

2/03/2000

ASS. REC. BY:

REF:

CS/CT#18015569/RHd3^{sr}

Special Instruction:

Surveyor:

Rasul

ASSIGNMENT (Office)

From (Person):

Irene ky

of

CTF

Date/Time: 24/8/18 @ 3:48pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLD 9431S

Insured:

PC 2837J

at Workshop in/s

Etho2 Group

Tel:

9624 8656

of

30 Dkt Dato K Crescent

Policy No:

DMB1SN 3088 321700

Claim No:

SNM18 D04103C02

Sum Insured:

Excess:

Make of Veh:

D.O.A.

9/8/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

11-32am @ 27/8/18

Person Contacted:

gheh

Vehicle ☒ IN / ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SLD 9431S - x

PC 2837J - CS3/CT#18012630/G24d3e2 DOA: 28/6/18

Part by Part \$450

(Red: 3782.36; 89%)

Surveyor: Paul

REF:

4531H

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLO 9431Sat Workshop m/s ETHO2of 30, Bukit Fatmahan CresInsured: CTI

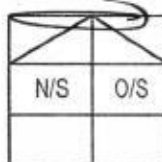
Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ 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: SLO 9431S Yr Regn: 2016 / JunType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MAZDA 3 C.C. 1496Colour: GRAY A/C: Insured / Std / NI / NASp. Reading: 54086 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BM42A8G0346002Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R15

R: _____

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

TOYO / YOKO or

FRUEN

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 09/08/18D.O.I. 27/08/18Survey held at ETHO2Des. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

RECEIVED 03 OCT 2018

RECEIVED 10 OCT 2018

Date/Time, File Pass to?

☐

Preli. Report

☒

Final Report

1) 9/10 Typist

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1Survey Fee: 220

Transportation: _____

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

S + RS, SI

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B. (\$ 4500)



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				
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CS/CTI18015569/R1td3		
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909		Date : 27-08-2018		
		Code : CTI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	PC 2837J	Veh. Inspected	SLD 9431S	
Policy No.	DMB1SN3088321700	Coverage (\$)	0.00	
Claim No.	SNM18D04103C02	Excess (\$)	0.00	
Assign From	MERIMEN (IRENE TAY)	Assign Date	27/08/2018	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions 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	
4. Description of Damages				
5. General Information				
Accident Date	09/08/2018	Inspection Date	27/08/2018	
Survey held at	ETHOZ GROUP LTD 30 BUKIT BATOK CRESCENT SINGAPORE 658075			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	23 Aug 2018		24 Aug 2018 15:48 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:			
Main Claimant:	ETHOZ GROUP LTD		
Vehicle Reg. No.:	SLD9431S	Date of Loss:	09/08/2018 00:00 - :59
Claim Type:	TP / SNM18D04103C02	Policy/Cover Note No.:	DMB1SN3088321700
Vehicle Reg. No. (Insured):	PC2837J	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Ethoz Group Ltd (HQ) 30 Bukit Batok Crescent, 658075 Bukit Batok - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 04/09/2018]		
Adj Asg. Remarks:	EST \$3470.27, ASSIGN XING QUO QIANG AS SJE.		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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	10/08/2018 10:59
Date Of Accident	09/08/2018 09:30
Exact Location Of Accident	AT 6 IRRAWADDY RD S(329543) IBIS HOTEL COMPOUND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD9431S
Insured/Policyholder	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN L SP.6EAT (A)
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D18MTRENT000070
Cover Note Number	

Driver

Name of Driver	FURUDATE NAOKI
Passport No/FIN	G3479651W
Date Of Birth	30/12/1979
Occupation	INDOOR
Date Of Driving Pass	08/02/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82616912
Fax Number	
Contact Number	
Email Address	FURUDATE@HITACHISOLUTIONS.COM

Address	6 IRRAWADDY ROAD
Postcode	329543
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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

KINDLY REFER TO SKETCH PLAN.

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	PC2837J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Nauki Sundate
Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/08/2018

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

SKETCH PLAN

Refer to attach sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

09/08/2018 Time: 09:30 at 6 Irrawaddy Rd, Singapore 329543 parking space

Vehicle number JLD 9431S was parking in space near lobby inside the Hotel property.

It was a time myself and other 2 people was on way to drive to working office located at Tuas. We were waiting for 1 person to arrive so parked, at that timing no other vehicle were around and we were waiting our side.

While waiting BUS ~~were~~ came back ward trying to get inside of Hotel to park. BUS ~~drive~~ continue drive back ward and did not stop until hitting ~~the~~ our car that was parking.

Neelgi Farudate

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- | | |
|---|----------------------------------|
| | - Reporting Only |
| | - Claim OD |
| ✓ | - Claim TP |
| | - Claim OD/ TP at other workshop |

DECLARATION

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



Policyholder's signature

Date & Time

Neelgi Farudate

Driver's Signature

(if driver not the policyholder)

Date & Time

10/08/2018

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

IBISNOVENAロビー

自動販売機

停車中(人無)



支柱

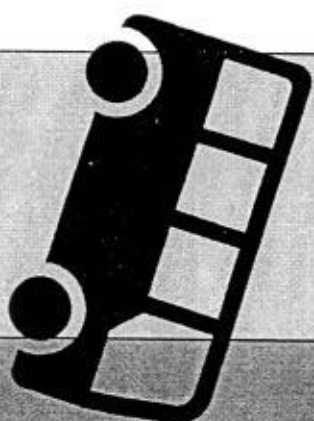
待ち中



reverse hit



支柱



PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 27/08/2018

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D18MTRENT000070

Accident Date : 09/08/2018

Vehicle No : SLD-9431-S

Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess : 1,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

List Item

1	FRONT BUMPER	925.10	repair
1	FRONT BUMPER REINFORCEMENT	444.50	X X X
10	FRONT BUMPER CLIPS	50.00	X X X } mn
1	FRONT GRILLE	191.60	? X X
2	FRONT GRILLE CHROME MOULDING RH/LH	353.40	? X X
1	FRONT GRILLE LOGO	44.20	? X
1	FRONT GRILLE TOP PANEL	324.00	repair
10	FRONT GRILLE TOP PANEL RIVET	140.00	X mn
1	BONNET		R

RESTORE

Date : 27/08/2018

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D18MTRENT000070

Accident Date : 09/08/2018

Vehicle No : SLD-9431-S

Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess : 1,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	2472.80	
	Add 15% On Parts	494.56	
	<u>Special Nett Item</u>		
1	FRONT NUMBER PLATE	35.00	X X m
	Sub Total	35.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	600.00	200 ✓
	TO RESPRAY AFFECTED AREAS	600.00	250 ✓
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	X

Date : 27/08/2018

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D18MTRENT000070

Accident Date : 09/08/2018

Vehicle No : SLD-9431-S

Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

ESTIMATED REPAIR COST DETAILS

Excess : 1,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

Sub Total

1230.00

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:

Remarks:

4108.72

3 days / part by part

SUB TOTAL 4,232.36

GST 7.0 % 296.27

TOTAL 4,528.63

Surveyor's name:

Rasul - Hp 90010068

Principal's name:

ETHOZ Group Ltd

Survey Date & Time:

27/08/18 @ 1615

Resurvey after repair

[Signature]
31/8/18

PAGE : 3

DMISE



Date : 04/10/2018
 To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
 Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.
 Certificate No : D18MTRENT000070 Accident Date : 09/08/2018
 Vehicle No : SLD-9431-S Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

FINAL ESTIMATED REPAIR COST DETAILS Excess : 1,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
<u>List Item</u>			
1	FRONT BUMPER RESTORE	925.10	0.00
1	FRONT BUMPER REINFORCEMENT	444.50	0.00
10	FRONT BUMPER CLIPS	50.00	0.00
1	FRONT GRILLE	191.60	0.00
2	FRONT GRILLE CHROME MOULDING RH/LH	353.40	0.00
1	FRONT GRILLE LOGO	44.20	0.00
1	FRONT GRILLE TOP PANEL RESTORE	324.00	0.00
10	FRONT GRILLE TOP PANEL RIVET	140.00	0.00
1	BONNET RESTORE	0.00	0.00
Sub Total		1223.70	0.00
Discount 20% On Parts		(0.00)	(0.00)
		(244.74)	(0.00)
<u>Special Nett Item</u>			



Date : 04/10/2018

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D18MTRENT000070 Accident Date : 09/08/2018

Vehicle No : SLD-9431-S Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

FINAL ESTIMATED REPAIR COST DETAILS Excess : 1,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
1	FRONT NUMBER PLATE	35.00	0.00
	Sub Total	35.00	0.00
Labour & Misc			
	LABOUR TO FACILITATE REPAIR	600.00	200.00
	TO RESPRAY AFFECTED AREAS	600.00	250.00
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	0.00
	Sub Total	1230.00	450.00

PAGE : 2



Date : 04/10/2018
To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : D18MTRENT000070 Accident Date : 09/08/2018
Vehicle No : SLD-9431-S Make & Model : MAZDA 3 1.5 (A) SEDAN STANDARD

FINAL ESTIMATED REPAIR COST DETAILS Excess : 1,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	Sub Total	3,243.24	450.00
	GST 7.0 %	227.03	31.50
	Total	3,470.27	481.50

Surveyor Name : RASUL - LKK
Date & Time : 27/08/2018 4:15:00 PM
Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

PAGE : 3

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	23 Aug 2018		24 Aug 2018 15:48 Edit Adj Rpt	S\$450.00 Edit Estimates	S\$450.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	0, Co. Reg. No.: 0		
Main Claimant:	ETHOZ GROUP LTD		
Vehicle Reg. No.:	SLD9431S	Date of Loss:	09/08/2018 00:00 - :59 [25 Months and 10 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / SNM18D04103C02	Policy/Cover Note No.:	DMB1SN3088321700
Vehicle Reg. No. (Insured):	PC2837J	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Ethoz Group Ltd (HQ) 30 Bukit Batok Crescent, 658075 Bukit Batok - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 04/09/2018]		
Adj Asg. Remarks:	EST \$3470.27, ASSIGN XING QUO QIANG AS SJE.		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SLD9431S (SNM18D04103C02)**
[PC2837J]

TP
ETHOZ GROUP LTD
Aug 9 2018 12:00AM
[0]
Ethoz Group Ltd

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

View
[View in Browser](#)

Photos/Images

3 per page ☐

No	Relabel/Reorder	KKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	09/10/18 16:18	General View		Load JPG	<input checked="" type="checkbox"/>
2	09/10/18 16:18	General View		Load JPG	<input checked="" type="checkbox"/>
3	09/10/18 16:18	General View		Load JPG	<input checked="" type="checkbox"/>
4	09/10/18 16:18	General View		Load JPG	<input checked="" type="checkbox"/>
5	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
6	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
7	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
8	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
9	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
10	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
11	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
12	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
13	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
14	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
15	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
16	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
17	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
18	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
19	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
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21	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
22	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
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25	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
26	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
27	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
28	09/10/18 16:19	General View		Load JPG	<input checked="" type="checkbox"/>
29	09/10/18 16:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
30	09/10/18 16:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>
31	09/10/18 16:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>

Documentation

1 per page ☐

No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	24/08/18 15:47	EMAIL FM ETHOZ		Load PDF	
2	24/08/18 15:47	REPAIR EST WITH TP GIA		Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST

Reset

Save

Print

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**Show Remarks To:** ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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/CTI18015569/R1TD3S2

Date: 12/10/2018

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMB1SN3088321700

Claimant Vehicle No: SLD9431S Insured Vehicle No: PC2837J

Date of Loss: 09/08/2018 Nature of Claim: TP Claim No: SNM18D04103C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SLD9431S**

Make & Model: MAZDA 3, 1.5 SEDAN L SP.6EAT (A) Engine No: P520374318

Reg. Date: 30/06/2016 (Man. Year: 2016) Chassis No: JM6BM42A8G0346002

Colour: Grey Odometer: 54086 km

Engine Capacity: 1496 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): **Market Value/New Car Price**

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Fair Steering (Serviceable): Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 205/60R15 Rear Tyre Size: 205/60R15

Front Left Side: Falken 5 mm Rear Left Side: Falken 5 mm

Front Right Side: Falken 5 mm Rear Right Side: Falken 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,878.72	0.00	2,878.72	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,230.00	450.00	780.00	63.41
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,108.72	450.00	3,658.72	89.05
+ GST 7.00/7.00% (S\$)	287.61	31.50	256.11	89.05
Nett Amount (S\$)	4,396.33	481.50	3,914.83	89.05

INSPECTION

Date of Assignment: 24/08/2018

Date Inspected: 27/08/2018 Inspected At: Ethoz Group Ltd (HQ)
30 Bukit Batok Crescent
Singapore 658075

Estimated Period of Repair: 3.0 days

Adjuster: MOHD RASUL

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

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 12 Oct 2018)
Parts:	143	MAZDA 3 1.5 SEDAN L SP.6EAT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLD9431S)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page 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

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Repair	925.10 F	*- F
2	1		*FRONT BUMPER REINFORCEMENT	Not Necessary	444.50 F	*- F
3	10		*FRONT BUMPER CLIPS	Not Necessary	50.00 F	*- F
4	1		*FRONT GRILLE	Not Necessary	191.60 F	*- F
5	2		*FRONT GRILLE CHROME MOULDING RH/LH	Not Necessary	353.40 F	*- F
6	1		*FRONT GRILLE LOGO	Not Necessary	44.20 F	*- F
7	1		*FRONT GRILLE TOP PANEL	Repair	324.00 F	*- F
8	10		*FRONT GRILLE TOP PANEL RIVET	Not Necessary	140.00 F	*- F
9	1		*BONNET (NPA)	Repair	0.00 F	*- F
10	1		*FRONT NUMBER PLATE	Not Necessary	35.00 FS	*- FS

F=Franchise part, S=SpcNett.

Sub Total (\$\$)	2,507.80	0.00
+ Margin on L,N Items 15.00/15.00% (\$\$)	370.92	0.00
Total Parts (\$\$)	2,878.72	0.00

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
<u>Labour Items</u>				
1	LABOUR TO FACILITATE REPAIR	New	600.00	200.00
2	TO RESPRAY AFFECTED AREAS	New	600.00	250.00
3	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	New	30.00	-
Gross Labour Cost (\$\$)			1,230.00	450.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >