Morallor -	Muna	ASSIGNMEN	Marie Company of the		01
MUMM) — From (Person)	: Elaine Chung	of C11	4	Date/Tir	me: Ob122118 2pr
Estimated Cos			Bill to:		
OD/TP/WS	TTP RES / OD RES	S/EVA/INV/MV/CS			
To Inspect Ve		PC 5241H		Insured:	S 1515A
at Workshop 1		tech Auto		Tel:	
of	2 Kaki		02-30		
Policy No:	DMPCSN 17 40	14 1801	Claim No: _	Skim18 Do	5651(VL
Sum Insured			Excess:		
	The second secon				
Make of Veh: (Client's Record	d)	ne tilai		D.O.A.	
(Client's Record CA / REV			Winston). Endorsement:
(Client's Record CA / REV	d) / REP. / REV 24 H			Н.О.Н). Endorsement:
CA / REV Date/Time:	1) / REP. / REV 24 H Db.12 2018 394 pm	Person Contacted:		H.O.D.). Endorsement:
CA / REV Date/Time:	Action/Instruction	Person Contacted: Person Contacted: () Estimate A / (TL 80 21883 / 2		H.O.D.	DOF: 03122018
CA / REV Date/Time:	Action/Instruction	Person Contacted:		H.O.D.	D. Endorsement:IN/LOUT
CA / REV Date/Time:	Action/Instruction	Person Contacted: Person Contacted: () Estimate A / (TL 80 21883 / 2		H.O.D.	DOF: 03122018

ASS, REC. BY: MG/645	ACCICALMENT
1 · · · · · · · · · · · · · · · · · · ·	ASSIGNMENT # 1 /
From: Date:	Veh No: 168241 H Yr Regn: 1
Estimated Cost:	Type: M.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: P < 2 V/H	Make: Libfe have commuter 2.9f7
at Workshop m/s Styles	Colour Schus A/C: Insured / Std / NI / NA
of 2 Jiech	Sp.Reading / 233C(T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KDH2230.028/08
Claims No.	Gen. Cond: 63od / 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
71 1 VIII	Tyre Size: F: /85 R /5
(Pallau Candillan)	R:
(Policy Condition) Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	R TOYO/YOKO OF CONTINUTS/
	Front Rear
Bal. or Market Value: IDAC Accident Root: Consistent?: Yes or No	R/Bal. mm R/Bal. mm
IDAO AGGGETAPOLE	L/Bal. 7, mm L/Bal. 7 mm
G - "	D.O.A. 2/12/18 D.O.I. 6/12/18
Lot. Hopard.	->11-410
Luiii Ouiii.	Survey held at
CA REV REP. 24 HRS	
Date: Vehicle: II	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
11/18 conf. cms fine f	6792.45 and winston.
	ED 1 3 DEC 2018
RECEIV	EDIS
3	
Dete/Time, File Pass to? : Preli. Report	Days Of Repair: 5
13/12 Typist Final Report	Resurvey No. of Trip: Survey Fee: Transportation:
DaterTime, File Return to?	dd Fee: : Site Insp (\$)_s+Rs,_si
2)	: Interview (\$) Photos
Banari Farmat:	: Tech. Invs (\$) Others
Report Format: (7 Lump Sum / I.B.I: (\$ 6792.45)	: Weekend (\$)
Lump Sum / I.B.I: (\$ 6797.77)	I veekend (*) 1 210

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	04 Dec 2018		06 Dec 2018 14:00 Assign				New Assig Cancel Ca	
	Main		Reference		Claim Details	Doc	uments	Show All
CLAIM S	UBFOLDER DET	TAILS				AND DESCRIPTION OF THE PARTY OF	Created by	inguinas)
Insured:						1	created by	insurerj
Main Clair	mant:	M/S	AS LIMOUSINE T	RANSPORT S	SERVICE, Co. Reg. I	No.: 53344274E		
Vehicle Re	eg. No.:		241H		Date of Loss:		3/12/2018 17	:00 - :59
Claim Typ	e:	TP /	SNM18D056510	C02	Policy/Cover Note No.		DMPCSN1740141801	
Vehicle Re	eg. No. (Insured):	S151	5A		Policy No. (Claimant)		DMB1SN3062601800	
					Excess:		S\$0.00	
Repairer:		Styte 64448	ch Auto Pte Ltd (HQ) 2 Kaki B	ukit Ave 2 #02-30, Ka	ski Bukit Autohub,	417921 Kaki	Bukit - Tel:
Handling 1	Insurer:	China	Taiping Insuran	ce (Singapo	re) Pte. Ltd. (HQ) -	Tel: 6389 6111	[Handled by	Elaine Cheong
Claimant's	s Insurer:	China	Taiping Insuran	ce (Singapo	re) Pte. Ltd. (HQ) -	Tel: 6389 6111	*	- Indiana
Adjuster:		LKK A	uto Consultants	Pte Ltd (HQ) - Tel: 6256-3561		17/12/201	.8]
Adj Asg. R	Remarks;	NO ES	T, CASE WITH SJE					
ASSOCIA	TED MAIL REC	EIVED				Vie	w All I c	Compose Case Mail
There are	no mail for this c	ase.						ompose case riaii
E								
ALL ASS	OCIATED TASK	s			View All S	Search Tasks	Create New 1	ask Complete
Due Da		Type Task	Group Subje	ct Handle	er Assigned By	Completed	On Cre	ated On Done?

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	4274E
Vehicle Details	
Vehicle No.:	PC5241H
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Dec 2018
Vehicle Make:	ТОУОТА
Vehicle Model:	HIACE COMMUTER GL 3.0 A
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1KD2611678
Chassis No.:	KDH2230028108
Maximum Power Output:	= = = = = = = = = = = = = = = = = = =
Open Market Value:	\$42,546.00
Original Registration Date:	17 Aug 2016
First Registration Date:	17 Aug 2016
Transfer Count:	2
Actual ARF Paid: Intended PARF Rebate Details	\$2,128.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	N.
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	16 Aug 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$41,088.00
COE Rebate Amount:	\$31,782.00
Total Rebate Amount:	\$31,782.00

The information contained herein is correct as at 07 Dec 2018

ОК

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.

ACCID	CNIT	CTAT	130	ENT
ACCID			-11	

04/12/2018 12:11 Date Of Report

03/12/2018 17:55 Date Of Accident

TPE (SLE) NEAR L/P: 96 Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5241H

Insured/Policyholder

M/S AS LIMOUSINE TRANSPORT SERVICE Name Of Registered Owner

53344274E Co Reg No NOEMAIL **Email Address**

Mobile Phone No (LOCAL) +65-90036271 OFFICE-90036271 Alternative Phone No

Vehicle Particulars

Manufacturer TOYOTA

HIACE COMMUTER GL 3.0 A Model

Exact Purpose for which vehicle was being used at

time of accident

WORKING

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

BUS

Insurance Company

Name of Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

DMB1SN3062601800

Cover Note Number

Driver

TAI BOONG PING (ZHENG WENBIN) Name of Driver

NRIC No S7233935E Date Of Birth 16/09/1972 **OUTDOOR** Occupation 29/08/2016 Date Of Driving Pass

2 YEARS AND 3 MONTHS **Driving Experience**

Gender MALE

(LOCAL) +65-90036271 Mobile Number

Fax Number

OFFICE-90036271 Contact Number

EMail Address NOEMAIL Address

BLK 17 MARSILING LANE

#03-241

Postcode

730017

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

2

Number of vehicles involved in the accident

YES

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

YES

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)

7

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-3689999 - FAX NO: 63682383

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181203/2163.

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

S1515A

Vehicle Make/Model/Colour

NISSAN QASHAI

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KOH POH CHOO

NRIC/Passport Number

S6918786B

Contact Number

82331133

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 25

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1 Name AHCHAI Approximate Age Injuries Sustain BODY Injured person in which vehicle? PC5241H Were seat belts worn? YES Was this injured conveyed to hospital by ambulance?

Address

Postcode

Postcode

1 0010000	
	DETAILS OF INJURED PERSON 2
Name	ASIAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC5241H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Accident 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.
- 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 inserested parties.
- 8v 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.
- B. Consent under the Personal Data Protection Act (PDPA)

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 compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (c) the information so collected under (d) above may be shared / disclosed:
 - (i) to all ansurers 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:

CONTROLS AND PROPERTY OF AN

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN		3
TAMPINES EX	percowny way post 96.	
		A = PC5241H
		B: S1515A
ESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	The state of the s
RETER TO	folice Regions.	
		Diam'res VII
	THE SHEET STATES	The State of the S
		The second secon
	The Atlanta	
	A STATE OF THE STA	- A CONTRACTOR
Arra Ultimore and a second		
-		and the second s
7 7		
	TARREST N	(9)
William Francisco		
CLARATION		
CLARATION Questions the foregoing pay 17 Idnover 1-2141 6-4 1-2141 6-4	thulpes are true in every fespect.	M
cyholder's Signature & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personne's Signature Name: NRIC/FIN No.:

GRADE Second solution VS





1 of 3

Report No. T/20181203/2163

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 018 20:28	1003 (1000)		Station Diary No.: 59
Informa	nt's Partic	ulars		公司 经基本证明 计图像图像 经国际
	f Informant: ONG PING		Address: APT BLK 17 MARSILING LAN	NE #03-241 SINGAPORE 730017
	/ ID No.: O / S72339:	35E	Contact No.: Home/Office:	Mobile: 90036271
National SINGAP	lity: PORE CITIZ	ΈN	Email:	
Sex: Male	Age: 46	Date of Birth: 16/09/1972	Type of Informant: Driver	
Race: Chinese		*	Language: English	Institution / School Name:
Occupat			Driving Licence Information:	Date of Expiry

E-161-011	Injury	Drink	Date/Time of	Type of Location
Type of Accident:	Attended by Police	Drive: No	Accident: 03/12/2018 17:55	Straight Road
	XPRESSWAY TOWARDS SLE AFTER I	EXIT 2		
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:	55	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Between Mov	sion: ring Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC5241H	Van				Seriously Damaged	
S1515A	Car			9	Seriously Damaged	

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





2 of 3

Report No. T/20181203/2163

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027

Tel No: 1800-3689999

CONTINUATION OF REPORT

Driver						STEEN STOLEN
Name	TAI BOONG PING			ID No.		S7233935E
Related Vehicle	PC5241H (Van)			Conta	ct No.	90036271
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	
Driver						
Name	кон рон сноо			ID No	<u>.</u>	S6918786B
Related Vehicle	S1515A (Car)			Contact No.		82331133
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 03/12/2018 at about 1750hrs, I was driving my company van V1)PC5241H and was heading to send the workers. I was travelling on TPE heading towards SLE. It was a 3-lane road and I was on the middle lane. The traffic was heavily congested, weather was drizzling and the road floor was wet. As the vehicles in front of me slowed down and came to a stop, I stopped behind them. After I stopped my van, a few seconds later, I felt an impact from my rear. I then got down from my van only to discover that a car V2) S1515A had collided onto the rear of V1. Subsequently, one of my passenger called for Traffic Police and Ambulance. V1 sustain major dents on the rear portion of the van while V2 sustain major dents on its front portion. Moments later, one of my passenger informed me that another passenger of mine that sat at the rear of my van got injured due to the impact thus he was conveyed to Sengkang Hospital via Ambulance.

Traffic Police and Ambulance was at scene, and the ambulance convened one of my passenger. There is an in-car camera in my van and I handed over the memory card to the attending Traffic Police officer and NP 323 was issued to me. No Government property damaged. No Pedestrian/Cyclist involved.





3 of 3

Report No. T/20181203/2163

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

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: L / Sgt 2 MOHAMED FAEZ BIN MOHAMED SAHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2018 20:28
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:

Authentication Stamp NP168 Vehicle: PC5241H

Make & Model:

TOYOTA Hiace

Chassis No:

S/N	Parts/Labour	QTY	Uni	t Price		Price	Remarks
1	Bootlid 2/45-30				\$	2,369.60	sedy as -
2	Bootlid Chrome Garnish				\$	325.80	112
3	"Toyota" Emblem				\$	68.00	nu /
4	"Hiace" Plate				\$	55.00	ner /
5	"GL" Plate				\$	42.00	nu /
6	"Unilmited Power Sticker"				Ş	30 SN	nu _
7	"Emergency" Sticker				,	515 SN	11 X
8	"80/90 K/J Lebuhraya" Sticker				Ş	\$20 SN	nes 10
9	TRD Spartio Sticker				Ş	\$25 SN	pu /
10	"70KM/H" Sticker				5	\$15 SN	Ner 10
11	Number Plate With Casing				Ş	\$45 SN	scr 40
12	Reverse Camera				\$	300 SN	shed -
13	Rear Tail Lamp 386.10	2	\$	487.50	\$	975.00	Ms cm lo
14	Left Rear Corner Panel				\$	128.40	RD _
15	Rear Bumper 539.90				\$	781.40	7.5
16	Rear Bumper Retainer (LH & RH)	2	\$	86.00	\$	172.00	Bet -
17	Rear Bumper Clips				,	\$30 SN	nu -
18	Reverse Sensor Set				\$	200 SN	Shellen -
19	Bootlid Protect Rubbber (inner) LH & RH	2	\$	28.50	\$	57.00	17 X
20	Weather Strip				\$	240.60	721,
21	Bootlid Inner Board				\$	195.80	De hoged -
22	Bootlid Locking Device				\$	185.20	Jm :/
23	Bootlid Locking Machanism				\$	266.00	1 n, /Jm -

24	Rear End Panel (Inner)	\$ 1,250.60	nx
25	Rear End Panel (Outer)	\$ 985.80	13.250
26	Rear End Panel Stricker	\$ 38.50	11 ×
27	Floor Board	\$ 1,840.40	NX
28	Floor Board Garnish	\$ 186.50	700/
29	Rear Windscreen Glass Sealant	\$60 SN	ner 40sin
30	CORNER PANEL RETAINER (LEFT)	#45 50	MAX
31	END PANEL SENSON	\$289.50	P 17X
32	REAR BUMPER STAY	\$128.40	NA X
			10163.60
		740	
			10903.6

4	Labour	F
1	Remove & Refix Glass	\$ 120.00
2	Check Wiring	\$ 100.00 20
3	Anti Rust Proofing	\$ 100.00 60
4	Panel Beating	\$ 1,000.00 f.60
5	Paint Work	\$ 1,000.00 800
6	TRANSFER BOOTLID FITTING	# 150.00 60
7		2320
8		

LEK A 10 Consultants rence notify

- To recurve, but is subject spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation.
- Third party survey is on a "Willhout Prejudice" basis
- No illegal medification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

STYTECH AUTO PTE. LTD. Acknowledged by Repairer

2 Kaki Bukit Ave 2 #02-30 Kaki Bukit Autohub Singapore 417921

Tel: 6444 8125 Fax: 6445 3310 GST Reg. No.: 201601539K Co. Reg. No.: 201601539K

Signature:

13223 60

P-5196.60

4197.45 4197.45 5.2+ 684.00 10hour + 1910.00

46792.45

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/CTI18021987/UTBN2

Date:

14/12/2018

REFERENCE

Handling Insurer: China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMPCSN1740141801

Claimant Vehicle No :

PC5241H

Insured Vehicle

No:

Claim:

Date of Loss: 03

03/12/2018

Nature of

TP

S1515A

Claim No:

SNM18D05651C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

PC5241H

Make & Model:

TOYOTA HIACE, 3.0 COMMUTER GL (A) 17/08/2016 (Man. Year: 2016)

Engine No: Chassis No: Odometer: 1KD2611678 KDH2230028108

Reg. Date: Colour:

Silver

2982 cc

Engine Capacity: Market Value/New Car

N/A

Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

133355 km

Consent Conditions

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition: Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

195R15

Rear Tyre Size:

195R15

Front Left Side:

Continental 7 mm

Rear Left Side:

Continental 7 mm

Front Right Side:

Continental 7 mm

Rear Right Side:

Continental 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts Miscellaneous Items	Repairer's 11,367.00 0.00	Adjuster's 4,882.45 0.00	Difference 6,484.55 0.00	Diff % 57.05
Labour Paintwork Labour	2,470.00 0.00	1,910.00 0.00	560.00 0.00	22.67
Towing	0.00	0.00	0.00	
Gross Total (S\$)	13,837.00	6,792.45	7,044.55	50.91
+ GST 7.00/7.00% (S\$)	968.59	475.47	493.12	50.91
Nett Amount (S\$)	14,805.59	7,267.92	7,537.67	50.91

INSPECTION

Date of Assignment:

06/12/2018

Date Inspected:

06/12/2018 Inspected At:

Stytech Auto Pte Ltd (HQ)

2 Kaki Bukit Ave 2 #02-30, Kaki Bukit

Autohub

Singapore 417921

Estimated Period of Repair:

5.0 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

Reference

Part Source: (Last Synchronised: 14 Dec 2018)

TOYOTA HIACE 3.0 COMMUTER GL (A) (Model not available in database) Parts: N/A

(Price-denominated Standard List) Labour: Repairer's

Print Code: (Unsubmitted, no print-code for PC5241H) These estimates are valid only if they contain the print code (above) on all estimate pages, running page Validity:

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	*BOOTLID	Badly Dented	2,369.60 F	*2,145.30 FL
2	1	*BOOTLID CHROME GARNISH	Not Necessary	325.80 F	*-FL
3	1	*TOYOTA EMBLEM	Necessary	68.00 F	*68.00 FL
4	1	*HIACE PLATE	Necessary	55.00 F	*55.00 FL
5	1	*GL PLATE	Necessary	42.00 F	*42.00 FL
6	1	*REAR TAIL LAMP	N/s Cracked	975.00 F	*386.10 FL
7	1	*LEFT REAR CORNER PANEL	Dented	128.40 F	*128.40 FL
8	1	*REAR BUMPER	Distorted	781.40 F	*539.90 FL
9	2	*REAR BUMPER RETAINER (LH & RH)	Bent	172.00 F	*172.00 FL
10	2	*BOOTLID PROTECT RUNNER (INNER) LH & RH	Not Necessary	57.00 F	*-FL
11	1	*WEATHER STRIP	Twisted	240.60 F	*240.60 FL
12	1	*BOOTLID INNER BOARD	Deformed/Warped	195.80 F	*195.80 FL
13	1	*BOOTLID LOCKING DEVICE	Jammed	185.20 F	*185.20 FL
14	1	*REAR END PANEL (INNER)	Repair	1,250.60 F	*-FL
15	1	*REAR END PANEL (OUTER)	Badly Dented	985.80 F	*985.80 FL
16	1	*REAR END PANEL STICKER	Not Necessary	38.50 F	*-FL
17	1	*FLOOR BOARD	Repair	1,840.40 F	*- FL
18	1	*FLOOR BOARD GARNISH	Twisted	186.50 F	*186.50 FL
19	1	*CORNER PANEL RETAINER (LEFT)	Not Necessary	45.50 F	*-FL
20	1	*END PANEL SENSOR	Not Necessary	289.50 F	*-FL
21	1	*REAR BUMPER STAY	Not Necessary	128.40 F	*-FL
22	1	*UNILMITED POWER STICKER	Necessary	30.00 FS	*30.00 FS
23	1	*EMERGENCYSTICKER	Not Necessary	15.00 FS	*- FS
24	1	*80/90 K/J LEBUHRAYA STICKER	Necessary	20.00 FS	*10.00 FS
25	1	*TRD SPARTIO STICKER	Necessary	25.00 FS	*25.00 FS
26	1	*70KM/H STICKER	Necessary	15.00 FS	*10.00 FS
27	1	*NUMBER PLATE WITH CASING	Scratched	45.00 FS	*40.00 FS
28	1	*SET REVERSE CAMERA	Shorted	300.00 FS	
29	1	*REAR BUMPER CLIPS	Necessary	30.00 FS	*30.00 FS
30	1	*SET REVERSE SENSOR	Shorted/Cracked	200.00 FS	*200.00 FS
31	1	*REAR WINDSCREEN GLASS SEALANT	Necessary	60.00 FS	*40.00 FS
32	1	*BOOTLID LOCKING MECHANISM	Twisted/Jammed	266.00 F	*266.00 FL

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

Sub Total (S\$) 11,367.00 6,281.60 - List Item Discount on L Items 0.00/25.00% (S\$) 1,399.15

> Total Parts (S\$) 11,367.00 4,882.45

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	REMOVE & REFIX GLASS	New	120.00	120.00
2	CHECK WIRING	New	100.00	20.00
3	ANTI RUST PROOFING	New	100.00	60.00
4	PANEL BEATING	New	1,000.00	850.00
5	PAINT WORK	New	1,000.00	800.00
6	TRANSFER BOOTLID FITTING	New	150.00	60.00
		Gross Labour Cost (S\$)	2,470.00	1,910.00
	Panada	was unsubmitted during this print-out.		

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