

22/03/2002

ASS. REC. BY:

REF: es / GAI18015579 / Tird302

Instruction:

Surveyor

Tan Jiah

ASSIGNMENT (Office)

From (Person):

Rachel Tan

of

GAI

Date/Time:

27/8/18 @ 11:23am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBF 7697M

Insured:

FV851Z

at Workshop m/s

Xinyu Auto

Tel:

62703481

of

BLK 1002, Blk Merah Lane 3 #01-75

Policy No:

Claim No:

CLMOMVM000000359

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20/08/18

28/8/18 @ After 1pm

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

(up)

Date/Time:

11:51am @ 27/8/18

Person Contacted:

Mei

Vehicle IN (OUT)

Date/Time	Action/Instruction () Estimate
	GBF 7697M - NBA / CTI 18015222 / K4 DOA: 20/8/18
	FV851Z - NBA / CTI 18015222 / K4 DOA: 20/8/18
3/9/18	Revert thru email
12/9/18	Confirm with Tan LK 84000 6 days (end of 2018)

Tanpin

REF:

GA1

SALES/RENTAL

Form
Estimated Cost
OD (TP) WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No.
at Workshop no.
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 Mark of Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PP Seen: Consistent? : Yes or No

Est. Repairs: days Res: Yes or No

Lump Sum: % 3 Val Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted

Vehicle: IN / OUT

Veh No: GBF7697M. 2017 Feb.
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Priace 2982.
Colour: Silver A/C Insured / Std / NI / NA
Sp. Reading: 20913 T/Radio Insured / Std / NI / NA
Eng/No:
C/No: KDH2010212557
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: N/S / S/Rim / STD A/Rim or
Tyre Size: F: 195/80R15
R:
BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front: 6 mm Rear: 6 mm
R/Bal: 6 mm L/Bal: 6 mm
D.O.A.: 28/8/18
Survey held at: Anger Auto
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Near o/s.
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 12 SEP 2018

Date/Time, File Pass to?

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transport Fee:

1) C-P

2) Other

3) Other

4) Other

Add Fee: ☐ Site Insp. \$

☐ Intension \$

☐ Tech. Insp. \$

☐ Workshop \$

Report Format:

Lump Sum / L.P. \$

TP
4000.00

250

250

Survey Department Check List (Case Handler)

Reference No.: CS/6A1805579/71-d3
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler Jani ce Typist

Admin (Niritha): Case handler to make sure all Information created by the assignment team are ACCURAT

(1) Office Assign Form

	Y-Date	N-Date	Y-Date	N-Date
C Reference No.	/			
C Customer Code	/			
N Assign From	/			
C Assign Date	/			
C Veh No (Inspected)	/			
C Veh No (Insured)	/			
C D.O.A	/			
C Policy No				
C Claim No	/			
C Insurance Authorisation (CA /REV/REP)				
C Report Type	/			
C Weekend Charges				
N Survey held at/Repairer	/			
C Excess				

Surveyor (Danitha): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C Vehicle No	/			
C Regn Month/Year	/			
N Vehicle Type	/			
N Make & Model	/			
C Engine Capacity. (C.C)	/			
N Colour	/			
C Odometer. (Sp.Reading)	/			
C Chassis No	/			
N General Condition	/			
N Steering	/			
N Brake	/			
N Modification (Modi)	/			
C Tyre Size	/			
N Tyre Make	/			
C Tyre Balance	/			
C Date of Inspection	/			
N Survey held	/			
N Des.of Damages	/			

(2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded				
----------------------------------------	--	--	--	--

(3) Workshop Estimate/Assignment Form

N ALL Parts condition	/			
C Market Value for OD cases				
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C Days of repair	/			
C Finalised Amount	/			
C Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C Resurvey photo Uploaded				
---------------------------	--	--	--	--

Check By: Jani ce
Case Handler Date

*C: Critical *N: Non-Critical



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

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI1801557011d3

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 27-08-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FV 851Z	Veh. Inspected	GBF 7697M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	27/08/2018

2. Vehicle Particulars & Condition

Make & Model	c.c
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	20/08/2018	Inspection Date	20/08/2018
Survey held at	XINYA AUTO SERVICES PTE LTD BLK 1002 BUKIT MERAH LANE 3 #01-75 SINGAPORE 15		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: TBA

Our Ref: CS/GAI18015579/T1rd3

The Motor Claims Department
GREAT AMERICAN INSURANCE COMPANY

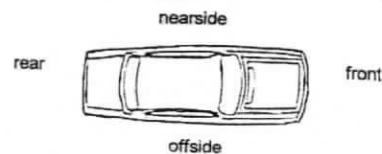
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF GBF 7697M .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 28/08/2018 at the premises of M/s XINYA AUTO SERVICES PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ 6,485.28 .
Revised Estimate Amount	: S\$ 4,914.15 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:
The vehicle sustained damages
at the rear o/s portion.



Yours faithfully

TAUFIKH
Automotive Assessor

Nivitha (LKK Auto)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Monday, 27 August 2018 11:23 AM
To: xinyaauto@singnet.com.sg
Cc: LKK Assignments
Subject: PRI - GBF7697M v FV851Z (GA) on 20/8/2018

Without Prejudice

Dear May

Thank you for taking my call. Our client has not reported accident.
As requested, we will arrange for LKK to conduct PRI on a without prejudice basis.

Dear LKK

Please accept assignment for TP Survey.

Workshop: Xinya Auto services
Blk 1002 bukit merah lane 3 #01-75 singapore 159719
Tel: 62703481

Rachel Tan, Executive | P. +65 6804 7846 | F. +65 6235 3354 | rachel.tan@sg.gaig.com

Motor Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Limited Liability Partnership
Owner ID:	1059J
Vehicle Details	
Vehicle No.:	GBF7697M
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Sep 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 3.0 AUTO
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1KD2673308
Chassis No.:	KDH2010212551
Maximum Power Output:	-
Open Market Value:	\$32,979.00
Original Registration Date:	28 Feb 2017
First Registration Date:	28 Feb 2017
Transfer Count:	1
Actual ARF Paid:	\$1,649.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Feb 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$44,814.00
COE Rebate Amount:	\$37,918.00
Total Rebate Amount:	\$37,918.00

The information contained herein is correct as at 12 Sep 2018

OK

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	21/08/2018 15:05
Date Of Accident	20/08/2018 17:55
Exact Location Of Accident	BUKIT BATOK ROAD BEFORE BRICKLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7697M
Insured/Policyholder	
Name Of Registered Owner	M/S U-TEAK GALLERY LLP
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90038790
Alternative Phone No	OFFICE-90038790

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3014211800
Cover Note Number	

Driver

Name of Driver	MUSALIM SUSANTO
Passport No/FIN	G0757452K
Date Of Birth	23/10/1961
Occupation	INDOOR
Date Of Driving Pass	19/01/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97588819
Fax Number	
Contact Number	OTHERS-97588819
EEmail Address	NOEMAIL

Address	BLK 817A KEAT HONG LINK #21-85
Postcode	681817
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180820/2186

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

Details of Witness 1

Name	FADZLIM
Phone Number	96647094
Email Address	-

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FV851Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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:

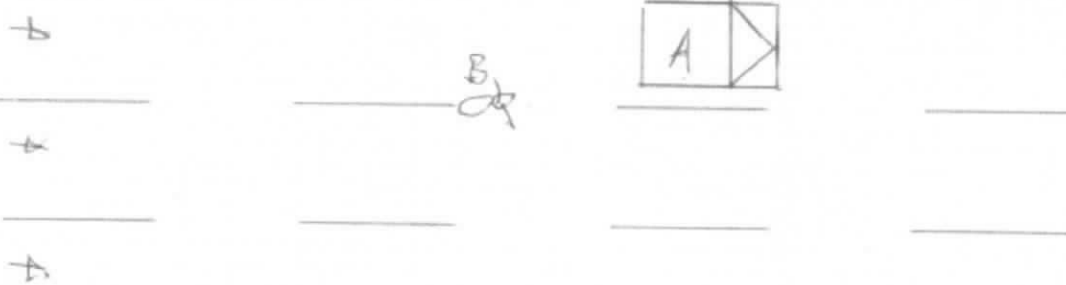

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

Bukit Batok Rd before Brickland Rd

SKETCH PLAN



A) GBR 7697M

B) FV851Z

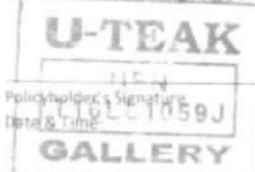
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT. - T/20180820/2186

The witness that I mentioned, actually saw what has happen and told me the FV851Z actually avoided a lorry and come over to my lane and bump with the rear of my vehicle

DECLARATION

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



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

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180820/2186

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20180820/2186

CONTINUATION OF REPORT

Driver			
Name	MUSALIM SUSANTO	ID No.	G0757452K
Related Vehicle	GBF7697M (Van)	Contact No.	97588819
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	Slight

Brief Details.

On the above mentioned date time and location, while travelling along Bukit Batok Road, I was driving my daughter's vehicle GBF7697M. I was driving on the most left lane. Suddenly, I heard something collided to my vehicle from the rear. I then came to a stop and make a check. I then discovered a motorcycle FV851Zat my rear vehicle. There was a witness then came to me and informed that he would call for ambulance. I was in a rush to fetch my granddaughter. I then took down the witness number and left the scene. I wish to state that, after fetching my granddaughter about 15minutes later I went back to the scene to make a check. There was a ambulance and left scene. I then followed the ambulance. But lost sight. I wish to state that no police attended to me. No government property damaged, no foreign vehicle involved.

XINYA AUTO SERVICES PTE LTD

Address: BLK 1002 BUKIT MERAH LANE 3 # 01-75 SINGAPORE 159719

E-mail : xinyauto@singnet.com.sg

Tel: 6270 3481 Fax: 6278 7522

Date : 27-Aug-18

Address : U-TEAK GALLERY LLP
18 BOON LAY WAY
08-122 TRADE HUB 21
SINGAPORE 609966

Reference : TP 1167/08/18
Vehicle No : GBF 7697M
Make/Model : TOYOTA HIACE
Insurance Co. : CHINA TAIPING

RE : QUOTATION REPAIRS TO GBF 7697M FOR THIRD PARTY CLAIMS.

PARTS REQUIRED

- | | QTY | AMT \$ |
|----------------------------|-----|------------------------|
| 1) TAIL DOOR | 1 | \$ 1,499.90 bt ✓ |
| 2) TAIL DOOR ABSORBER | 2 | \$ 574.20 x nh |
| 3) TAIL DOOR LOCK | 1 | \$ 267.30 x nh |
| 4) TAIL DOOR WEATHERSTRIPE | 1 | \$ 389.60 hi ✓ |
| 5) REAR WINDSCREEN GLASS | 1 | \$ 1,351.70 cor ✓ |
| 6) REAR BUMPER | 1 | \$ 410.60 de ✓ |
| 7) REAR BUMPER RETAINER | 1 | \$ 38.90 ne ✓ |
| 8) END PANEL | 1 | \$ 325.70 bt ✓ photo # |
| 9) "TOYOTA" LOGO | 1 | \$ 75.80 ne ✓ |
| 10) "8 " PAX STICKER | 1 | \$ 40.00 ne ✓ |
| 11) "70KM" STICKER | 1 | \$ 40.00 ne ✓ |
| 12) "HIACE" STICKER | 1 | \$ 40.00 ne ✓ |

LIST PRICE TOTAL \$ 4,993.70
LESS DISCOUNT 25% \$ 1,248.43
LIST PRICE TOTAL AFTER LESS \$ 3,745.28

- | | |
|------------------------|--------------------|
| 13) WINDSCREEN SEALANT | \$ 50.00 ne ✓ |
| 14) REVERSE SENSOR | \$ 250.00 200 ne ✓ |

NETT PRICE TOTAL

\$ 300.00

TOTAL PARTS COST

\$4,045.28

LABOUR AND MISCELLANEOUS CHARGES

- | | |
|-----------------------------------------------------------------------------------------------------|------------------------------|
| 1) TO REMOVE & REPLACE REAR TAIL DOOR, BUMPER & ENFORCEMENT AND TO PANEL BEAT CUT & WELD END PANEL. | \$ 1,000.00 750
(5 DAYS) |
| 2) TO PUTTY & SPRAY PAINT REAR TAIL DOOR (INNER & OUTER), END PANEL AND OTHER AFFECTED AREA. | \$ 800.00 600
(4 PANEL) |
| 3) TO CHECK & RECTIFY WIRING FIX NEW REVERSE SENSOR. | \$ 120.00 30
C |

4)	TO TRANSFER TAIL GATE MECHANISM PARTS TO NEW DOOR.	\$	150.00 60
5)	TO REMOVE & REPLACE REAR WINDSCREEN GLASS AND CHECK FOR WATER TIGHT	\$	120.00 ✓
6)	TUFF KOTE	\$	250.00 40
LABOUR TOTAL		\$	2,440.00

TOTAL ESTIMATED REPAIR COST

\$ 6,485.28

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:

Taught 97495749
 - up
 28/8/18 @ 1730
 Resurvey after repair.
 6 days.
 sur@lkkauto.com
 4/9/18



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			
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI18015579/T1rd3e2	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 18-09-2018	
		Code : GAI	
1. Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	FV 851Z	Veh. Inspected
	Policy No.		GBF 7697M
	Claim No.	CLMOMVM000000359	Coverage (\$)
	Assign From	RACHEL TAN	0.00
			Excess (\$)
			0.00
			Assign Date
			27/08/2018
2. Vehicle Particulars & Condition			
	Make & Model	TOYOTA HIACE	c.c
	Engine No.	HIDDEN	2982
	Chassis No.	KDH2010212551	Year of Reg.
	Odometer	20913	2017
	Brakes	IN ORDER	Colour
	General	GOOD	SILVER
			Steering
			IN ORDER
			Modification
			NIL
3. Conditions of Tyres			
		Size	Make
	R/H Front Tyre	195/80 R15	Balance
	L/H Front Tyre	195/80 R15	DUNLOP
	R/H Rear Tyre	195/80 R15	6 mm
	L/H Rear Tyre	195/80 R15	DUNLOP
			6 mm
			6 mm
			6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
	Accident Date	20/08/2018	Inspection Date
	Survey held at	XINYA AUTO SERVICES PTE LTD	
		BLK 1002 BUKIT MERAH LANE 3 #01-75 SINGAPORE 159719	
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:		6 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBF 7697M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAIL DOOR	BENT	1,499.90	1,499.90
2	TAIL DOOR ABSORBER	NOT NECESSARY	574.20	-
1	TAIL DOOR LOCK	NOT NECESSARY	267.30	-
1	TAIL DOOR WEATHERSTRIPE	TWISTED	389.60	389.60
1	REAR WINDSCREEN GLASS	CRACKED	1,351.70	1,351.70
1	REAR BUMPER	DEFORMED	410.60	410.60
1	REAR BUMPER RETAINER	NECESSARY	38.90	38.90
1	END PANEL	BENT	325.70	325.70
1	"TOYOTA" LOGO	NECESSARY	75.80	75.80
1	"8" PAX STICKER	NECESSARY	10.00	10.00
1	"70KM" STICKER	NECESSARY	10.00	10.00
1	"HIACE" STICKER	NECESSARY	40.00	40.00
	LESS 25% DISCOUNT		-1,248.43	-1,038.05
			3,745.27	3,114.15
<u>SPECIAL NETT ITEMS</u>				
1	WINDSCREEN SEALANT (SN)	NECESSARY	50.00	50.00
1	REVERSE SENSOR (SN)	NOT WORKING	250.00	200.00
			300.00	250.00
<u>LABOUR</u>				
	TO REMOVE & REPLACE REAR TAIL DOOR,BUMPER & ENFORCEMENT AND TO PANEL BEAT CUT & WELD END PANEL.		1,000.00	750.00
	TO PUTTY & SPRAY PAINT REAR TAIL DOOR (INNER & OUTER),END PANEL AND OTHER AFFECTED AREA.		800.00	600.00
	TO CHECK & RECTIFY WIRING FIX NEW REVERSE SENSOR.		120.00	30.00
	TO TRANSFER TAIL GATE MECHANISM PARTS TO NEW DOOR.		150.00	60.00
	TO REMOVE & REPLACE REAR WINDSCREEN GLASS AND CHECK FOR WATER TIGHT.		120.00	120.00
	TUFF KOTE.		250.00	40.00
			2,440.00	1,600.00

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GRAND TOTAL		6,485.27	4,964.15
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,000.00

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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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