

ASS. REC. BY:

REF:

CS/AGI/18021107/Ksd3

n2

Special Instructions:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Albert Harg of AGI

Date/Time: 22/11/18 @ 940am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 5903X

Insured: SFF 224T

at Workshop m/s Trans Carb

Tel: 6287 6666

of No. 2 AMK st - G3

Policy No: Claim No: C10002265

Sum Insured: Excess:

Make of Veh: D.O.A. 18/11/18
(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 9:43am @ 22/11/18 Person Contacted: cendy

Vehicle: ☒ IN ☐ OUT

| Date/Time | Action/Instruction (✓) Estimate |
|-----------|-------------------------------------|
| | SHD 5903X - CC3/ACA16002725/Kpa3g.2 |
| | SFF 224T - NJA/INCO8031232/TIK |
| | 20A: 8/2/16 |
| | 20A: 26/11/2008 |
| | 6041.60 summt |

REF: AGI

ASSIGNMENT

From: Date: 22/11/18

Estimated Cost:

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

To Inspect Vehicle No: SHD 5903X

at Workshop m/s

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs: 07 days Res.: Yes or No

Lum Sum: 1.13.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Cup)

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SHD 5903X Yr Regn: 11 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Tg Pius c.c. 1798

Colour: In White / Red A/C: Insured / Std / NI / NA

Sp. Reading: 5576 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTOKB3FU 003075312

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R:

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

TOYO / YOKO or

Front

R/Bal: 9 mm

L/Bal: 9 mm

D.O.A: 18/11/18

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear N/S

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

| Date / Time | Action / Instruction |
|-------------|--|
| 1/11/18 | 192 PARS to Carhennu |
| 22/02/19 | Confirmed P/P \$ 6,041.60 @ 7 days with Kenneth (\$12033.16 Red - 67%) |

RECEIVED 20 FEB 2019

Date/Time, File Pass to?

22/02/19

1)

Typ. 2

Date/Time, File Return to?

2)

☐

Preli. Report

☒

Final Report

Days Of Repair: 7

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Photos

Others:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format :

Lump Sum / I.B.I: (\$ 6,041.60 P/P

350

TOTAL

Nivitha (LKK Auto)

From: Albert Hong <albert.hong@budgetdirect.com.sg>
Sent: Thursday, 22 November 2018 9:40 AM
To: 'assignments'
Cc: 'SUR'
Subject: Appoint LKK to conduct TP survey; Our Ref: C10002265

Hi Team,

Please accept survey assignment and liaise with third party workshop.

Thank you.

Regards,

Albert Hong
Senior Executive, Claims

T +65 6540 2182
F +65 6725 0853
E albert.hong@budgetdirect.com.sg



Customer Care: +65 6221 2111
Claims: +65 6221 2199
Claims (Int.): +65 6540 2199

190 Clemenceau Avenue
#03-01, Singapore Shopping Centre
Singapore 239924
budgetdirect.com.sg

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as Budget Direct Insurance.

-----Original Message-----

From: Candy Kong <candy.kong@transcab.com.sg>
Sent: Wednesday, 21 November, 2018 5:35 PM
To: Albert Hong <albert.hong@budgetdirect.com.sg>
Cc: Julie Mangubat <julie.m@budgetdirect.com.sg>; Lincoln Yeo <lincoln.yeo@budgetdirect.com.sg>
Subject: ARRANGE FOR SURVEY SHD5903X

Dear all,

RESend

PLS ARRANGE LKK AUTO CONSULTANTS PTE LTD TO SURVEY.

Please arrange for survey as below :

SFF224T - 18.11.2018 at 1130Hrs - SHD5903X

Lunch time : 12pm - 1pm.

Kindly pls dun arrange survey during lunch time.

"We Agree to let your In-house surveyor assess/ survey our vehicle with estimate."

Thks & Rdgs
Candy Kong
Claims Service Assistant

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet

-----Original Message-----

From: Candy Kong [mailto:candy.kong@transcab.com.sg]
Sent: Tuesday, 20 November, 2018 4:51 PM
To: 'Albert Hong' <albert.hong@budgetdirect.com.sg>
Subject: ARRANGE FOR SURVEY SHD5903X

Hi Albert,

PLS ARRANGE LKK AUTO CONSULTANTS PTE LTD TO SURVEY.

Please arrange for survey as below :

SFF224T - 18.11.2018 at 1130Hrs - SHD5903X

Lunch time : 12pm - 1pm.

Kindly pls dun arrange survey during lunch time.

"We Agree to let your In-house surveyor assess/ survey our vehicle with estimate."

Thks & Rdgs
Candy Kong
Claims Service Assistant

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This email has been checked for viruses by AVG.
<https://www.avg.com>

This email is sent by Auto & General (SEA) Services Pte. Limited or a related body corporate (Auto & General) and is for the intended addressee. The views expressed in this email and attachments (email) reflect the views of the stated author but may not reflect views of Auto & General. This email is confidential and subject to copyright. It may be privileged. If you are not the intended addressee, confidentiality and privilege have not been waived and any use, interference with, or disclosure of this email is unauthorised.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

| | |
|----------------|---------|
| Owner ID Type: | Company |
| Owner ID: | 3878K |

Vehicle Details

| | |
|-------------------------------|----------------------------|
| Vehicle No.: | SHD5903X |
| Vehicle to be Exported: | Yes |
| Intended Deregistration Date: | 19 Nov 2018 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS 5DR HATCHBACK (AUTO) |
| Primary Colour: | Red |
| Manufacturing Year: | 2018 |
| Engine No.: | 2ZR2B61779 |
| Chassis No.: | JTDKB3FU003075312 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | \$26,605.00 |
| Original Registration Date: | 01 Nov 2018 |
| First Registration Date: | 01 Nov 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$14,247.00 |

Intended PARF Rebate Details

| | |
|-------------------------------|-------------|
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 31 Oct 2026 |
| PARF Rebate Amount: | \$10,685.00 |

Intended COE Rebate Details

| | |
|-----------------------------|--------------------------------------|
| COE Expiry Date: | 31 Oct 2026 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$23,736.00 |
| COE Rebate Amount: | \$18,988.00 |
| Total Rebate Amount: | \$29,673.00 |

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 19 Nov 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 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. 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 | 19/11/2018 10:22 |
| Date Of Accident | 18/11/2018 11:30 |
| Exact Location Of Accident | SLE SLIP ROAD TOWARDS TPE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHD5903X |
| Insured/Policyholder | |
| Name Of Registered Owner | TRANS-CAB SERVICES PTE LTD |
| Co Reg No | 200303878K |
| Email Address | CLAIMS@TRANSCAB.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62866666 |

Vehicle Particulars

| | |
|--|--------------------------|
| Manufacturer | TOYOTA |
| Model | PRIUS-1.8 HYBRID CVT (A) |
| Exact Purpose for which vehicle was being used at time of accident | HIRE AND REWARD |
| 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 | TAXI |

Insurance Company

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | VPX/P1680520 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN HOE |
| NRIC No | S6883961J |
| Date Of Birth | 06/07/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/04/2001 |
| Driving Experience | 17 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90931838 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 257 YISHUN RING ROAD #03-1015 |
| Postcode | 760257 |
| 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 | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | WET |

Other Information

| | |
|---|-------------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| 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) | 3 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : FEMALE |

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

On 18.11.2018 at about 1130hours, I was travelling straight on the extreme right lane along SLE slip Road towards TPE. Suddenly I felt an impact. Vehicle B (SFF224T) hit onto my taxi left rear portion.

Attachment(s)

| | |
|---|--------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | FILE TOO BIG |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SFF224T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MR TAN |
| NRIC/Passport Number | |
| Contact Number | 96990788 |
| 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 Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

SLE Slip Road

Towards TPE

A

B

A

A

A= SRID 59103X

B= SFE 224T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach GIA Report

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.:

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No.: 6287 6666 Fax No.: 6257 1330

CO./GST Reg. No. 201019626G

SHD 5903X**AAD1811-155***Not Noted**Resurvey B4 paint**86041.60*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

SHD 5903X

JTDKB3FU003075312

RENAULT

LATITUDE

18.11.2018

AUTO & GENERAL**PART****LIST**

- | | |
|----|-----------------------------------|
| 1 | 1 REAR BUMPER |
| 2 | 1 REAR BUMPER RE-INFORCEMENT |
| 3 | 1 REAR BUMPER TOWING COVER |
| 4 | 1 REAR BUMPER UNDER COVER (BLACK) |
| 5 | 1 REAR BUMPER SIDE RETAINER LH |
| 6 | 1 REAR TAILGATE |
| 7 | 1 REAR TAILGATE WEATHERSTRIP |
| 8 | 1 REAR END PANEL |
| 9 | 1 TAILLAMP LOWER |
| 10 | 1 TAILLAMP UPPER |
| 11 | 1 REAR BUMPER SIDE LH |
| 12 | 1 REAR FENDER LH |

| | | | |
|----|--------|----------|------|
| \$ | Bz | 458.60 | ✓ |
| \$ | Bz | 318.80 | ✓ |
| \$ | Sm | 14.70 | X |
| \$ | nd/di | 552.60 | ✓ |
| \$ | Di | 112.70 | ✓ |
| \$ | Bz | 1,547.27 | ✓ |
| \$ | Sm | 357.00 | X |
| \$ | R | 602.10 | X |
| \$ | Bz | 548.40 | ✓ |
| \$ | Bz | 557.90 | ✓ |
| \$ | mg car | 232.00 | ✓ |
| \$ | R Bz | 817.50 | 2x X |

\$ 6,119.57**25% \$ 1,529.89****\$ 4,589.68****Special Nett**

- | | |
|----|-------------------------------------|
| 1 | 1SET PARKING AID |
| 2 | 1SET REAR BUMPER CLIP |
| 3 | 2 REAR WINDSCREEN SELANT |
| 4 | 1 WINDSCREEN MOULDING |
| 5 | 1 REAR WINDSCREEN INNER SPONGE SEAL |
| 6 | 1 REAR TAILGATE TOYOTA LOGO |
| 7 | 1 REAR TAILGATE WORDING 'PRIUS' |
| 8 | 1 REAR TAILGATE WORDING 'HYBRID' |
| 9 | 1 REAR TAILGATE STICKER 'TRANS-CAB' |
| 10 | 1 REAR TAILGATE STICKER '6555-3333' |

| | | | |
|----|----|--------|------|
| \$ | Sm | 700.00 | X |
| \$ | me | 22.00 | ✓ |
| \$ | me | 80.00 | 30sm |
| \$ | me | 100.00 | ✓ |
| \$ | me | 100.00 | 50sm |
| \$ | me | 47.00 | ✓ |
| \$ | me | 52.90 | ✓ |
| \$ | me | 53.50 | ✓ |
| \$ | me | 80.00 | 30sm |
| \$ | me | 80.00 | 30sm |

Trans-cab Auto Services Pte Ltd**AAD1811-155**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 5903X

| | | | |
|----|-------------------------|----|------------------------------|
| 11 | 1 REAR BUMPER PROTECTOR | \$ | <i>nn</i> 100.00 <i>2050</i> |
|----|-------------------------|----|------------------------------|

| | | |
|--------------|-----------|-----------------|
| TOTAL | \$ | 1,315.40 |
|--------------|-----------|-----------------|

| | | |
|--------------------|-----------|-----------------|
| TOTAL PARTS | \$ | 5,905.08 |
|--------------------|-----------|-----------------|

LABOUR

| | | |
|---|----|----------------------|
| Putty And Spray Painting Of The Affected Portion. | \$ | 3,000.00 <i>1100</i> |
|---|----|----------------------|

| | | |
|---|----|---------------------|
| Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same | \$ | 3,000.00 <i>800</i> |
|---|----|---------------------|

| | | |
|---|----|------------------|
| To Rust-Proofing Of The Affected Areas. | \$ | 170.00 <i>60</i> |
|---|----|------------------|

| | | |
|--|----|------------------|
| To reinstall rear bumper parking sensor. | \$ | 170.00 <i>50</i> |
|--|----|------------------|

| | | |
|---|----|------------------|
| To transfer of Tailgate fittings, attachments and perform water seepage test. | \$ | 170.00 <i>60</i> |
|---|----|------------------|

| | | |
|--|----|---------------------------|
| To transfer of Rear Bumper fittings, attachments and perform water seepage test. | \$ | <i>nn</i> 170.00 <i>X</i> |
|--|----|---------------------------|

| | | |
|--|----|---------------------------|
| To repair and realign rear exhaust pipe. | \$ | <i>nn</i> 170.00 <i>X</i> |
|--|----|---------------------------|

| | | |
|--|----|---------------------------|
| To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe. | \$ | <i>nn</i> 170.00 <i>X</i> |
|--|----|---------------------------|

| | | |
|--|----|-------------------|
| To transfer of rear end panel fittings, attachment and perform water seepage test. | \$ | 170.00 <i>100</i> |
|--|----|-------------------|

| | | |
|---|----|-------------------|
| To transfer of rear windscreen fittings and conduct water seepage test. | \$ | 170.00 <i>160</i> |
|---|----|-------------------|

| | | |
|---|----|---------------------------|
| To check steering geometry and computer wheel alignment | \$ | <i>nn</i> 220.00 <i>X</i> |
|---|----|---------------------------|

Trans-cab Auto Services Pte Ltd

AAD1811-155

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 5903X

TOTAL \$ 7,580.00

Over All Total \$ ~~18,074.76~~

13585.08

(PART-BY-PART) Repair Days

10 DAYS

7 days

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before or 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 part(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:

Signature:

Date:



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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18021107/Ksd3n2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRES SINGAPORE

239924

Date : 04-03-2019



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|-------------|----------------|------------|
| Insured Veh. | SFF 224T | Veh. Inspected | SHD 5903X |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | C10002265 | Excess (\$) | 0.00 |
| Assign From | ALBERT HONG | Assign Date | 22/11/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|----------------------|
| Make & Model | TOYOTA PRIUS (A) | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2018 |
| Chassis No. | JTDKB3FU003075312 | Colour | METALLIC WHITE / RED |
| Odometer | 5576 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|----------|---------|
| R/H Front Tyre | 195/65 R15 | GOODYEAR | 9 mm |
| L/H Front Tyre | 195/65 R15 | GOODYEAR | 9 mm |
| R/H Rear Tyre | 195/65 R15 | GOODYEAR | 9 mm |
| L/H Rear Tyre | 195/65 R15 | GOODYEAR | 9 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 18/11/2018 | Inspection Date | 22/11/2018 |
| Survey held at | TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111 | | |

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: | 7 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. SHD 5903X

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | REAR BUMPER | BENT | 458.60 | 458.60 |
| 1 | REAR BUMPER RE-INFORCEMENT | BENT | 318.80 | 318.80 |
| 1 | REAR BUMPER TOWING COVER | SERVICEABLE | 14.70 | - |
| 1 | REAR BUMPER UNDER COVER (BLACK) | DENTED / DISTORTED | 552.60 | 552.60 |
| 1 | REAR BUMPER SIDE RETAINER LH | DISTORTED | 112.70 | 112.70 |
| 1 | REAR TAILGATE | BENT | 1,547.27 | 1,547.27 |
| 1 | REAR TAILGATE WEATHERSTRIP | SERVICEABLE | 357.00 | - |
| 1 | REAR END PANEL | TO REPAIR SEE LABOUR | 602.10 | - |
| 1 | TAILLAMP LOWER | BROKEN | 548.40 | 548.40 |
| 1 | TAILLAMP UPPER | BROKEN | 557.90 | 557.90 |
| 1 | REAR BUMPER SIDE LH | MTG CRACKED | 232.00 | 232.00 |
| 1 | REAR FENDER LH | TO REPAIR SEE LABOUR | 817.50 | - |
| | LESS 25% DISCOUNT | | -1,529.89 | -1,082.07 |
| | | | 4,589.68 | 3,246.20 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | SET PARKING AID (SN) | SERVICEABLE | 700.00 | - |
| 1 | SET REAR BUMPER CLIP (SN) | NECESSARY | 22.00 | 22.00 |
| 2 | REAR WINDSCREEN SEALANT (SN) | NECESSARY | 80.00 | 60.00 |
| 1 | WINDSCREEN MOULDING (SN) | NECESSARY | 100.00 | 100.00 |
| 1 | REAR WINDSCREEN INNER SPONGE SEAL (SN) | NECESSARY | 100.00 | 50.00 |
| 1 | REAR TAILGATE TOYOTA LOGO (SN) | NECESSARY | 47.00 | 47.00 |
| 1 | REAR TAILGATE WORDING "PRIUS" (SN) | NECESSARY | 52.90 | 52.90 |
| 1 | REAR TAILGATE WORDING "HYBRID" (SN) | NECESSARY | 53.50 | 53.50 |
| 1 | REAR TAILGATE STICKER "TRANS-CAB" (SN) | NECESSARY | 80.00 | 30.00 |
| 1 | REAR TAILGATE STICKER "6555-3333" (SN) | NECESSARY | 80.00 | 30.00 |
| 1 | REAR BUMPER PROTECTOR (SN) | NECESSARY | 100.00 | 20.00 |
| | | | 1,415.40 | 465.40 |
| <u>LABOUR</u> | | | | |
| | PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION. | | 3,000.00 | 1,100.00 |

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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--|---------------|---------------------------|-------------------|
| | PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF REAR END PANEL AND REAR FENDER LH. | | 3,000.00 | 800.00 |
| | TO RUST-PROOFING OF THE AFFECTED AREAS. | | 170.00 | 60.00 |
| | TO REINSTALL REAR BUMPER PARKING SENSOR. | | 170.00 | 50.00 |
| | TO TRANSFER OF TAILGATE FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST. | | 170.00 | 60.00 |
| | TO TRANSFER OF REAR BUMPER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST. | NOT NECESSARY | 170.00 | - |
| | TO REPAIR AND REALIGN REAR EXHAUST PIPE. | NOT NECESSARY | 170.00 | - |
| | TO DROP REAR EXHAUST BOX,RENEW THE SAME,TO REPAIR AND REALIGN CENTRE EXHAUST PIPE. | NOT NECESSARY | 170.00 | - |
| | TO TRANSFER OF REAR END PANEL FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST. | | 170.00 | 100.00 |
| | TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST. | | 170.00 | 160.00 |
| | TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT. | NOT NECESSARY | 220.00 | - |
| | | | 7,580.00 | 2,330.00 |
| | GRAND TOTAL | | 13,585.08 | 6,041.60 |
| RECOMMENDED COST OF REPAIRS | | | | 6,041.60 |

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KONG SENG CHEONG

Licensed Appraiser

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