From (Person	Mithoo Singh	ASSIGNMI	AIG	Date/Inne 3/18/18 @ 12-04pm
OD CTP W	S/TP RES/OD RES/I		Bill to:	
To Inspect Ve at Workshop	shiele No:	SKA 212 Penium Au	tomotive	Tel: 9748 9940
Policy No			Claim No:	3838 506 891 9G
Sum Insured.			Excess:	
Make of Veh: (Client's Record				D.O.A. 30/08/18
CA / REV	REP. / REV 24 HRS	Person Contacted: _	8 heur	H.O.D. Endorsement. Vehicle (N)OUT
Date/Time	Action/Instruction (SKA 2148)) Estimate - × ->		

ASSIGNMENT Veh No: SEA LUST YEREON: 1/1 Type: MGB/JR.Cycle / Bus I Van T Lorry I Taxi / Prime Mover I Truck / Trailer or Make: Jan Make	(08/11/13) wef ASS. REC. BY: 190 6 4 5	A16/
From: Estimated Cost: OD I for INS I TP RES OD RES / EVA / INV / MV To inspect Vehicle No: At Workshop m/s of Insured: Policy No. Claims No. Sum Insured: Cleient's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail or Market Value: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail or Market Value: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail or Market Value: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail or Market Value: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail or Market Value: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail or Market Value: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail or Market Value: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail or Market Value: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail or Market Value: Bail DUNI / EXCOVA (GY / FS LIZA / MIC / OHTSU / PIR I SUMI / TOYO / YOKO or Econd Bail or Market Value: Truck / Trailer or Invacif Standing Standi	ASS	SIGNMENT
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Lump Sum / I.B.I; (\$ 2000)	Report Format: Merimen	Table 1. (\$
		:Weekend (\$)



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

			rnationale Des Experts En Au	tomobile
AIG ASI	A PACIFIC IN	SURANCE PTE LTD	Ref : CS/AIG1801	15963/Uvd3
CHARTI	NTON WAY #0 S BUILDING PORE 079120	08-16	Date: 31-08-2018	
		Policy Particu	lars :- THIRD PARTY CL	-AIM
In	sured Veh.	SLQ 9892B	Veh. Inspected	SKA 2148J
Po	olicy No.		Coverage (\$)	0.00
CI	aim No.		Excess (\$)	0.00
As	sign From	MITHOOSINGH	Assign Date	31/08/2018
		Vehicle F	Particulars & Condition	
Ma	ake & Model		c.c	0
En	gine No.	HIDDEN	Year of Reg.	
Ch	assis No.		Colour	
Oc	lometer	•	Steering	
Br	akes		Modification	
Ge	neral			
		Cor	nditions of Tyres	
		Size	Make	Balance
_	H Front Tyre			mm
_	Front Tyre			mm
	H Rear Tyre			mm
	Rear Tyre			mm
No. Co.		Descr	iption of Damages	
REIE.	anath.	Gen	neral Information	
Ac	cident Date	30/08/2018	Inspection Date	31/08/2018
Su	rvey held at	IMPERIUM AUTOMOTIVE		2011.268.0F0.727.70ER
		25 KAKI BUKIT ROAD 4 #01-49 SYNERGY @ KB SINGAPORE 417800		
a.			Remarks	
A)T B)II	HE INSPECTION ACCORDANG	ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BA	ASIS.

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

Case	Notified	Est Submitted	Adi Assigned	Adi Rot	1	Adi Subr	mitted	Ins Auth'ed	Status		
Main	31 Aug 2018 Edit Reg	13. 303/11/20	31 Aug 2018 00:00 Edit Adj Rpt						Pendir Report Cance		vey
	Main	Re	ference		Claim De	etails		Documen	ts] _	how All
CLAYM C	UBFOLDER DE	TATIC	Service by State	THE RESERVE	The same of the last	Park Transcript	[Created	by adjuster]			
Insured:		TAI WILLIE, IC	: S8013752D				1.0.0	-1			
Main Claimant:	LOH WEI										
Vehicle Re	g. SKA214	SKA2148J			Date o	of Loss:	30/08/2018 18:00 - :59				
Claim Typ	e: TP / 383	TP / 3838506891SG			Policy/ Note N	Cover	1700032370 (Comprehensive)				
Vehicle Re No. (Insured)	SLQ9892	В			Policy (Claim						
					Excess						
Repairer:	Imperiun	n Automotive - K	aki Bukit (HQ)	25 Kaki Bu	kit Road 4	, #01-4	9 Synergy@	MRB, 417800 Ka	ki Bukit - 1	rel: 97489	940
Handling Insurer:		Pacific Insuranc									
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	1 [Hand	lled by I	MARCUS CI	HUA] [Final	Rpt due	11/09/	2018]
ASSOCI	TED MAIL RE	CEIVED					100		View All	Compose	Case Mail
AIG_S	3 (03/09/2018)	: Request To Up	load TP GIA Re	port							
ALL ASS	OCIATED TAS	sks ⁼					View All	Search Tasks	Create	New Task	Complete
Due Da	te Priority	Type Task	Group Sub	protein vaser	ndler	Assian	4.00	Completed O		eated On	Done?

- Pre repair inspection request - SKA2148J VS SLQ9892B (OI) DOA: 30/08/2018

From: Mithoosingh, Aashweenjeetkaur

To admin-a@kkauto.com, assignments@kkauto.com

Cc: Tan, Lily (AlG), Fong, Andy-SY, Kaur, Baljit, Chin, Lee-Ying, Abu Kassim, Noor Manesa, Md Ishak, Mohd Imran, Lim, Sheng Yang, Azlan, Syazairdina, Chan, Yoke Shi 31/8/2018 12:04:57 PM

HI,

Please refer to the enclosed request from JusEquity Law Corporation.

Kindly carry out Policy coverage verification first before conducting the pre-repair inspection within 48 hours

If you have any queries/concerns, please let us know.

Kindly assist to assign Marcus Chua as Single Joint Expert as requested.

Thanks and regards,

Aashweenjoet Kaur (Aashween) AIG Express Claims Adjuster II SG Claims Operations | AIG Shared Services

From: juseq@singnet.com.sg [mailto:juseq@singnet.com.sg]

Sent: Friday, August 31, 2018 11:59 AM To: Mithoosingh, Aashweenjeetkaur

Subject: RE: - PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SLQ9892B AND SKA2148J ON 30/08/2018

Your ref: SLQ9892B Our ref: JEQ/SKA2148J/IMP

Dear Sir/madam,

We refer to your email today.

Our client is agreeable to appoint the following surveyor as our single joint expert.

Mr. Marcus Chua-LKK Auto Consultants Pte Ltd

Please be informed that our client's vehicle is available for inspection at the understated workshop:-

IMPERIUM AUTOMOTIVE

25 Kaki Bukit Road 4 #01-49.

Synergy@KB

Singapore 417800

Tel:9748 9940 Fax: 6346 7213

Alfred Ng Executive On behalf of Mr Michael Yap M/s JusEquity Law Corporation No. 171 Chin Swee Road #02-01/02/06 Singapore 169877

Tel: 6536 9339 Fax: 6536 5368

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From: Mithoosingh, Aashweenjeetkaur Sent: Fri, 31 Aug 2018 03:23:45 +0000

To: juseq@singnet.com.sg

Ce: Tan, Lily (AlG), Fong, Andy-SY, Kaur, Baljit, Chin, Lee-Ying, Abu Kassim, Noor Mariesa, Md Ishak, Mohd Imran, Lim, Sheng Yang, Azlan,

Syazairdina, Chan, Yoke Shi

Subject: - PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SLQ9892B AND SKA2148J ON 30/08/2018

Without Prejudice

Your Reference

: JEQ/SKA2148J/IMP

Our Reference

: SLQ9892B

Dear Sir/Madam.

We refer to your Notice of Accident of even date,

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

Name of Surveyor	Company Name
Ken Wong	AIG Asia Pacific Insurance Pte Ltd
Kumar Uthaya	AIG Asia Pacific Insurance Pte Ltd
Fong Soon Yee	AIG Asia Pacific Insurance Pte Ltd
Lawrence Ng Chun Kee	Priority Services
Jeffrey Ong Leng Kiat	Priority Services
Jimmy Lee	Priority Services
EC Looi	Automobile Inspection Services Pte Ltd
Pang Kiah Keen (Frankie)	Formteam Adjusters Pte Ltd
Ng You Han	Formteam Adjusters Pte Ltd
Soon HanXin (Gary)	Formteam Adjusters Pte Ltd
Chow Bo Xiong	Formteam Adjusters Pte Ltd
Chua Soo Teck (Benjamin)	Formteam Adjusters Pte Ltd
Kalvin Ang	LKK Auto Consultants Pte Ltd
Xing Guo Qiang	LKK Auto Consultants Pte Ltd
Marcus Chua	LKK Auto Consultants Pte Ltd LKK Auto Consultants Pte Ltd
Mohamad Taufikh	LKK Auto Consultants Pte Ltd LKK Auto Consultants Pte Ltd
Adrian Ling	LKK Auto Consultants Pte Ltd
Mohammed Rasul	
Kenneth Kong	LKK Auto Consultants Pte Ltd LKK Auto Consultants Pte Ltd

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one or more of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Thanks and regards,

Aashweenjeet Kaur (Aashween) Express Claims Adjuster II SG Claims Operations | AIG Shared Services

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Contact Number EMail Address

Fax Number

Gender

- 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 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.

By the lodgement of this report to the insurers, you hereby con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/08/2018 17:54
Date Of Accident	30/08/2018 12:50
Exact Location Of Accident	BUKIT TIMAH RD JUST BEFORE HOOPER RD TOWARD CITY
Country/State of Loss	SINGAPORE
- Distriction of the production of the production of the production	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA2148J
Insured/Policyholder	
Name Of Registered Owner	LOH WEI NAN
NRIC No	S8370333D
Email Address	AHNAN83@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90906355
Alternative Phone No	OTHERS-90906355
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO LUNCH
Are you claiming under your own insurance policy for repair to your vehicle?	NO 3
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800070690
Cover Note Number	
Driver	
Name of Driver	LOH WEI NAN
NRIC No	S8370333D
Date Of Birth	12/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2009

9 YEARS AND 6 MONTHS

(LOCAL) +65-90906355

AHNAN83@GMAIL.COM

OTHERS-90906355

MALE

Address

APT BLK 426B YISHUN AVENUE 11 #05-118

Postcode

762426

1 0310000

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 Regis

-

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 2

Number of vehicles involved in the accident

YES

Was any body injured in the Accident?

LU

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

THOMSON NPP 25 SIN MING ROAD

Police Station Address

ROAD: 25 SIN MING ROAD #01-180, POSTCODE: 570025, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO ATTACHMENT.

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

SLQ9892B

Vehicle Make/Model/Colour

KIA / NIRO / BLACK

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YAP WEE TAI, WILLIE

NRIC/Passport Number

S8013752D

Contact Number

97356902

Address

Postcode

Insurance Company Name

Nature Of Damage

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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
- 5. Any false reporting may be referred to the Police for investigation.
- 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
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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) oft
 - (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,
 - (by) 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
- 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.

Palicyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Belan Lim

NRIC/FIN No.:





1 of 4

Report No. T/20180830/2146

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

REPORT	COP A	THE A PER	C AC	CHRENT
- PACE PACTOR I				

	me Report N 018 17:12	/lade:	Vide Report No.:	Station Diary No. 50		
Informa	int's Partic	ulars	West Control of the C			
Name of Informant: LOH WEI NAN			Address: APT BLK 426B YISHUN AVE 11 #05-118 SINGAPORE 762426			
	/ ID No.: O / S83703	33D	Contact No.: Home/Office: Mobile: 90906355			
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 12/11/1983	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupat SALES I	ion: PERSON		Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/08/2018 12:50	Type of Location Straight Road	
	ROAD Before Hooper Roa				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate	
One Way		Access to the second se		Anyone conveyed by	

Details of V Vehicle No.	-	Make	Model	Color	Condition	No of Passenge
SKA2148J	Car	ТОУОТА	VIOS E AUTO	Silver	Slightly Damaged	0
SLQ9892B	Car	KIA	NIRO HYBRID 1.6 GDI DCT SUNROOF	Grey		0

Details of Vehicle Insurance		Effective	Expiry Date
Vehicle No. Insurance Company	Insurance No	Fliective	Publit and





T/20180830/2146

Report No. T/20180830/2146

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

CONTINUATION OF REPORT

notails of V	ehicle Insurance			
Lista No	Insurance Company	Insurance No	Effective	Expiry Date
SKA2148J	AIG ASIA PACIFIC INSURANCE PTE.	1800070690	20/06/2018	19/06/2019

Details of Perso Any Pedestrian Ir	avolved. No				
No. of Pedestrian	s Injured: NIL	Use of Pedest	trian (Crossi	ng: NA
THE RESERVE OF THE PARTY OF THE					AND REPORT OF THE PARTY OF THE
Driver Name	LOH WEI NAN	ID	No.		S8370333D
Related Vehicle	SKA2148J (Car)	Co	ontact	t No.	90906355
Hospital/Clinic	L&L FAMILY MEDICINE CLINIC	Dr Lie	lass oriving cence xpiry	. & e	Class: 3 Date of Expiry: NIL
Date Treatment	30/08/2018	Date Dischar	ge	30/08	/2018
No of Days gran	ted Medical Leave 03	Degree of Inj	ury	NIL	
Driver			-00		
Name	YAP WEE TAI WILLIE	IC	No.		S8013752D
Related Vehicle	SLQ9892B (Car)	C	ontac	ct No.	97356902
Hospital/Clinic	NIL	D L	class Driving icence Expiry)	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha		NIL	
	ted Medical Leave NIL	Degree of In	ijury	NIL	

Brief Details.

On 30th August 2018 at 1250hrs, I was driving my vehicle registration SKA2148J along Bukit Timah Road towards City. I was driving in the middle lane. While I was driving, there was a vehicle ahead of me making stopped. I managed to stop on time and was in the stationary position.

Then, there was an impact from my rear vehicle. I alighted and realised that there was another vehicle registration number: SLQ9892B (V2) had collided to my rear portion.

managed to exchange particulars and I went to seek medical attention due to the strong impact. I was given 3 days MC.

am lodging this report for insurance claimed.



Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999



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Report No. T/20180830/2146

CONTINUATION OF REPORT



T/20180830/2146

4 of 4

Report No. T/20180830/2146

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The E / Sr Staff Sgt MOHAMAD FARID BIN	11	Signature Of Informant:
Signature Of Interpreter: Not applicable	/	Date/Time: 30/08/2018 17:12
Officer In Charge Of Case; TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	(0)	Classification Of Case:
Authentication Stamp NP168		SIGNATURE

IMPERIUM AUTOMOTIVE

		Not Allocal	
	98	while 1.	
IMAD	ERIUM AUTOMOTIVE	1/2800/1	
		2/5/10	
	uki Road 4 #01-49 Synergy @ KB Singapore 417800	2,1810	
Tel: 9478	9940 Fax: 6346 7213	(1)	.,
Vahiela N	lo: SKA2148J Model: Toyota Vios	this bull After reg	~
venicie i	0. SKA21403	the	
QTY	List Price:	Prices \$	
		1.0/.	
1	Rear boot	3 of Buc 665.90	
1	Rear boot rubber		
1	Rear boot lock		
1	Rear boot lock catch	40.03 0	
1	Rear boot emblem "Logo"	242.60 —	
1	Rear boot emblem "VIOS"	NF 68.20 X NU 46.30 V	
1	Rear boot emblem "E"	NF 58.30 X	
1	Rear boot emblem "Limited Edition"	11 286.95 X	
1	Rear boot moulding	Ena 963.30	
2	Rear taillamp- RH/LH @ 481.65 Rear taillamp side holder clips @ 12.90	17 25.80×	
2	Rear taillamp panel housing- RH/LH @ 105.00	1 210.00 X	
2		00/DC 459.75	
1	Rear bumper Rear bumper reflector- RH/LH @ 106.25	CM 212.50	
2	Rear bumper bracket- RH/LH @ 95.50	191.000	
2	Rear bumper side holder- RH/LH @ 82.50	11 165.000	
2	Rear bumper side retainer- RH/LH @ 89.65	Serf 179.30	
6	Rear bumper clip @ 4.50	ru 27.00 -	
1	Rear end panel	777.25	
1	Rear end panel garnish	7m 89.65	
2	Rear end panel garnish clip @ 4.50	12 9.00 X	
1	Rear spare tire panel	781.65 X	
1	Rear spare tyre panel cardboard	TI-A 156.50	
2	Rear spare tyre panel foam- RH/LH @ 126.20	11 252.40 ℃	
1	Rear spare tyre screw carrier	11 39.20 X	
1	Rear exhaust siliencer	2 489.10 X	
2	Rear exhaust mounting	46.00 X 6743.84	
	7.4072.39	-1685.96	
	Less 25% 7_4072-39 30544	Subtotal 5057.88	
	Special Nett Items:	Subtotal	
1	Rear number plate with casing	11 50.00 X	
1	Rear bumper reverse sensor	ene/shel 280.00 200	
1	Real bumper reverse sensor	Subtotal 330.00	
	Labour Charges:	(0	
	Panel beating, cut, weld, remove and replacing above parts	1000.00 680	
	Spray painting	800.00 780	
	To checking rear electrical wiring	80.00 30	
	To checking rear electrical wiring To remove, refix cushion and inner trim Repairer of the following:	100.00 60	
	 To resurvey letore after spray painting 	Subtotal 1980.00	
	 To display damaged part(s) during resurvey Parts prices are subject to confirmation 		
	ESTIMATE PARTS AND LABOUR GRAND TOTAL Survey in on a "Listingut Prejudic	e* basis \$ 7367.88	
		120,100	
	 Supplementary item(s) must be resurveyed is subject to final approval from Insurance 0 	and 4804-4	
		company	

Acknowledged by Repairer

LKK Auto Consultants Pte Ltd (Co.Reg. No. 199607 198R)

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

CS/AIG18015963/UVD3N2 Our File No:

Date: 10/09/2018

REFERENCE

Handling Insurer:

AIG Asia Pacific Insurance Pte. Ltd. Policy No:

1700032370

Claimant Vehicle No:

SKA2148J

Insured Vehicle No: SLQ9892B

Date of Loss:

30/08/2018

Nature of Claim:

TP

Claim No: 3838506891SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKA2148J

Make & Model:

TOYOTA VIOS, 1.5 E (A) 27/01/2011 (Man. Year: 2010) Engine No: Chassis No: Odometer:

1NZY123215 MR053HY9305174665

94605 km

Reg. Date: Colour:

Grey

Engine Capacity: Market Value/New Car 1497 cc

Price:

N/A

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Sum Insured (S\$):

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): **CONDITION OF TYRES**

Front Tyre Size:

Front Left Side:

185/60R15

Rear Tyre Size:

185/60R15

Front Right Side:

Achilles 6 mm Achilles 6 mm Rear Left Side: Rear Right Side: Achilles 6 mm Achilles 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts Miscellaneous Items	Repairer's 5,387.88 0.00	Adjuster's 3,254.29 0.00	2,133.59 0.00	Diff % 39.60
Labour Paintwork Labour	1,980.00 0.00	1,550.00 0.00	430.00 0.00	21.72
Towing	0.00	0.00	0.00 2,563.59	34.79
Calculated Gross Total (S\$) Approved Total (Overridden) (S\$)	7,367.88	4,804.29 3,800.00	2,563.59	34.75
Nett Amount (S\$)	7,367.88	3,800.00	3,567.88	48.42

INSPECTION

Date of Assignment:

31/08/2018

Date Inspected:

31/08/2018 Inspected At:

Imperium Automotive - Kaki Bukit (HQ)

25 Kaki Bukit Road 4, #01-49

Synergy@KB Singapore 417800

Estimated Period of Repair:

5.0 days

Adjuster: MARCUS CHUA

Manager: VERON CHEN

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

1000			ed Parts		Danis de la contra	Amount
No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BOOT	Bent/Buckled	665.90 FL	*665.90 FL
2	1		*REAR BOOT RUBBER	Torn	162.84 FL	*162.84 FL
3	1		*REAR BOOT LOCK	Twisted	289.50 FL	*289.50 FL
4	1		*REAR BOOT LOCK CATCH	Not Necessary	48.85 FL	*-FL
5	1		*REAR BOOT EMBLEM LOGO	Necessary	42.60 FL	*42.60 FL
6	1		*REAR BOOT EMBLEM VIOS	Not fitted	68.20 FL	*-FL
7	1		*REAR BOOT EMBLEM E	Necessary	46.30 FL	*46.30 FL
8	1		*REAR BOOT EMBLEM LIMITED EDITION	Not fitted	58.30 FL	*- FL
9	1		*REAR BOOT MOULDING	Not Necessary	286.95 FL	*-FL
10	2		*REAR TAILLAMP-RH/LH	Cracked	963.30 FL	*963,30 FL
11	2		*REAR TAILLAMP SIDE HOLDER CLIPS	Not Necessary	25.80 FL	*-FL
12	2		*REAR TAILLAMP PANEL HOUSING-RH/LH	Repair	210.00 FL	*-FL
13	1		*REAR BUMPER	Dented/Deformed	459.75 FL	*459.75 FL
14	2		*REAR BUMPER REFLECTOR-RH/LH	Cracked	212.50 FL	*212.50 FL
15	2		*REAR BUMPER BRACKET-RH/LH	Not Necessary	191.00 FL	*-FL
16	2		*REAR BUMPER SIDE HOLDER-RH/LH	Not Necessary	165.00 FL	*-FL
17	2		*REAR BUMPER SIDE RETAINER-RH/LH	Bent	179.30 FL	*179.30 FL
18	6		*REAR BUMPER CLIP	Necessary	27.00 FL	*27.00 FL
19	1		*REAR END PANEL	Dented	777.25 FL	*777.25 FL
20	1		*REAR END PANEL GARNISH	Twisted	89.65 FL	*89.65 FL
21	2		*REAR END PANEL GARNISH CLIP	Not Necessary	9.00 FL	*- Fl
22	1		*REAR SPARE TIRE PANEL	Repair	781.65 FL	*- Fl
23	1		*REAR SPARE TYRE PANEL CARDBOARD	Torn	156.50 FL	*156.50 FL
24	2		*REAR SPARE TYRE PANEL FOAM-RH/LH	Not Necessary	252.40 FL	*- Fl
25	1		*REAR SPARE TYRE SCREW CARRIER	Not Necessary	39.20 FL	*- Fl
26	1		*REAR EXHAUST SILENCER	Repair	489.10 FL	*- Fl
27	2		*REAR EXHAUST MOUNTING	Not Necessary	46.00 FL	*-Fl
28	1		*REAR NUMBER PLATE WITH CASING	Not fitted	50.00 FS	
29	1		*REAR BUMPER REVERSE SENSOR	Cracked/Shorted	280.00 FS	*200.00 F
F=Fr	anchise	part. S=Spc	Nett. L=ListItemDisc.			
				Sub Total (S\$)	7,073.84	4,272.39
	- List Item Discount on L Items 25.00/25.00% (S\$)				1,685.96	1,018.10
				Total Parts (S\$)	5,387.88	3,254.29

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PANEL BEATING, CUT, WELD, REMOVE AND REPLACING ABOVE PARTS	New	1,000.00	680.00
2	SPRAY PAINTING	New	800.00	780.00
3	TO CHECKING REAR ELECTRICAL WIRING	New	80.00	30.00
4	TO REMOVE, REFIX CUSHION AND INNER TRIM	New	100.00	60.00
	Gross Labour Cost (S\$)		1,980.00	1,550.00
	Report was unsubmitted during	a this print-out		

< END OF ESTIMATES >