Milmin rom (Person):	Fiona	Gan	of		-	TMIL	Date/Tir	ne: 05122018	Julpm
stimuted Cost						Bill to:			
ob-1-to) ws	TP RES / C	OD RES	/EVA/	INV/M	V7CS				
o Inspect Veh	icle No:			7451 B	Ŋ.		Insured:	SFV 8928J	
t Workshop m	/ ₈	Silv	ng Hai	motur	Ci.		Tel:		
f		BIK 1	Kaki	Bukit	Ave	6 # 02-03			
olicy No:	MUODI25	54				Claim No:	F0C2081M		
ium Insured:_						Excess:			
Make of Veh: Client's Record)						1,	D.O.A.	0).122018	
Chem a receira)									
CA / REV /		V 24 HI SpM		n Contac	ted:	Ah Huat	/	Endorsement:	
CA / REV /	REP. / RE	5pm				Ah Yuut	/	7	
CA / REV /	REP. / RE 1511 7018 75	5pM uction (Perso	n Contac Estim		Ah Huat	Vehicle	7	
CA / REV /	REP. / RE 75/170/8 25 Action/Instr	5pm uction (Perso			Ah Huat	Vehicle	7	
CA / REV /	REP. / RE 512018 35 Action/Instr	5pm uction (Perso			Ah Yuut	Vehicle	7	

(08/11/13) wef REF:	7. /		
ASS. REC. BY: MORELS	· /M /		
	ASSIGNMENT		
From: Date:	Veh No: SMA78	13 Yr Regn:	6.18
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Var	11 Thogan	over/
OD /TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No: SMA DUCIA		11 1 1	1787
at Workshop m/s	0000 (4 10	A/C: Insured	LESALINI NIA
iol	Sp.Reading 4173	T/Radio: Insured	
Insured:	1100	O Madio, matrid	1 Std / NI / NA
Policy No.	Eng/No:	n 07 4 7	7
Claims No.	Gen. Cond: Good / Fair / Poor / B	v 03 / 7	10]
Sum Insured: Excess:	Steering: Inorder / Jammed / Lea		
(Client's Record)	Brake: Inorder Jammed / Lea		
Make of Veh:	Modi: Nil SRim / STD A/Rin		
		n or	
(Polini Condition)	Tyre Size: F: /9_	16501	
(Policy Condition) Remark: The veh had commenced its N/S	O/S RS/DIEN EXNOVA/GY/ES/I		28 706-28-4-11
repair at the time of inspection.	BOT DOINT EXHOUNT GITTISTE	IZA / MIC / OHTSU / PIR	/ SUMI /
	TOYO / YOKO or		
Bal. or Market Value: IDAC Accident Roort: Consistent? : Yes or No	Front	Rear	~
IDAC Accident Rport: Consistent? : Yes or No CIA / PR Seen: Consistent? : Yes or No	R/Bal. O mm	R/Bal.	mm
	L/Bal. mm	L/Bal.	mm
Est. Repairs: days Res.: Yes or No	D.O.A. 2/1/18	D.O.I. 5/	Mit
Lum Sum: % 3 Val.; Yes or No	Survey held at		
CA REV REP. 24 HRS	/		top or
Date: Person Contacted: Vehicle: IN /	1.00		2010
Date / Time Action / Instruction	The U/C / Chassis frame / E	Sody Structure affected	due to collision.
7. L stor 240 k	47		
1 4/5 4200.			
10/1/18 confirms 4/5 \$4200	with Att hugt CRE	d. 5568.917	572)
	ECEIVED 1 1 DEC 2018		
No.			
Date/Time, File Pass to? : Prell. Report	Days Of Repair:		
1) II WE TUPIST Final Report	Resurvey No. of Trip:	Survey Fee:	
Data/Time, File Return to?		Transportation:	350
2) Add	Fee: Site Insp (\$)S + RS,SI	10
<i>T</i> -	: Interview (\$) Photos	
Report Format :	: Tech. Invs (\$) Others	
Lump Sum / I.B.I: (\$ 4200)	: Weekend (\$)	
1770		TOTAL	360

