

ASS. REC. BY:

REF:

CS/SMO18021322/K1td3ⁿ²

Special Instruction:

Surveyor:

Kalvin

ASSIGNMENT (Office)

From (Person):

Menmen Gmohpau loong

of

SMO

Date/Time:

26/11/18 @ 2:38pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 6160X

Insured:

SLD 9607C

at Workshop m/s

Premier Automotive

Tel:

6544 6689

of

23 Changi South Ave 2 #01-02

Policy No:

D18M TRENT 000080

Claim No:

CMTD1805176

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

25/11/18

CA / REV / REP. / REV 24 HRS^{up}

H.O.D. Endorsement:

Date/Time:

3:23pm @ 26/11/18

Person Contacted:

Vincent

Vehicle:

IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 6160X - X
	SLD 9607C - X
26/11/18 @	Revised pre advise via menmen.

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

Est. Workshop m/s _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC6160X Yr Regn: 29 Aug 2014Type: M. Car / M. Cycle / Bus / Van / Lorry / T. 6 Prime Mover /

Truck / Trailer or

Make: KIA optima c.c. 1685Colour: Silver A/C: Ins / Std / NI / NASp. Reading: 302295 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KNAGM414ME5466138Gen. Cond: Good / 6 / Poor / BurntSteering: In order / 6 / Jammed / Leaked / Burnt orBrake: In order / 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD 6 / Rim orTyre Size: F: 205/65R16

R: _____

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

TOYO / YOKO or Achilles

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 25/11/14 D.O.I. 26/11/14Survey held at Premier

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

N/S R/L

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

Date / Time	Action / Instruction
30/11/14	Checked 4/5 \$2100 / 4 hrs. Ured - 3407.50; 61%

Delete Time, File Pass to?

☐ : Prel. Report

1) dr2typist

☒ : Final Report

Delete Time, File Return to?

2) _____

Report Format: TPLump Sum / I.B.I: (\$) 2100Days Of Repair: 4Resurvey No. of Trip: -Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$ _____

Photos

Others

TOTAL

250

10

260

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	26 Nov 2018		26 Nov 2018 14:38 Assign				New Assignment Cancel Case

[Main](#)
[Reference](#)
[Claim Details](#)
[Documents](#)
[Show All](#)

CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

Insured:	ETHOZCAB LTD, Co. Reg. No.: 201613943G		
Main Claimant:	PREMIER TAXIS PTE LTD, Co. Reg. No.: 200304975H		
Vehicle Reg. No.:	SHC6160X	Date of Loss:	25/11/2018 14:00 - :59
Claim Type:	TP / CMTD1805176	Policy/Cover Note No.:	D18MTRENT000080 (Third Party Only)
Vehicle Reg. No. (Insured):	SLD9607C	Policy No. (Claimant):	
		Excess:	
Repairer:	Premier Automotive Services Pte Ltd (Changi) 23 Changi South Ave 2 #01-02, 486443 Changi - Tel:		
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by GNOH PAU LOONG - 63295217]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 05/12/2018]		
Driver/Custodian (Insured):	CHEW KWONG HUE STEPHEN (), NRIC: S1165120H, Tel: +6598299529		

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

[View All](#)
[Compose Case Mail](#)

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.									

Nivitha (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Monday, 26 November 2018 2:36 PM
To: Vincent Chua; admin-d@lkkauto.com; assignments@lkkauto.com
Cc: Goh Wee Dek; Gary Shi; Gnoh, Pau Loong; Henry, Irene James
Subject: CMTD1805176/GPL - SUV(LKK)/ SLD9607C & SHC6160X ACC ON 25.11.18

Without Prejudice

Our Claim Reference: CMTD1805176/GPL
Your Reference: SHC6160X

Hi Vincent,

We acknowledged receipt of your claim documents

Please be informed that Mr. Gnoh Pau Loong is the handler of this case.

Please be informed that we have appointed **LKK AUTO** to conduct the survey.

Aside to **LKK AUTO**,

Please make arrangement to conduct the survey for SHC6160X on a without Prejudice and any admission of liability basis.

Please submit with your report via merimen upon completion of survey.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

Quick & Easy Claims Submission¹ & Product Purchase² via Sompo SG



Download now @

¹ For Travel, Personal Accident & Home Insurance | ² For Travel, Personal Accident, Home & Private Motor Insurance

Disclaimer: This e-mail, including attachments, is intended for the person(s) or company named and may contain confidential and/or legally privileged information. Unauthorised disclosure, copying or use of this information may be unlawful and is prohibited. If you are not the intended recipient, please delete this message.

Privacy Policy Notice: Sompo Insurance Singapore Pte. Ltd. may collect, use and disclose your personal data for the purposes stated in our Privacy Policy. This may include disclosure to holding and associated companies, credit bureau, parties to whom

disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click [here](#) for our Privacy Policy

From: Vincent Chua [mailto:vincent.chua@premiertaxi.com]
Sent: Monday, November 26, 2018 1:36 PM
To: Claims - Motor Survey
Cc: Goh Wee Dek; Gary Shi
Subject: Pre-inspection/Accident involving SHC6160X & SLD9607C on 25.11.18

Dear all,

We refer to the vehicles mentioned above.

Vehicle to be Surveyed: SHC6160X
Third party insured Vehicle: SLD9607C
Date of Accident: 25/11/2018
Name of Workshop: PREMIER AUTOMOTIVE SERVICES PTE LTD
Address of Survey Location: 23 Changi South Avenue 2, #01-02, Singapore 486443
Name of Contact Person: MR CHUA
Contact Number: 65446689
Email Address of Contact Person: vincent.chua@premiertaxi.com

vehicle available for survey at any time.

Please arrange for survey.

Thank you.

Regards

Vincent Chua
Operations Assistant
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 066 | DID: 6544 6689 | Fax: 6214 1511
Visit us at: www.premiertaxi.com.sg

Confidentiality Notice | This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential or proprietary information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, immediately contact the sender by reply e-mail and destroy all copies of the original message.

 Please Consider Your Environmental Responsibility Before Printing This E-mail. SAVE OUR TREES and REDUCE POLLUTION

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	26/11/2018 11:11
Date Of Accident	25/11/2018 14:20
Exact Location Of Accident	CUSCADEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6160X
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D CRDI (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	NG CHOON KIAN
NRIC No	S1504295H
Date Of Birth	11/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	01/04/1980
Driving Experience	38 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86694499
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 144 SERANGOON NORTH AVENUE 1 #09-363
Postcode	550144
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: BERNARD LANGLEY 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

VEH A: 1 PAX VEH B: NO PAX

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	SLD9607C
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	CHEW KWONG HUE STEPHEN
NRIC/Passport Number	S1165120H
Contact Number	98299529
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

[Signature] S150428/1/1

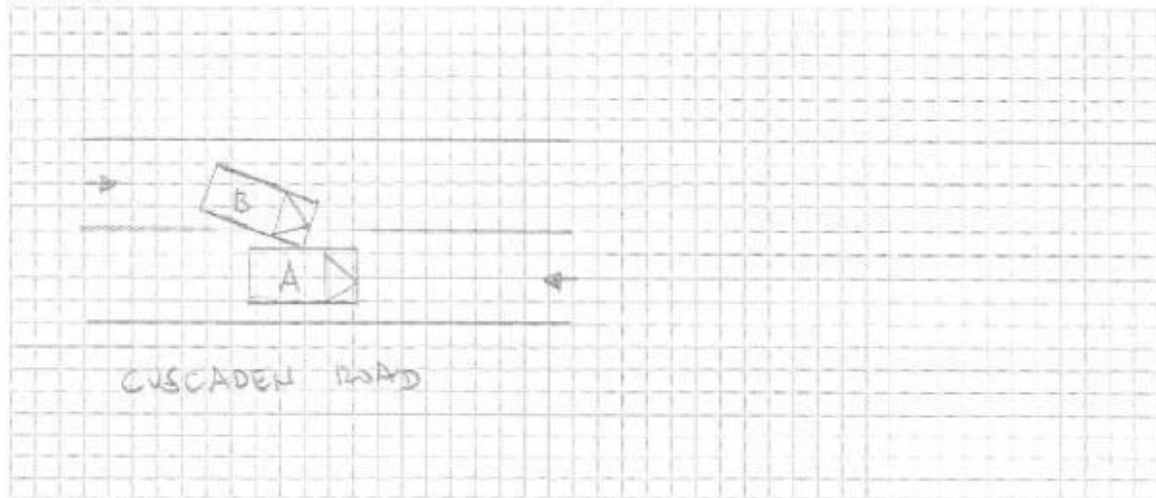
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6160X

B: SLD 9607 C

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.: _____

Individual Statement

Describe Circumstance of the Accident.

ON 25/11/2018 @ 1420 HRS, I WAS DRIVING MY TAXI (SHC 6160 X) – TRAVELLING ALONG CUSCADEN ROAD.

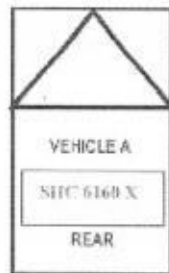
WHILE MOVING AHEAD, I NOTICE THERE IS A TRAFFIC INFRONT THEN I TURN MY SIGNAL LIGHT AND FILTER OUT TO OVERTAKE THE VEHICLE IN FRONT OF ME. IN THE MIDST OF OVERTAKING, SUDDENLY I FELT AN IMPACT. VEHICLE B (SLD 9607 C – MAZDA 3) WHICH WAS ON MY LEFT FILTER OUT WITHOUT CHECKING – THUS COLLIDED ONTO MY TAXI.

DUE TO THE IMPACT, MY TAXI HAVE DAMAGES ON THE LEFT SIDE PORTION AND VEHICLE B HAVE DAMAGES ON THE RIGHT FRONT PORTION.

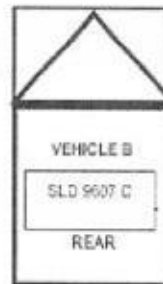
AFTER THE ACCIDENT, I FELT A PAIN ON MY NECK AND I WILL SEEK THE DOCTOR.

I HAVE ONE PAX ONBOARD AND VEHICLE B HAVE NO PAX.


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE

 S 150426/14

Driver's Signature & NRIC Number
Monday, November 26, 2018 @ 11:33:55 AM

(attended by)

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	29 Aug 2014 / 09:31:54	Receipt No.:	AACCK001-AX239-140829-000013
Asset Type:	Vehicle	Transaction Amount:	\$62,506.00
Asset ID:	SHC6160X	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type: 01:02 Register New Vehicle (AA)

Business Transaction Reference No.: 20140829093154524549

Vehicle No.:	SHC6160X
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	29 Aug 2014
Original Registration Date:	29 Aug 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5466138
Engine No.:	D4FDDH308195
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2013
Open Market Value:	\$19,778.00
Minimum PARF Benefit:	\$7,366.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	29 Aug 2014 09:31:54
COE No.:	2014082901001342K
COE Expiry Date:	28 Aug 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,088.00
Lifespan Expiry Date:	28 Aug 2022
Owner ID Type:	Company



Victory Recovery (Business Reg No.: 53096358B)

65 Teban Gardens Rd #23-617, Singapore 600065.

Mobile: 9618 0311 Fax: 6267 8996

CASH /
W.O. No. 97321

TOW JOB WORKS ORDER

M Premier Taxi Svc Date 25/11/18
Car Make/Model _____ Vehicle No. SHC 6160 X
M'ship/NRIC No./Card No. _____ Contact No. _____
Time - Rec'd 1715 Arrived 1745 Completed 1815
Amount Charge S\$ _____ Tow Truck No Y11 P128
Destination (from) 126 Hougang (to) Changi LI
Remark (if any) _____

Tow Driver's Signature [Signature] Member's Signature _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Change Tyres & Towing | <input type="checkbox"/> Using King Dolley | <input type="checkbox"/> Use Car Carrier |
| <input type="checkbox"/> Basement / Multi Carpark | <input type="checkbox"/> Low Spoiler / Low Oil Sump | <input type="checkbox"/> Release Brake / Shaft |
| <input type="checkbox"/> Causeway / 2nd Link | <input type="checkbox"/> Accident / Over-turn | <input type="checkbox"/> Loaded |

Note : The owner or his representative is required to follow along to the towing destination, failing which the tow operator shall not be liable for any alleged damages to the car nor missing items from the same. Vehicle is towed at owner's risk. The tow operator accepts no responsibility for any damages to the owner's vehicle whilst being towed.

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

26-Nov-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6160 X

1 pc	n/s mirror assy <i>X su</i>	\$	590.00
1 pc	Front n/s door <i>Ant</i>	\$	761.00
2 pcs	Front n/s door hinges @ \$34.00 <i>X su</i>	\$	68.00
1 pc	Rear n/s door <i>X repair</i>	\$	791.00
2 pcs	Rear n/s door hinges @ \$34.00 <i>X su</i>	\$	68.00
1 pc	n/s rocker panel garnish @ \$286.00 <i>X repair</i>	\$	286.00
1 pc	Rear n/s wheel cover @ \$116.00 <i>hospital su</i>	\$	116.00
1 pc	Rear bumper n/s side retainer @ \$29.00 <i>X</i>	\$	29.00
1 pc	Rear bumper n/s reflector @ \$46.00 <i>cut</i>	\$	46.00
		\$	2,755.00
		\$	275.50
		\$	2,479.50

S/NETT

1 set	n/s rocker panel garnish clips <i>X</i>	\$	38.00
1 set	n/s door stickers <i>su</i>	\$	100.00
1 pc	Rear n/s fender sticker <i>su</i>	\$	60.00

Sundry		\$	50.00 <i>20 nrc</i>
Towing Fee		\$	50.00 <i>X 4 days</i>
To check rear n/s wheel alignment		\$	80.00 <i>X After Repair p/h</i>
To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.		\$	180.00 <i>50</i>
To dismantle / refit inner components of the front n/s door & rear n/s door into new shell door		\$	300.00 <i>50</i>
To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the n/s rocker panel garnish, rear n/s fender, rear bumper etc.		\$	850.00 <i>600</i>
To putty and spray painting on n/s side mirror, front n/s door, rear n/s door, n/s rocker panel garnish, rear n/s fender, rear bumper		\$	1,200.00 <i>900</i>
To apply rustproofing on the repaired and replaced panels.		\$	300.00 <i>120.00</i>
		\$	5,507.50

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE
ANY UNFORESEEN DAMAGES.

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/SMO18021322/K1TD3N2

Date: 13/12/2018

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTRENT000080
Claimant Vehicle No :	SHC6160X	Insured Vehicle No :	SLD9607C
Date of Loss:	25/11/2018	Nature of Claim:	TP
		Claim No:	CMTD1805176

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC6160X	Engine No:	D4FDDH308195
Make & Model:	KIA OPTIMA, 1.7 D CRDi (A)	Chassis No:	KNAGM414ME5466138
Reg. Date:	29/08/2014 (Man. Year: 2013)	Odometer:	302295 km
Colour:	Silver		
Engine Capacity:	1685 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:	205/65R16	Rear Tyre Size:	205/65R16
Front Left Side:	Achilles 7 mm	Rear Left Side:	Achilles 7 mm
Front Right Side:	Achilles 7 mm	Rear Right Side:	Achilles 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,727.50	1,010.70	1,716.80	62.94
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,780.00	1,630.00	1,150.00	41.37
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	5,507.50	2,640.70	2,866.80	52.05
Approved Total (Overridden) (\$\$)		2,100.00		
(\$\$)	5,507.50	2,100.00	3,407.50	61.87
+ GST 7.00/7.00% (\$\$)	385.53	147.00	238.53	61.87
Nett Amount (\$\$)	5,893.03	2,247.00	3,646.03	61.87

INSPECTION

Date of Assignment:	26/11/2018	
Date Inspected:	26/11/2018 Inspected At:	Premier Automotive Services Pte Ltd (Changi) 23 Changi South Ave 2 #01-02 Singapore 486443
Estimated Period of Repair:	4.0 days	

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

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: 13 Dec 2018)
Parts:	143	KIA OPTIMA 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC6160X)	
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		*N/S MIRROR ASSY	Serviceable	590.00 FL	*- FL
2	1		*FRONT N/S DOOR	Dented	761.00 FL	*761.00 FL
3	2		*FRONT N/S DOOR HINGES	Serviceable	68.00 FL	*- FL
4	1		*REAR N/S DOOR	Repair	791.00 FL	*- FL
5	2		*REAR N/S DOOR HINGES	Serviceable	68.00 FL	*- FL
6	1		*N/S ROCKER PANEL GARNISH	Repair	286.00 FL	*- FL
7	1		*REAR N/S WHEEL COVER	Grazed	116.00 FL	*116.00 FL
8	1		*REAR BUMPER N/S SIDE RETAINER	Serviceable	29.00 FL	*- FL
9	1		*REAR BUMPER N/S REFLECTOR	Cut	46.00 FL	*46.00 FL
10	1		*SET N/S ROCKER PANEL GARNISH CLIPS	Not Necessary	38.00 FS	*- FS
11	1		*SET N/S DOOR STICKERS	Necessary	100.00 FS	*100.00 FS
12	1		*REAR N/S FENDER STICKER	Necessary	60.00 FS	*60.00 FS
13	1		*SUNDRY	Necessary	50.00 FS	*20.00 FS

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

Sub Total (\$\$)	3,003.00	1,103.00
- List Item Discount on L Items 10.00/10.00% (\$\$)	275.50	92.30
Total Parts (\$\$)	2,727.50	1,010.70

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	TOWING FEE	New	50.00	-
2	TO CHECK REAR N/S WHEEL ALIGNMENT	New	80.00	-
3	TO DISMANTLE/REFIT THE INNER GARNISHES,INNER LININGS,INNER TRIMS,CUSHION SEAT,CARPET,ETC TO FACILITATE REPAIRS	New	180.00	50.00
4	TO DISMANTLE/REFIT INNER COMPONENTS OF THE FRONT N/S DOOR & REAR N/S DOOR INTO NEW SHELL DOOR	New	300.00	50.00
5	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS.INCLUDING KNOCK-OUT,STRAIGHTEN,REPAIR,RESHAPE AND ADJUST OF THE N/S ROCKER PANEL GARNISH,REAR N/S FENDER,REAR BUMPER ETC	New	850.00	600.00
6	TO PUTTY AND SPRAY PAINTING ON N/S SIDE MIRROR,FRONT N/S DOOR,REAR N/S DOOR,N/S ROCKER PANEL GARNISH,REAR N/S FENDER,REAR BUMPER	New	1,200.00	900.00
7	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS	New	120.00	30.00
Gross Labour Cost (\$\$)			2,780.00	1,630.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >