

ASS. REC. BY:

REF: CS/CTI18017639/T1vd3 | Special Instruction:

Surveyor:
Meimen

Taufich

ASSIGNMENT (Office)

From (Person):

Irene Tay

of

CTI

Date/Time: 28/9/18 @ 11:48am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLH 1709Z

Insured:

SJK 4666B

at Workshop m/s

Ethoz Group

Tel:

8822 8339

of

30 Bukit Batok Crescent

Policy No:

DMPCSN 3001831802

Claim No:

SNM18D04607002

Sum Insured:

Excess:

Make of Veh:

D.O.A. 24/09/18

(Client's Record)

01/10/2018

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time:

11:56am @ 28/9/18

Person Contacted:

Lee Chen Sin

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

Inksp request to survey on monday.

SLH 1709Z-X

SJK 4666B-NA/CTI18017639/24

DOA: 24/9/18

10/10/18

Is \$ 2500 confirmed by email (Ref 2042.15, 4515)

REF: CTI

ASSIGNMENT

From:

Date: 01/10/2018

Veh No: SLH1709Z

Yr Regn: 2016. oct.

Estimated Cost:

Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /OD ☒ TP / ☐ WS / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

Truck / Trailer or

To inspect Vehicle No:

SLH 1709Z

Make:

Toyota Altis.

C.C. 1598

at Workshop m/s

Ethoz

Colour:

Silver

A/C: Insured / Std / NI / NA

of

30 Bkt Butok Crescent

Sp. Reading

222 g.

T/Radio: Insured / Std / NI / NA

Insured

Eng/No:

Policy No.

C/No:

MROS 3REM 104533736

Claims No.

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Sum Insured:

Excess:

Steering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or

(Client's Record)

Brake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Make of Veh:

Modi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or

(Policy Condition)

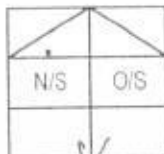
Tyre Size:

F: 205/35K16

R:

7 -

Remark: The veh had commenced its repair at the time of inspection.

BS ☒ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI / ☐ TOYO / ☐ YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

C

mm

R/Bal.

C

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

C

mm

L/Bal.

C

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

9/10/18 4pm

Lum Sum:

%

3 Val.: Yes or No

Survey held at

Ethoz RS

CA / REV / REP. / 24 HRS ^{up}Des. of Damages: ☒ Frt / ☒ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

RECEIVED 11 OCT 2018

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

10/10 - typist

Days Of Repair:

5 10/10 Tanjith.

Resurvey No. of Trip:

1

Survey Fee:

Transportation

) S + RS. \$

) Photos

) Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format:

merimen

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

2500/-

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Sep 2018		28 Sep 2018 11:48 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	ZHANG QINGXIA, ID: S7168146G		
Main Claimant:	ETHOZ GROUP LTD, Co. Reg. No.: 198104531H		
Vehicle Reg. No.:	SLH1709Z	Date of Loss:	24/09/2018 12:00 - :59
Claim Type:	TP / SNM18D04607C02	Policy/Cover Note No.:	DMPCSN3001831802 (Comprehensive)
Vehicle Reg. No. (Insured):	SJK4666B	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 09/10/2018]		
Adj Asg. Remarks:	EST \$4860.10, 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.									

Lucas Lee

From: Lee Chen Sin <ChenSin.Lee@ethozgroup.com>
Sent: Friday, 28 September, 2018 9:43 AM
To: Claims Dept of CTI; Jowyn Tay; Angie Foo; Claims Dept of China Taiping Insurance
Subject: ARRANGE SURVEY VEHICLE NO : SLH1709Z
Attachments: 33_20180928092122.pdf

Hi,

Please arrange survey of above mention vehicle.

Your insured vehicle number : SJK-4666-B

DOA : 24.09.2018

Thank you.

Warmest Regards,
Lee Chen Sin

ETHOZ

ETHOZ GROUP LTD

30 Bukit Batok Crescent Singapore 658075

Mobile: (65) 8822 8339 / DID: 6654 7520 / Fax: 6654 7542

Website: www.ethozgroup.com



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Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Wednesday, 10 October 2018 2:20 PM
To: 'Lee Chen Sin'; Taufikh (LKKAuto); SUR
Subject: RE: FINALIZATION REPORT OF SLH-1709-Z TOYOTA ALTIS (TP)(CHINA TAIPING)

Dear Chen Sin,

WITHOUT PREJUDICE

Confirmed Lump Sum \$2500/-

Repair days : 5 days

Kindly send Final invoice and all supporting documents to CHINA TAIPING

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Lee Chen Sin <ChenSin.Lee@ethozgroup.com>
Sent: Wednesday, 10 October 2018 9:45 AM
To: Taufikh (LKKAuto) <Taufikh@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: FINALIZATION REPORT OF SLH-1709-Z TOYOTA ALTIS (TP)(CHINA TAIPING)

Hi Taufikh,

Attached are the finalization report, check item photo and photo after paint of above mention vehicle.

Please send acceptance once the COR is confirm.

COR : \$ 2,500.00 (Lump Sum Repair)

Repair days : 5 (to confirm)

Kindly revert.

Thank you.

Warmest Regards,
Lee Chen Sin
Motor Claims Operations

ETHOZ
ETHOZ GROUP LTD

30 Bukit Batok Crescent Singapore 658075
DID: 6654 7520 | FAX: 6654 7542 | Mobile: 8822 8339

www.ethozgroup.com



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	24/09/2018 17:38
Date Of Accident	24/09/2018 12:10
Exact Location Of Accident	ALONG AYE BEFORE ALEXANDER EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1709Z
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	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC CVT (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	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D17MTRENT000072
Cover Note Number	26/10/2018-25/10/2018

Driver

Name of Driver	DELHAYE GEOFFREY JEAN-RAPHAEL GEORGES
NRIC No	S8561067H
Date Of Birth	08/02/1985
Occupation	INDOOR
Date Of Driving Pass	11/10/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92344307
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	140 HILLVIEW AVENUE 03-03
Postcode	669600
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	CHAIN COLLISION
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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER TO THE 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	SJK4666B
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HI ZHIJUN
NRIC/Passport Number	S7368208H
Contact Number	84882666
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJP5196H
-----------------------------	----------

Vehicle Make/Model/Colour	C
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM DOUGLAS
NRIC/Passport Number	S8908279Z
Contact Number	83828307
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:

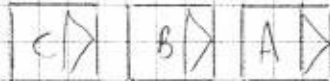
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

Reporting Centre Personne's Signature
Name:
NRIC/FIN No:

SKETCH PLAN



A - SLH 1709Z

B - STK 4666B

C - STP 5196H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on AYE at a normal speed heading towards City just before Alexandra Exit. I noticed that the vehicle in front of me was braking, so I braked normally. I checked my rear mirror because the break brought me to a complete stop, and noticed the car behind was about to make a sudden stop (based on my estimation of his reaching speed). This car managed to stop. One second later, the car behind me got hit by another car behind at a rather good speed, based on the sound I heard from the hit. Eventually, the car behind me had been pushed forward into the back of my car and then the accident was there.

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

Driver's Signature
(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

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

Lee Chen Sin
CLAIM DEPARTMENT
DID : 66547520
FAX :

Date : 28/09/2018

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

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000072

Accident Date : 24/09/2018

Vehicle No : SLH-1709-Z

Make & Model : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<u>List Item</u>			
	RESTORE	R	
1	REAR BOOTLID	85.60	X m
1	REAR BOOTLID EMBLEM CENTRE	68.80	X m
1	REAR BOOTLID EMBLEM "COROLLA"	68.80	X m
1	REAR BOOTLID EMBLEM "ALTIS"	467.20	? ✓ CAA ✓
1	REAR LAMP OUTER LH	94.40	? X m
1	REAR LAMP OUTER LOWER BRACKET LH	614.30	de ✓
1	REAR BUMPER	45.00	re ✓
10	REAR BUMPER CLIP	141.60	re ✓
1	REAR BUMPER SIDE RETAINER LH		

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:

Date : 28/09/2018

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

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTRENT000072

Accident Date : 24/09/2018

Vehicle No : SLH-1709-Z

Make & Model : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	REAR BUMPER SIDE RETAINER RH	141.60	X nn
1	REAR BUMPER REFLECTOR LH	95.40	X nn
1	REAR BUMPER REINFORCEMENT	475.10	bt ✓
1	REAR BUMPER REINFORCEMENT ARM LH	113.60	bt ✓
1	REAR BUMPER REINFORCEMENT ARM RH	113.60	? X nn
1	REAR END PANEL	795.40	bt ✓
1	REAR END PANEL TOP GARNISH	355.80	X nn
	Sub Total	3676.20	
	Discount 25% On Parts	(919.05)	
	<u>Special Nett Item</u>		

Date : 28/09/2018
 To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION
 Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
 : SOMPO INSURANCE SINGAPORE PTE. LTD.
 Certificate No : D17MTRENT000072 Accident Date : 24/09/2018
 Vehicle No : SLH-1709-Z Make & Model : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)

ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	END PANEL SEALANT	50.00	X ✓ NUL
1	REVERSE SENSOR	200.00	nw ✓
	Sub Total	250.00	
<u>Labour & Misc</u>			
	LABOUR TO CARRY OUT REAR REPAIR	700.00	400
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	30.
	TO SPRAY PAINTING ON REAR AFFECTED AREA	600.00	400.
	TO DETACH & RENEW REVERSE SENSOR	60.00	30
	SPRAY RUST PROOF ON AFFECTED AREA	40.00	X n

Date : 28/09/2018
 To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION
 Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
 : SOMPO INSURANCE SINGAPORE PTE. LTD.
 Certificate No : D17MTRENT000072 Accident Date : 24/09/2018
 Vehicle No : SLH-1709-Z Make & Model : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO REMOVE & RE-INSTALL SPARE COMPARTMENT TRIMS	100.00	SO
	Sub Total	1535.00	

4,542.15

Remarks:

SUB TOTAL

GST 7.0 % 317.95

TOTAL 4,860.10

Surveyor's name: Tan Jhin 97445749

Principal's name: ETHOZ Group Ltd

Survey Date & Time: 01/10/18 @ 4pm

'wp'
 sur@khaup.com
 Review after repair
 53 days
 3/10/18

Date : 10/10/2018

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 : D17MTRENT000072 Accident Date : 24/09/2018

Vehicle No : SLH-1709-Z Make & Model : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
<u>List Item</u>			
1	REAR BOOTLID RESTORE	0.00	0.00
1	REAR BOOTLID EMBLEM CENTRE	85.60	0.00
1	REAR BOOTLID EMBLEM "COROLLA"	68.80	0.00
1	REAR BOOTLID EMBLEM "ALTIS"	68.80	0.00
1	REAR LAMP OUTER LH - CHECK ITEM	467.20	467.20
1	REAR LAMP OUTER LOWER BRACKET LH	94.40	0.00
1	REAR BUMPER	614.30	614.30
10	REAR BUMPER CLIP	45.00	45.00
1	REAR BUMPER SIDE RETAINER LH	141.60	141.60
1	REAR BUMPER SIDE RETAINER RH	141.60	0.00
1	REAR BUMPER REFLECTOR LH	95.40	0.00
1	REAR BUMPER REINFORCEMENT	475.10	475.10
1	REAR BUMPER REINFORCEMENT ARM LH	113.60	113.60



Date : 10/10/2018

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 : D17MTRENT000072 Accident Date : 24/09/2018

Vehicle No : SLH-1709-Z Make & Model : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
1	REAR BUMPER REINFORCEMENT ARM RH	113.60	0.00
1	REAR END PANEL - CHECK ITEM	795.40	795.40
1	REAR END PANEL TOP GARNISH	355.80	0.00
Sub Total		3676.20	2652.20
Discount 25% On Parts		(0.00)	(663.05)
Special Nett Item			
1	END PANEL SEALANT - CHECK ITEM	50.00	50.00
1	REVERSE SENSOR	200.00	200.00
Sub Total		250.00	250.00
Labour & Misc			
LABOUR TO CARRY OUT REAR REPAIR		700.00	400.00
TO CHECK AND RECONNECT ALL		35.00	30.00

PAGE : 2



Date : 10/10/2018

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 : D17MTRENT000072 Accident Date : 24/09/2018

Vehicle No : SLH-1709-Z Make & Model : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	NECESSARY WIRINGS		
	TO SPRAY PAINTING ON REAR AFFECTED AREA	600.00	400.00
	TO DETACH & RENEW REVERSE SENSOR	60.00	30.00
	SPRAY RUST PROOF ON AFFECTED AREA	40.00	0.00
	TO REMOVE & RE-INSTALL SPARE COMPARTMENT TRIMS	100.00	50.00
	Sub Total	1535.00	910.00

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Date : 10/10/2018

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 : D17MTRENT000072 Accident Date : 24/09/2018

Vehicle No : SLH-1709-Z Make & Model : TOYOTA COROLLA ALTIS 1.6 STANDARD (A)

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	Sub Total	4,542.15	3,149.15
	GST 7.0 %	317.95	220.44
	Total	4,860.10	3,369.59

COR: \$2,500.00 (1/3 REPAIR)
5 DAYS REPAIR (TO CONFIRM)

Surveyor Name : TAUFIK - LKK

Date & Time : 10/01/2018 4:00:00 PM

Lee Chen Sin

CLAIM DEPARTMENT

DID : 66547520

FAX :

