

ASS. REC. BY:

REF:

CS/III 18017014 / Urbm2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Gabriel Wee

of

III

Date/Time: 18092018 930am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDJ 7777X

Insured:

SHA 2261A

at Workshop m/s

GL Auto

Tel:

9870 6475

of

Blk 6 Dehu Lane 10 #01-550

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

12092018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

1909.2018 @ morning

H.O.D. Endorsement:

Date/Time:

18092018 5:01pm

Person Contacted:

Mr. Lee

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SDJ 7777X - X

SHA 2261A - NS/INCL6011880/H14h3c2

DIA 240616

(08/11/13) wef

ASS. REC. BY: MarcusREF: 12/

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SDJ 7777Xat Workshop m/s G.L

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 Market Value: 45k

IDAC Accident Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: 6 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

0476c

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SDJ 7777XYr Regn: 6/98Type: M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Lexus GS300c.c. 2997Colour: 3/4/6

A/C: Insured / Std / NI / NA

Sp. Reading: 20204

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JT753JSG000034627Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: \_\_\_\_\_

R: 225/45R18

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 12/9/18D.O.I. 19/9/18

Survey held at \_\_\_\_\_

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

8/6/2018LTA 36848Dep 5th 9yr 5plusenett 815219/9/18 Confirmed 2/5 \$5300 with AH Guar.

RECEIVED 12 OCT 2018

Date/Time, File Pass to?



: Preli. Report

1) typist

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 6Resurvey No. of Trip: 2

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

Photos:

Others:

TOTAL

35010360Report Format: 7pLump Sum / I.B.t: (\$ 5300.00)

**Catherine Chong (LKK Auto)**

---

**From:** Motor Claim - III <motorclaim@iii.com.sg>  
**Sent:** Tuesday, 18 September, 2018 9:30 AM  
**To:** 'sur@lkkauto.com'; Catherine Chong (LKK Auto)  
**Cc:** Zuhaidah Samsuri  
**Subject:** ACCIDENT ON 10/09/2018 INVOLVING SHA2261A (III) & SDJ7777X  
**Attachments:** sha2261a\_20180918092556.pdf

Dear Sir / Mdm

**This Pre-Repair Survey is on Without Prejudice Basis.**

THIRD PARTY VEHICLE NO. : SDJ7777X  
III INSURED VEHICLE NO. : SHA2261A  
DATE OF LOSS : 12.09.18

We acknowledge receipt of your email.

**In compliance to Pre-Action Protocol for NIMA cases, we note that**

We disagree to the list of motor surveyors that you have proposed.

Therefore, we have appointed our surveyor LKK AUTO CONSULTANT to conduct the pre-repair survey.

This claim is handled by **Aida**.

Please let us have your client's accident report and repair estimate for our appointed surveyor to conclude his report.

**\*\*We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.**  
**\*\*Surveyor kindly upload this assignment to Merimen.**

Thank You.

*Best Regards,*

**Gabriel Wee**

Motor Claims Dept.

**India International Insurance Pte Ltd**

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

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行

# Chambers Law LLP

Advocates & Solicitors, Commissioner for Oaths & Notary Public

(Limited Liability Partnership UEN T07LL1103A GST Registration No. M90367219Y)

45 North Canal Road #05-01 Lew Building Singapore 059301

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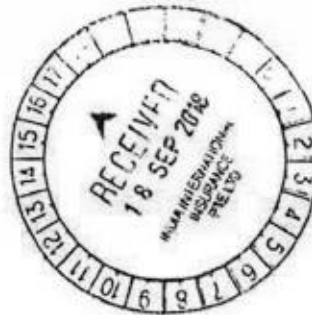
Email: dilys@chamberslaw.com.sg

Our Ref: CCL.jt.180903 GLA

18 September 2018

**BY FAX (6224 4174) & POST ONLY**

India International Insurance Pte Ltd  
64 Cecil Street  
#04/#05 IOB Building  
Singapore 049711  
Attention: Ms. Alda



Dear Sirs

## ACCIDENT ON 12.09.2018 INVOLVING SDJ 7777X & SHA 2261A

1. We refer to your fax dated 18 September 2018.
2. Kindly be informed that the pre-repair survey can be conducted at the workshop of GL Auto at **Blk 6 Defu Lane 10, #01-550 Defu Industrial Park C, Singapore 539187** within **two (2) working days** from 18 September 2018, between 9.00am to 6.00pm.
3. Please contact Mr. Lee Tjong Wan at 9670 6475 for an appointment.
4. Kindly also let us know the name of the appointed surveyor.
5. Thank you.

Yours faithfully,

.....  
Lew Chen Chen

c.c. Client

## 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	13/09/2018 10:46
Date Of Accident	12/09/2018 19:00
Exact Location Of Accident	KPE BEFORE EXIT TO PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ7777X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIN CHIH SHUEN
NRIC No	S7570476C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96245740
Alternative Phone No	OFFICE-96245740

### Vehicle Particulars

Manufacturer	LEXUS
Model	GS300
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100235962-08
Cover Note Number	

### Driver

Name of Driver	LIN CHIH SHUEN
NRIC No	S7570476C
Date Of Birth	19/05/1975
Occupation	INDOOR
Date Of Driving Pass	07/09/1993
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96245740
Fax Number	
Contact Number	OFFICE-96245740
EMail Address	NOEMAIL

Address 22 ACTUS DR #01-02 S809693

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident 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? YES

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) 2

Passenger 1 NAME: : WAI LIN (S2758405E)

GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO THE ATTACHED.

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA2261A

Vehicle Make/Model/Colour NIL

Details Of Properties NIL

Vehicle Category TAXI

Name of Driver HOK SWEE KWAN

NRIC/Passport Number S1742909D

Contact Number 82000007

Address NIL

Postcode NIL

Insurance Company Name NIL

Nature Of Damage NIL

No. Of Passenger (Including Driver) 2

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

**DETAILS OF INJURED PERSON 1**

Name	WAI LIN
Approximate Age	
Injuries Sustain	NIL
Injured person in which vehicle?	SDJ7777X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	NIL NIL
Postcode	NIL



## Accident Sketch Plan Pg. 1

### 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.

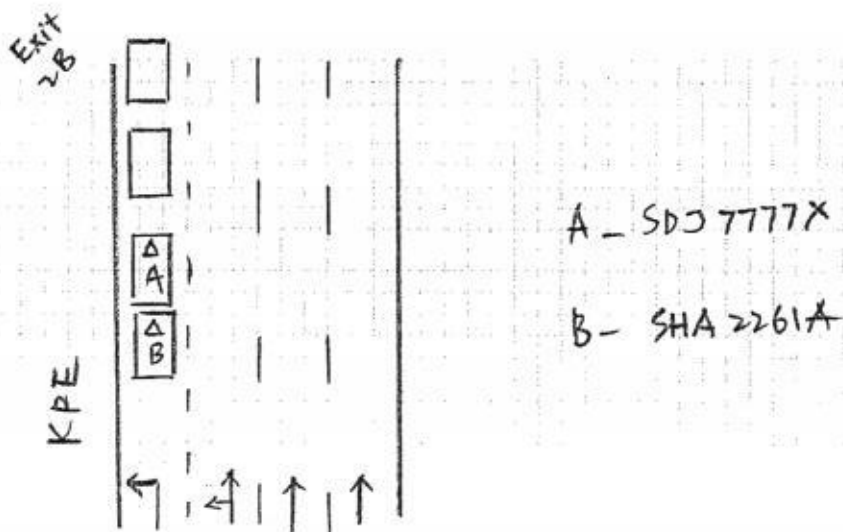
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Heavy traffic.  
front vehicle stopped, I stopped about 1 car length away.  
Vehicle B collided on my rear.

Insurance Co.	ATG Ins
Vehicle No.	SDJ 7777X
Date of Accident	12.9.2010
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop	

## 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 Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLANIMPORTANT 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.
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  - (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.:

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	0476C
<b>Vehicle Details</b>	
Vehicle No.:	SDJ7777X
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Sep 2018
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS GS 300
Primary Colour:	Black
Manufacturing Year:	1998
Engine No.:	2JZ0633558
Chassis No.:	JT753JSG000034627
Maximum Power Output:	-
Open Market Value:	\$55,617.00
Original Registration Date:	09 Jun 1998
First Registration Date:	09 Jun 1998
Transfer Count:	1
Actual ARF Paid:	\$77,864.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	08 Jun 2028
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$37,906.00
COE Rebate Amount:	\$36,848.00
<b>Total Rebate Amount:</b>	<b>\$36,848.00</b>

The information contained herein is correct as at 19 Sep 2018

OK

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\$0 excess



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workshop

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Sort by

6 vehicles

lexus gs300

Advanced

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage
<b>Search Selection</b>	lexus gs300		Any	Any	> 10 year(s) old	Any	
	Lexus GS300 Super Luxury (COE till 10/2026)		\$62,800	\$7,760 /yr	20-Oct-2006	2,995 cc	13
Cheapest In The Market. Super Luxury Limited GS300, Showroom Condition, View It To Believe, Low Mileage, Accident Owner. Sms/Call For Appointment Now!							
Creative Auto							
Posted: 18-Sep-2018 Tags: 2006 Lexus GS300, Lexus GS300, Lexus, GS300, Used Lexus							
	Lexus GS300 (New 10-yr COE)		\$78,888	\$7,880 /yr	17-Sep-2008	2,995 cc	17
Quite And Comfortable Drive! Good Condition. Genuine Mileage, Powerful Yet Luxurious Car That Will Amaze You. No Hassle. Arrange A Viewing!							
Cars 88 Pte Ltd							
Posted: 13-Sep-2018 Tags: 2008 Lexus GS300, Lexus GS300, Lexus, GS300, Used Lexus							
	Lexus GS300 Luxury (COE till 08/2027)		\$70,800	\$7,910 /yr	30-Aug-2007	2,995 cc	94
One Of The Best Condition GS300 Out There. Original Since Day 1! Reluctant Sale By Owner. Cheaper Than A Japanese Low Mileage, Serviced At Agent From The Start Till Now. Po...							
Monster Motors Pte Ltd							
Posted: 18-Aug-2018 Tags: 2007 Lexus GS300, Lexus GS300, Lexus, GS300, Used Lexus							
	Lexus GS300 Super Luxury (COE till 09/2025)		\$56,800	\$8,100 /yr	23-Sep-2005	2,994 cc	
3.0L Powerful VVT-I V6 Engine, 6 Speed Tiptronic Auto Trans, With ABS, Cruise Control, Traction Control, 8 SRS Airbags, Auto Adjust Xenon Headlights, Integrated Audio-Bluetooth...							
Posted: 05-Aug-2018 Tags: 2005 Lexus GS300, Lexus GS300, Lexus, GS300, Used Lexus							

Compare

Car Selling

Car Ownership

# GL AUTO

Blk 6, Defu Lane 10, #01-550, Singapore 539187  
Tel: 6383 0005 Fax: 62850823  
Co. Reg. No.: 532162325L

Not Authorised  
Mark Marcus.  
19/9/18  
1/5 \$5300/2  
Take into other repair.  
6 day.

Vehicle No. SDJ 7777 X

Rear bumper 925.10  
Rear bumper centre moulding 211.20  
Bumper reinforcement 588.12  
Bumper side retainer \$46X2  
Rear boot lid  
Rear boot hinges \$110.35X2  
Rear boot lock 399.10  
Rear boot outer handle  
Rear tail lamp pannel end panel  
Tail lamps \$608.20X2  
Rear exhaust system  
Rear bumper PDC sensor  
Rear bumper camera  
Rear boot rubber  
Rear number plate

Dis \$971.15  
Suf \$214.15  
Dis \$598.40  
Suf \$92.00  
Suf \$727.15  
n \$220.70  
twi \$696.40  
twi \$262.10  
Suf \$603.35  
one \$1216.40  
one \$1024.10  
Suf \$232.10  
one \$420.00  
twi \$220.00  
one \$120.00

To check wiring  
To dismantle & relacing PDC sensor & bumper camera  
Labour for pannel & relacing parts  
To putty & spary painting

Total

\$80.00 - 20  
\$180.00 - 50  
\$1600.00 - 700  
\$800.00 - 750  
\$10,278.00

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:

P-5214.52  
less 10%  
4693.06  
S. Net = 430  
labour = 1520  
6643.06  
5314



# 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/III18017014/URBN2  
Date: 22/10/2018

### REFERENCE

Handling Insurer:	India International Insurance Pte Ltd	Policy No:	
Claimant Vehicle No :	SDJ7777X	Insured Vehicle No :	SHA2261A
Date of Loss:	12/09/2018	Nature of Claim:	TP
		Claim No:	N/A

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SDJ7777X	Engine No:	2JZ0633558
Make & Model:	LEXUS GS300, 3.0 (A)	Chassis No:	JT753JSG000034627
Reg. Date:	09/06/1998 (Man. Year: 1998)	Odometer:	202021 km
Colour:	Black		
Engine Capacity:	2997 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

### CONDITION OF TYRES

Front Tyre Size:	225/45ZR18	Rear Tyre Size:	225/45ZR18
Front Left Side:	Michelin 6 mm	Rear Left Side:	Michelin 6 mm
Front Right Side:	Michelin 6 mm	Rear Right Side:	Michelin 6 mm

The above values represent the remaining tyre treads depth

### COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	7,618.00	5,123.07	2,494.93	32.75
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,660.00	1,520.00	1,140.00	42.86
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>10,278.00</b>	<b>6,643.07</b>	<b>3,634.93</b>	<b>35.37</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>5,300.00</b>		
<b>Nett Amount (S\$)</b>	<b>10,278.00</b>	<b>5,300.00</b>	<b>4,978.00</b>	<b>48.43</b>

### INSPECTION

Date of Assignment:	18/09/2018	Inspected At:	GL AUTO (HQ) BLK 6 DEFU LANE #01-550 Singapore 539187
Date Inspected:	19/09/2018		

Estimated Period of Repair: 6.0 days

Adjuster: MARCUS CHUA

Manager: Janice Lee Si Hua

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 22 Oct 2018)
<b>Parts:</b> 143	LEXUS GS300 3.0 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SDJ7777X)
<b>Validity:</b>	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
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Distorted	971.15 F	*925.10 FL
2	1		*REAR BUMPER CENTRE MOULDING	Bent	214.15 F	*211.20 FL
3	1		*BUMPER REINFORCEMENT	Dented	598.40 F	*588.12 FL
4	2		*BUMPER SIDE RETAINER	Bent	92.00 F	*92.00 FL
5	1		*REAR BOOTLID	Badly Dented	727.15 F	*727.15 FL
6	2		*REAR BOOT HINGES	Repair	220.70 F	*- FL
7	1		*REAR BOOT LOCK	Twisted	696.40 F	*399.10 FL
8	1		*REAR BOOT OUTER HANDLE	Not Necessary	262.10 F	*- FL
9	1		*REAR END PANEL	Badly Dented	603.35 F	*603.35 FL
10	2		*TAIL LAMPS	Cracked	1,216.40 F	*1,216.40 FL
11	1		*REAR EXHAUST SYSTEM	Repair	1,024.10 F	*- FL
12	1		*REAR BUMPER PDC SENSOR	Shorted	232.10 F	*232.10 FL
13	1		*REAR BOOT RUBBER	Twisted	220.00 F	*220.00 FL
14	1		*REAR BUMPER CAMERA	Cracked	420.00 FS	*380.00 FS
15	1		*REAR NUMBER PLATE	Cracked	120.00 FS	*50.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>7,618.00</b>	<b>5,644.52</b>
<b>- List Item Discount on L Items 0.00/10.00% (\$\$)</b>	<b>0.00</b>	<b>521.45</b>
<b>Total Parts (\$\$)</b>	<b>7,618.00</b>	<b>5,123.07</b>

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
<b>Labour Items</b>				
1	TO CHECK WIRING	New	80.00	20.00
2	TO DISMANTLE & REPLACING PDC SENSOR & BUMPER CAMERA	New	180.00	50.00
3	LABOUR FOR PANNEL & REPLACING PARTS	New	1,600.00	700.00
4	TO PUTTY & SPRAY PAINTING	New	800.00	750.00
Gross Labour Cost (\$\$)			2,660.00	1,520.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	GBB 8632P (Insd veh)	Model:	TOYOTA LITEACE 2.2M
	GX 4825B (TP veh)		
Date of Accident:	02/01/2018		

Global Sum Settlement	:	[ ] Yes	[ X ] No	
Repair Estimate	:	\$	14,036.74	
Final Repair Cost	:	\$	4,280.00	
Loss of Use	:	\$		days at \$0.00 per day
Rental (if any)	:	\$	900.00	9 days
LTA / GIA Search Fee	:	\$	7.45	

Others:	:	\$	
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	:	\$	
Final Settlement Sum	:	\$	5,187.45

Is Third Party Workshop GIA Registered?		[ ] YES	[ X ] NO	(Kindly indicate below)
A) For Non GIA Registered Workshop:		Agreed Liability _____ 100 _____ (%)		
B) For GIA Registered Workshop:		BOLA Applicable: Yes/ No    BOLA Scenario No: _____		
BOLA Liability: _____ (%)		Assessed Liability (*): _____ (%)		
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.				
Remarks _____				

Payment Instruction: Payee's Breakdown			
1)	CT AUTO PTE LTD	:	\$ 5,187.45

NUR SHAQILAH BTE ABDOL  
WAHAB

22/10/2018  
Date

Please attach all the supporting documents to the form.  
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))