				CDW		YES	NO	AMT: _____	
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST				Security Deposit		YES	NO	AMT: _____	
Bank / Cheque No.:				Advance Payment		YES	NO	AMT: _____	

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

IMPORTANT INFORMATION: To be go through by the person(s) K & t CARS to the Hirer and/or driver upon leasing of vehicle)

- Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT

 Signature of hirer / driver (company stamp if any)	 For and on behalf of K & t CARS (authorised signature only)
---	--

CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440

Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783

Reg No: 201000228E

INVOICE

Tham Pei Ling Susan
C/o: Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-24
Paya Ubi Industrial Park, Singapore 408934

Invoice No: CL/18592

Ref No: TWG/06/1803/TP

Date: 13 July 2018

DESCRIPTION

AMOUNT

OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. EW 213 Y
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES
(INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

GRAND TOTAL S\$ 724.00

E & O. E

All cheque payment should be "Crossed" and made payable to "CL APPRAISER PTE LTD"

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd

LCL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Tham Pei Ling Susan
C/o: Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-24
Paya Ubi Industrial Park, Singapore 408934

Date : 13 July 2018
Our ref : TWG/06/1803/TP

Accident Date : 19 June 2018
Inspection Date : 25 June 2018
Repairer Name : Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-24
Paya Ubi Industrial Park, Singapore 408934

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No : EW 213 Y
Make / Model : Hyundai Sonata
Chassis No : KMHE341CMFA065779
Engine No : G4NAEA368901

Year / Capacity : 2015 / 1999 cc
Colour : White
Mileage : 42311

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	Nexen	215/55 R17	5 mm	Sport
Front Offside	Nexen	215/55 R17	5 mm	Sport
Rear Nearside	Nexen	215/55 R17	5 mm	Sport
Rear Offside	Nexen	215/55 R17	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear portion.
(Details refer to the photographs attached)

Enclosed number of photographs: **104** copies

REMARKS

This inspection was conducted entirely on a "**WITHOUT PREJUDICE**" basis
and we have not given authorization and instruction to the repairer to proceed with the repair

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$ 9,200.00** on a contractual basis.

Under normal circumstances, the repair period would be about 6 (Six) working days.

Vehicle Registration No: EW 213 Y

Our Ref No: TWG/06/1803/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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SPARE PARTS - LIST ITEMS

1	Rear boot lid	Damage	\$ 1,528.00	\$ 1,528.00 RX
2	Rear boot hinges	Intact	\$ 275.60	
2	Rear boot lamps	Damage	\$ 1,800.60	\$ 1,800.60 CUT
1	Rear boot lock	Damage	\$ 250.80	\$ 250.80
1	Rear boot logo	Necessary	\$ 97.80	\$ 97.80 NECV
1	Rear boot rubber	Necessary	\$ 289.90	\$ 289.90
1	Rear boot "SONATA" emblem	Necessary	\$ 90.90	\$ 90.90 NECV
2	Rear taillamps	Damage	\$ 1,977.60	\$ 1,977.60 CUT
1	Rear end panel	Damage	\$ 1,255.80	\$ 1,255.80
1	Rear end panel inner garnish	Damage	\$ 299.30	\$ 299.30 CRAV
1	Rear bumper	Damage	\$ 900.20	\$ 900.20 CUT
2	Rear bumper top brackets	Damage	\$ 89.00	\$ 89.00
1	Rear bumper lower diffuser	Damage	\$ 455.00	\$ 455.00
2	Rear bumper reflectors	Damage	\$ 199.60	\$ 199.60 CUT
1	Rear bumper reinforcement	Damage	\$ 455.80	\$ 455.80 CUT
1-2	Rear bumper reinforcement stays 14-DD	Damage	\$ 401.60	\$ 401.60 DD
2-4	Rear bumper reinforcement brackets	Damage	\$ 252.00	\$ 252.00 DD
1-2	Rear bumper side retainers	Necessary	\$ 135.60	\$ 135.60 NECV
1	Rear bumper centre lamp	Damage	\$ 155.00	\$ 155.00 CUT
1	Rear bumper undercover	Damage	\$ 155.80	\$ 155.80 CUT
1	Rear exhaust silencer	Intact	\$ 800.80	
2	Rear exhaust mountings	Intact	\$ 171.60	
			\$ 12,038.30	\$ 10,790.30
Less 20%			\$ 2,407.66	\$ 2,158.06
Total Cost - List Items			\$ 9,630.64	\$ 8,632.24

SPECIAL NETT ITEMS

1	Rear bumper clip (1 set)	Necessary	\$ 60.00	\$ 40.00 60.00 NECV
1	Rear number plate with holder	Damage	\$ 50.00	\$ 30.00 50.00 BR
1	Rear reverse camera	Damage	\$ 480.00	\$ 480.00
Total Cost - Special Nett items			\$ 590.00	\$ 590.00

Total cost of parts

\$ 10,220.64 \$ 9,222.24

Vehicle Registration No: EW 213 Y

Our Ref No: TWG/06/1803/TP

S/No	Description	Repairer's Estimate	Revised Amount
	Total cost of parts c/f	\$ 10,220.64	\$ 9,222.24

LABOUR

- | | | | |
|---|--|-------------|--|
| 1 | To remove, refit, replaced damaged lamps and check up rear electrical wiring | \$ 80.00 | \$ 50.00 ^{30x} |
| 2 | To remove and refit inner garnishes, inner trim to assist repair. | \$ 150.00 | \$ 60.00 120.00 |
| 3 | To remove and refit rear reverse sensor and camera. | \$ 150.00 | \$ 60.00 120.00 |
| 4 | To transfer boot lid mechanism and wiring assembly to assist repair. | \$ 80.00 | \$ 60.00 ^X |
| 5 | To apply undercoating on repaired and replaced panel. | \$ 150.00 | \$ 60.00 90.00 |
| 6 | To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident. | \$ 1,400.00 | \$ 600.00 ⁺²⁰⁰ 1,000.00 ^Δ |
| 7 | To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident. | \$ 1,200.00 | \$ 600.00 ⁺²⁰⁰ 880.00 ^Δ |

GRAND TOTAL

\$ 13,430.64 \$ 11,542.24

Repair days 6

Vehicle Registration No: EW 213 Y

Our Ref No: TWG/06/1803/TP

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 : \$ 9,200.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deem to be vaild.

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 vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser



51 UBI AVE 1, #01/02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 6256 3561 FAX: (065) 6256 4315

Your Ref: 18.24936 PD-O

Date: 21st September 2018

Our Ref: CS3/ASM18011488/Bsbs2-1

M/s AXA Insurance Pte Ltd

C/o: Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: EW 213Y

INSURED VEHICLE: SBQ 4775H

ACCIDENT DATE: 19/06/2018

We thank you for your instruction on 25/08/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of EW 213Y from M/s CL Appraiser Pte Ltd.
- b) Singapore Accident Statement of Vehicle EW 213Y.
- c) Colour damaged vehicle photographs of EW 213Y.

Pre-Repair Inspection Date : 26/06/2018 at M/s Teamwork Garage Pte Ltd, 53 Ubi Avenue 1 #01-24 Singapore 408934.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: EW 213Y
Make & Model	: Hyundai Sonata
Year of Registration	: 2015
Chassis Number	: KMHE341CMFA065779
Engine Capacity	: 1999 cc

2. We recommend that the repairs of the entire damage require about 6 (Six) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. EW 213Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BOOT LID	TO REPAIR SEE LABOUR	1,528.00	-
2	REAR BOOT HINGES	INTACT	275.60	-
2	REAR BOOT LAMPS	CUT	1,800.60	1,800.60
1	REAR BOOT LOCK	BENT	250.80	250.80
1	REAR BOOT LOGO	NECESSARY	97.80	97.80
1	REAR BOOT RUBBER	DENTED	289.90	289.90
1	REAR BOOT "SONATA" EMBLEM	NECESSARY	90.90	90.90
2	REAR TAILLAMPS	CUT	1,977.60	1,588.40
1	REAR END PANEL	BUCKLED	1,255.80	1,255.80
1	REAR END PANEL INNER GARNISH	CRACKED	299.30	299.30
1	REAR BUMPER	CUT	900.20	800.00
2	REAR BUMPER TOP BRACKETS	DAMAGED	89.00	89.00
1	REAR BUMPER LOWER DIFFUSER	CRACKED	455.00	455.00
2	REAR BUMPER REFLECTORS	CUT	199.60	199.60
1	REAR BUMPER REINFORCEMENT	CUT	455.80	455.80
2	REAR BUMPER REINFORCEMENT STAYS	N/S DENTED	401.60	200.80
4	REAR BUMPER REINFORCEMENT BRACKETS	DENTED 2PCS ONLY	252.00	126.00
2	REAR BUMPER SIDE RETAINERS	NECESSAR 1PC ONLY	135.60	67.80
1	REAR BUMPER CENTRE LAMP	CUT	155.00	155.00
1	REAR BUMPER UNDERCOVER	CUT	155.80	155.80
1	REAR EXHAUST SILENCER	INTACT	800.80	-
2	REAR EXHAUST MOUNTINGS	INTACT	171.60	-
	LESS 20% DISCOUNT		-2,407.66	-1,675.66
			9,630.64	6,702.64
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	60.00	40.00
1	REAR NUMBER PLATE WITH HOLDER (SN)	BROKEN	50.00	30.00
1	REAR REVERSE CAMERA (SN)	NOT NECESSARY	480.00	-
			590.00	70.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REMOVE, REFIT, REPLACED DAMAGED LAMPS AND CHECK UP REAR ELECTRICAL WIRING.		80.00	30.00
	TO REMOVE AND REFIT INNER GARNISHES, INNER TRIM TO ASSIST REPAIR.		150.00	60.00
	TO REMOVE AND REFIT REAR REVERSE SENSOR AND CAMERA.		150.00	60.00
	TO TRANSFER BOOT LID MECHANISM AND WIRING ASSEMBLY TO ASSIST REPAIR.	NOT NECESSARY	80.00	-
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.		150.00	60.00
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; REALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR BOOT LID.		1,400.00	800.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,200.00	800.00
			3,210.00	1,810.00
	GRAND TOTAL		13,430.64	8,582.64
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				6,850.00

Report Ref No. CS3/ASM18011488/Bsbs2-1

LIM TEOW GUAN

Asst. Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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