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	05 Dec 2018		05 Dec 2018 14:41 Assign				New Assignn Cancel Case	nent _
	Main		Reference		Claim Details	Doc	cuments	Show All
CLAIM S	UBFOLDER DE	TAILS			Towns to the Colonia Colonia		[Created by ins	urer]
nsured:		CHE	W YAM SONG, II): S0174152G				
Main Clair	nant:	JUB	STAR PTE KTD					
Vehicle Re	eg. No.:	SM	A7451B		Date of Loss:		02/12/2018 17:0	0 - :59
Claim Typ	e:	TP	TP / M1806207 Policy/Cover Note No.: MU001259 (Compre Coverage: 03/02/2/ 02/02/2019		3/02/2018 -			
Vehicle Re	eg. No. (Insured)	: SFV	89283		Policy No. (Claimant):			
		466			Excess:	and the second s	5\$0.00	
Repairer:			ig Hai Motor & Tra t - Tel:	ading (HQ) N	O 1 KAKI BUKIT AVE 6	, #02-03 AUTOE	BAY @ KAKI BUKI	r, 417883 Kaki
Handling :	Insurer:		o Marine Insuran 6378]	ce Singapore	Ltd (HQ) - Tel: 6221	6111 [Handl	ed by Fiona Gan	Bee Song -
Adjuster:		LKK	Auto Consultants	Pte Ltd (HQ) - Tel: 6256-3561	[Final Rpt du	ie 14/12/2018	
Adj Asg. F	Remarks:		INSD HAVE NOT R					
Claimant'	s Solicitor:	HIN	TAT AUGUSTINE	& PARTNERS	- Tel: 65330212			
ASSOCI	ATED MAIL RE	CEIVED				V	iew All Cor	npose Case Mail
There are	no mail for this	case.						
E						70		
ALL ASS	OCIATED TAS	KS			View All S	Search Tasks	Create New Ta:	k Complete
Due Da	ate Priority	Type Tas	k Group Subj	ect Handle	er Assigned By	Complete	d On Creat	ed On Done

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	8107N
Vehicle Details	610/N
Vehicle No.:	SMA7451B
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Dec 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VOXY HYBRID 1.8V CVT
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	2ZR0B26146
Chassis No.:	ZWR800317303
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,608.00
Original Registration Date:	19 Jun 2018
First Registration Date:	19 Jun 2018
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$29,052.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Jun 2028
PARF Rebate Amount: ntended COE Rebate Details	\$21,789.00
COE Expiry Date:	18 Jun 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$36,000.00
COE Rebate Amount:	\$34,280.00
Total Rebate Amount:	\$56,069.00

The information contained herein is correct as at 10 Dec 2018

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy 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.
- 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	05/12/2018 16:35
Date Of Accident	02/12/2018 17:15
Exact Location Of Accident	ALONG ROAD 1 SECOND LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA7451B
Insured/Policyholder	M. Caller St. Torong Torong St.
Name Of Registered Owner	JUBSTAR PTE LTD
Co Reg No	201808107N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96811616
Vehicle Particulars	是100m的100m。在100mm的100mm。
Manufacturer	TOYOTA
Model	VOXY HYBRID 1.8V CVT
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5099609716
Cover Note Number	
Driver	The said grow and become the
Name of Driver	WONG YIH JIUNN
NRIC No	S7407019A
Date Of Birth	15/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84999503

EUGENEWONG.N86@GMAIL.COM

Address

BLK 108C MCNAIR ROAD #15-212 TOWNER HEIGHT

Postcode

324108

OTHER - HIRER

Was driver an employee of the Insured's Company NO

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

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)

NO

soliciting/offering accident claims assistance.

5

Number of Passengers (Including Driver) Passenger 1

NAME:

: MALE

Passenger 2

NAME:

. .

GENDER:

GENDER:

: MALE

Passenger 3

NAME:

GENDER:

: FEMALE

Passenger 4

NAME:

: -

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20181204/2114

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

SFV8928J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TOYOTA CAMRY AUTO 2.5

PRIVATE CAR

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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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:
 - 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")
- 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:
 - 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.

Policyholde Sanda

Driver's Signature (If driver is not the policyholder) Date & Time: 23 KAKI BUKIT AVE 4 Singapore 415933 Reporting Centre 4341669 Signature Name: Fax: 67492305 NRIC/FINIBL vackb@singnet.com.sg

IDAC KAKI BUKIT(VAC)

SKETCH PLAN

	Along Road 1 Second Link	A-SMA74518
-	(বিশ্বভা	B-7218558I
4	-	
=	E 4	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
X', Refer to police 18		
,		
DECLARATION I/We declare the foregoing part	ticulars are true in every respect.	* 86
STA PTE CO	4	IDAC KAKI BUKIT(VAC) 23 KAKI BUKIT AVE 4 Singapore 415933 Reporting Centre Perpore 415933
Polity bolder's Sign ture Date & 1261809	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Person 1876 1879 1879 1879 1879 1879 1879 1879 1879

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the cialms process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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:
 - 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 complle claims history for the purpose of fraud detection, investigation and management in present and all future dalms.
- (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.

一多

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.:





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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10 C 10		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DOM: NO TH
	T/201812	04/21	14	

1 of 3

Report No. T/20181204/2114

REPORT OF	A TRAFF	IC ACCIDENT
-----------	---------	-------------

04/12/2018 17:00			Vide Report No.:	Station Diary No.:			
Informa	nt's Partici	ulars		· · · · · · · · · · · · · · · · · · ·			
Name of Informant: WONG YIH JIUNN			Address: APT BLK 108C MCNAIR ROAD #15-212 TOWNER HEIGHTS SINGAPORE 324108				
ID Type / ID No.: NRIC NO / S7407019A			Contact No.: Home/Office: Mobile: 84999503				
National SINGAP	lity: PORE CITIZ	EN	Email:				
Sex: Age: Date of Birth: Male 44 15/02/1974			Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupat			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2018 17:15	Type of Location
Location: Along Road 1 SECOND LIN	****	MPUNG I ADANG GE	ELANG PATAH JOHOR,	MALAVOIA
	The second secon	The second secon		MALATOIA
Weather:		Road Surface:		oad Speed Limit:
Weather: Traffic Flow:		Road Surface: Traffic Control:	R	

Details of V	ehicle invo	lved	1 1 2 1 A 2 1 A 2 1 A		reporter to	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFV8928J	Car	TOYOTA	CAMRY 2.5 AUTO			0
SMA7451B	Car	TOYOTA	VOXY HYBRID 1.8V CVT			4

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181204/2114

CONTINUATION OF REPORT

Driver						
Name	WONG YIH JIUNN			ID No.		S7407019A
Related Vehicle	Related Vehicle SMA7451B (Car)			Contact No.		84999503 Class: NIL Date of Expiry: NIL
Hospital/Clinic NIL					of g ce & / Date	
Date Treatment	NIL		Date Discharge		NIL	
No. of Days granted Medical Leave		NIL	Degree o	f Injury	NIL	

Brief Details.

ON STATED DATE, TIME AND LOCATION,

WHILE I WAS STILL IN MALAYSIA HEADING BACK TO SINGAPORE, AS THE TRAFFIC WAS VERY BAD, THE QUEUE STARTED JUST AFTER THE SHELL PARTOL STATION AND MOVED SLOWLY ALL THE WAY AND THATS WHEN THE ACCIDENT HAPPENED ABOUT 500 METERS AWAY FROM THE MALAYSIA CUSTOM

WHILE MY VEHICLE WAS IN STATIC POSITION, I SUDDENLY FELT AN IMPACT ON MY REAR VEHICLE. I THEN WENT OUT FROM MY VEHICLE AND MADE MY WAY TO THE BACK. I THEN WENT BACK TO MY VEHICLE AND WAITED FOR THE VEHICLE IN FRONT OF ME TO MOVE OFF SO THAT I CAN INCH A BIT FORWARD AND MADE A CHECK ON MY VEHICLE. I THE WENT BACK OUT AGAIN FROM MY VEHICLE AND MADE MY WAY TO THE BACK, AND THAT'S WHEN THE SAID DRIVER BEHIND ME CAME OUT FROM HIS VEHICLE. I ASKED FOR HIS PARTICALURS BUT HE REFUSE TO GIVE IT TO ME. HE THEN WENT BACK INTO HIS VEHICLE AND SO DID I BECAUSE I DID NOT WANT TO JAM UP THE PLACE AS HE HAD ALREADY REFUSE TO GIVE ME HIS PARTICULARS.

IM MAKING THIS REPORT FOR MY PERSONAL INFORMATION AND INSUARANCE REPORTING. THAT'S ALL.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20181204/2114

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: TP / MOHAMED ANWAR BIN MOHAMED IBRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2018 17:00
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	An

SIONG

TEL: 655

			n	of Afloria	1
		100	, .	rak	
[2] - [4] -	TOR AND TRADIN			5/17/1	/
Blk 1 Kaki Bukit 6	, #02-03 Singapore 41	17883		1/5 # 420	1/0
TEL: 65557272	Fax: 67411019	H/P: 93365311 (Ah H	luat)	The shotel.	Allong.
Vehicle No: SMA74	51B	Model:TOYOTA VOXY	HYBRID	42	
QTY	List Items		Pri	ce \$	
1	Rear tailgate	1866-10	02/1	2170.84	
2	Rear tailgate shock		1.5	724.40 X	
1	Rear tailgate innerl		5	205.60 X	
1	Rear tailgate innert		N	7 522.80	
1		RID SYNERGY DRIVE" check	,	un 93.30	
1	Rear tailgate rubbe			1~ 345.70	
1	Rear tailgate sealar	*	,	24 100.30 Kos	
1	Rear bumper	1315-10	200 /		-
2	Rear bumper L/R re			MA 197.80 X	
2	Rear bumper L/R re			U7 247.20 ×	
1	Rear end panel	non-	301	10/buc 792.70 -	_
1	Rear end panel wir	e bracket		17 189.30 X	
1	Rear end panel inn			1m1 295.31 -	
1	Rear R/H fender in	THE LAND CONTRACTOR OF THE PARTY OF THE PART		1 ∩ 685.20 X	
1	Rear spray tyre box	(37)		489.20 ⋈	
				V	TOF 21
			Total	\$8,638.55	7116
			Less 25%	\$2,159.64	171-17
			Total	\$6,478.91	
	Special Nett Items			A	
1set	Rear bumper clip			45.00	
1set	Reare R/H fender i			45.00 %	
1set	Rear tailgate inner			50.00 2	7
1set	Rear bumper "PDC	SENSOR"	5	MA 320.00 20	
				\$460.00	
	Labour Charges			1	
	nsfer rear tailgate mech	anism		150.00 6	
5.00	ly undercoating	25 25		200.00 6 0	
	nove and refix rear wind			200.00 / 2	0
	nove and refix "PDC SEN			80.00	2
	beating,cut,weld,remov	e and replacing		1200.00 60	0
above					2
To res	pray painting and ETC	not been poli	fy	1000.00	V
	1	KK Auto Consultants hence noting Repairer of the following: To a survey before/after spray painting to declary damaged partis) during resurred to confirmation.	rvey	\$2,830.00	T66-18

ESTIMATE AND LABOUR GRAND TOTAL be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

\$9,768.91

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

CS/TMI18021913/UTBN2 Our File No:

17/12/2018 Date:

REFERENCE

Handling Insurer:

Tokio Marine Insurance Singapore Ltd

Policy No:

MU001259

Claimant

SMA7451B

Insured Vehicle No:

SFV8928J

Vehicle No: Date of Loss:

02/12/2018

Nature of Claim:

TP

Claim No: M1806207

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SMA7451B

Make & Model:

TOYOTA VOXY HYBRID V, 1.8 (A) 19/06/2018 (Man. Year: 2018)

Engine No: Chassis No: Odometer:

2ZR0B26146 ZWR800317303

41330 km

Reg. Date: Colour:

Black

Engine Capacity:

1797 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):

Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Yes Engine Modification:

195/65R15

Front Tyre Size:

195/65R15

Rear Tyre Size:

Dunlop 8 mm

Front Left Side:

Dunlop 8 mm

Rear Left Side:

Front Right Side:

Dunlop 8 mm

Rear Right Side:

Dunlop 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts Miscellaneous Items	Repairer's 6,938.91 0.00	Adjuster's 3,816,16 0.00	3,122.75 0.00	Diff % 45.00
Labour Paintwork Labour Towing	2,830.00 0.00 0.00	1,490.00 0.00 0.00	1,340.00 0.00 0.00	47.35
Calculated Gross Total (S\$) Approved Total (Overridden) (S\$)	9,768.91	5,306.16 4,200.00	4,462.75	45.68
Nett Amount (S\$)	9,768.91	4,200.00	5,568.91	57.01

INSPECTION

Date of Assignment:

05/12/2018

Date Inspected:

05/12/2018 Inspected At:

Siong Hai Motor & Trading (HQ) NO 1 KAKI BUKIT AVE 6, #02-03

AUTOBAY @ KAKI BUKIT

Singapore 417883

Estimated Period of Repair:

4.0 days

Adjuster: MARCUS CHUA

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

Referen	ce			
Part Source	: MRM-SG	Version: 1.0 (Last Synchronised: 17 Dec 2018)		
Parts:	M1-MPV	TOYOTA VOXY HYBRID V 1.8 (A) (Catalogue:Merimen Singapore 1.0)		
Labour:	Repairer's	(Price-denominated Standard List)		
Print Code: Validity:	(Unsubmitted, no print-code for SMA7451B) These estimates are valid only if they contain the print code (above) on all estimate pages, running panumbers 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 TAILGATE	Dented/Bent	2,170.84 FL	*1,866.10 FL
2	2		*REAR TAILGATE SHOCK ABSORBER	Not Necessary	724.40 FL	*- FL
3	1		*REAR TAILGATE INNER LOCK	Serviceable	205.60 FL	*-FL
4	1		*REAR TAILGATE INNERBOARD	Not Necessary	522.80 FL	*-FL
5	1		*REAR TAILGATE HYBRID SYNERGY DRIVE CHECK	Necessary	93.30 FL	*93.30 FL
6	1		*REAR TAILGATE RUBBER	Twisted	345.70 FL	*345.70 FL
7	1		*REAR BUMPER	Dented/Deformed	1,578.90 FL	*1,315.10 FL
8	2		*REAR BUMPER L/R RETAINER	Not Necessary	197.80 FL	*-FL
9	2		*REAR BUMPER L/R REFLECTOR	Not Necessary	247.20 FL	*-FL
10	1		*REAR END PANEL	Badly Dented/Buckled	792.70 FL	*792.70 FL
11	1		*REAR END PANEL WIRE BRACKET	Not Necessary	189.30 FL	*-FL
12	1		*REAR END PANEL INNER GARNISH	Twisted	295.31 FL	*295.31 FL
13	1		*REAR R/H FENDER INNER GARNISH	Not Necessary	685.20 FL	*-FL
14	1		*REAR SPRAY TYRE BOARD	Not Necessary	489.20 FL	*-FL
15	1		*REAR TAILGATE SEALANT	Necessary	75.22 FS	*40.00 FS
16	1		*SET REAR BUMPER CLIP	Necessary	45.00 FS	*45.00 FS
17	1		*SET REAR R/H FENDER INNER CLIP	Not Necessary	45.00 FS	*-FS
18	1		*SET REAR TAILGATE INNER BOARD CLIP	Not Necessary	50.00 FS	*-FS
19	1		*SET REAR BUMPER PDC SENSOR	Shorted	320.00 FS	*200.00 FS
F=Fra	anchise	part. S=S	SpcNett, L=ListItemDisc.			30.30000
				Sub Total (S\$)	9,073.47	4,993.21
			- List Item Discount on L I	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		1,177.05
				Total Parts (S\$)	6,938.91	3,816.16

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
Lab	our Items			
1	TO TRANSFER REAR TAILGATE MECHANISM	New	150.00	60.00
2	TO APPLY UNDERCOATING	New	200.00	60.00
3	TO REMOVE AND REFIX REAR WINDSCREEN GLASS	New	200.00	120.00
4	TO REMOVE AND REFIX PDC SENSOR	New	80.00	50.00
5	PANEL BEATING, CUT, WELD, REMOVE AND REPLACING ABOVE PARTS	New	1,200.00	600.00
6	TO RESPRAY PAINTING AND ETC	New	1,000.00	600.00
	Gross Labou	r Cost (S\$)	2,830.00	1,490.00
	Report was unsubmitted during	ng this print-out.		

< END OF ESTIMATES >