PARTS - \$2,652.20 - 25%
- \$1,989.15
SN - \$250.00
LABOUR - \$910.00
\$3,149.15
- 20% (1/3 REPAIR)
\$2,519.32

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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/CT18017639/T1VD3N2

Date: 11/10/2018

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN3001831802
Claimant Vehicle No :	SLH1709Z	Insured Vehicle No :	SJK4666B
Date of Loss:	24/09/2018	Nature of Claim:	TP
		Claim No:	SNM18D04607C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLH1709Z	Engine No:	1ZRY310604
Make & Model:	TOYOTA COROLLA ALTIS, 1.6 CLASSIC CVT (A)	Chassis No:	MR053REH104553736
Reg. Date:	26/10/2016 (Man. Year: 2016)	Odometer:	22298 km
Colour:	Silver		
Engine Capacity:	1598 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	205/55R16	Rear Tyre Size:	205/55R16
Front Left Side:	Dunlop 6 mm	Rear Left Side:	Dunlop 6 mm
Front Right Side:	Dunlop 6 mm	Rear Right Side:	Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,007.15	2,239.15	768.00	25.54
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,535.00	910.00	625.00	40.72
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	4,542.15	3,149.15	1,393.00	30.67
Approved Total (Overridden) (\$\$)		2,500.00		
(\$\$)	4,542.15	2,500.00	2,042.15	44.96
+ GST 7.00/7.00% (\$\$)	317.95	175.00	142.95	44.96
Nett Amount (\$\$)	4,860.10	2,675.00	2,185.10	44.96

INSPECTION

Date of Assignment:	28/09/2018	Inspected At:	Ethoz Group Ltd (HQ)
Date Inspected:	01/10/2018		30 Bukit Batok Crescent
			Singapore 658075
Estimated Period of Repair:	5.0 days		

Adjuster: MOHD TAUFIKH BIN HAMID

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

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 11 Oct 2018)
Parts:	143	TOYOTA COROLLA ALTIS 1.6 CLASSIC CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLH1709Z)	
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		*REAR BOOTLID (NPA)	Repair	0.00 FL	*- FL
2	1		*REAR BOOTLID EMBLEM CENTRE	Not Necessary	85.60 FL	*- FL
3	1		*REAR BOOTLID EMBLEM COROLLA	Not Necessary	68.80 FL	*- FL
4	1		*REAR BOOTLID EMBLEM ALTIS	Not Necessary	68.80 FL	*- FL
5	1		*REAR LAMP OUTER LH	Cracked	467.20 FL	*467.20 FL
6	1		*REAR LAMP OUTER LOWER BRACKET LH	Not Necessary	94.40 FL	*- FL
7	1		*REAR BUMPER	Deformed	614.30 FL	*614.30 FL
8	10		*REAR BUMPER CLIP	Necessary	45.00 FL	*45.00 FL
9	1		*REAR BUMPER SIDE RETAINER LH	Necessary	141.60 FL	*141.60 FL
10	1		*REAR BUMPER SIDE RETAINER RH	Not Necessary	141.60 FL	*- FL
11	1		*REAR BUMPER REFLECTOR LH	Not Necessary	95.40 FL	*- FL
12	1		*REAR BUMPER REINFORCEMENT	Bent	475.10 FL	*475.10 FL
13	1		*REAR BUMPER REINFORCEMENT ARM LH	Bent	113.60 FL	*113.60 FL
14	1		*REAR BUMPER REINFORCEMENT ARM RH	Not Necessary	113.60 FL	*- FL
15	1		*REAR END PANEL	Bent	795.40 FL	*795.40 FL
16	1		*REAR END PANEL TOP GARNISH	Not Necessary	355.80 FL	*- FL
17	1		*END PANEL SEALANT	Necessary	50.00 FS	*50.00 FS
18	1		*REVERSE SENSOR	Not Working	200.00 FS	*200.00 FS

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

Sub Total (S\$)	3,926.20	2,902.20
- List Item Discount on L Items 25.00/25.00% (S\$)	919.05	663.05
Total Parts (S\$)	3,007.15	2,239.15

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
Labour Items				
1	LABOUR TO CARRY OUT REAR REPAIR	New	700.00	400.00
2	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	New	35.00	30.00
3	TO SPRAY PAINTING ON REAR AFFECTED AREA	New	600.00	400.00
4	TO DETACH & RENEW REVERSE SENSOR	New	60.00	30.00
5	SPRAY RUST PROOF ON AFFECTED AREA	New	40.00	-
6	TO REMOVE & RE-INSTALL SPARE COMPARTMENT TRIMS	New	100.00	50.00
Gross Labour Cost (S\$)			1,535.00	910.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >