

ASS. REC. BY:

REF:

REF: CS/AWA18022710/TISbe2

Special instruction:

Surveyor

ASSIGNMENT (Office)

From (Person):

Peggy Chen

of

AWA

Date/Time:

18122018 429pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKA 1225 B

Insured:

GBF 6275D

at Workshop m/s

Ethnoz

Tel:

of

3D Bukit Batok Crescent

Policy No:

AVCP98 00803718 b2

Claim No:

NSV1800658 / TKL

Sum Insured:

Excess:

Make of Veh:

D.O.A.

D512208

(Client's Record)

19.12.2018

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

H.O.D. Endorsement:

Date/Time:

18, 12 2018

1.5 Dam

Person Contacted:

lee

Vehicle (IN/OUT)

Date/Time

Action/Instruction

(✓) Estimate

SKA 1215B - X

GBF- 6275D - X

Antique Tanj

REF: AWA

ASSIGNMENT

From: Date: 19/12/2018

Estimated Cost:

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

To inspect Vehicle No: 8KA 1225B
at Workshop n/s: Ethoz
of: 30 Bukit Batok Crescent

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

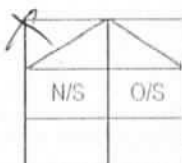
(Client's Record)

Make of Veh:

Lee

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS cup

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKA1225B Yt Regn: 2011 Jan

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

Truck / Trailer or

Make: Toyota Fortuner C.C. 2694

Colour: Grey A/C Insured / Std / NI / NA

Sp. Reading: 88130 T/Radio: Insured / Std / NI / NA

Eng/No: MR02X699400102408

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 265/15R17 R: 265/15R17

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A.

D.O.I.

Survey held at

19/12/18 Ethoz BRS

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

Frt N/S

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

Date / Time Action / Instruction

09/01/19 Confirmed HS \$2,300/- @ 4 days with TanAlch.
(\$1,107.30 Rd 33%)

RECEIVED 03 JAN 2019

Date/Time, File Pass to?

09/01/19

1) Typist

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$ 2,300/- HS)

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation (\$ + RS. \$)

Photos

Others

TOTAL

150

150

Catherine Chong (LKK Auto)

From: Chan, Peggy <Peggy.Chan@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>
Sent: Tuesday, 18 December, 2018 4:29 PM
To: 'assignments'
Cc: 'SUR'; 'Lee Chen Sin'
Subject: TP Survey assignment for SKA 1225B - DOA: 05/12/2018 Our ref: NSV1800658/TKL

The above captioned accident refers.

Pursuant to the Practice Directions Amendment No. 1 of 2016 which was effective on 1 April 2016, we like to advise that the third party claimant and us **do** have consensus in the appointment of **Mr Steven Foong / Mr Mohamad Taufikh** as the Single Joint Expert to conduct the pre-repair survey of the third party claimant's vehicle.

Please conduct "THIRD PARTY" survey on without prejudice basis. The information as are follows:

3 rd Party Vehicle	:	SKA 1225 B
Insured Vehicle	:	GBF 6275 D
Policy Number	:	AVCPSB0080371802
Name of Workshop	:	Ethoz Group Ltd
Contact Number	:	6654 7520 / 8822 8339
Person to Contact	:	Lee Chen Sin
Estimated Cost of repairs	:	\$ 3,645.81

Regards,
Claims Division

Copy to Ethoz Group Ltd via Email

Note -

1. This is to keep you informed that we have appointed surveyors to conduct inspection to your client's damaged vehicle on a without prejudice basis.
2. **We are agreeable to have direct settlement with you in respect to your client's claim with quantum to be agreed.**
3. **Please keep our motor surveyor and us informed so as to enable the surveyor to conduct a post repair inspection once your client's vehicle has been repaired and before returning the repaired vehicle to your customer.**
4. Please send us all relevant supporting documents once your client's vehicle has been repaired.
5. We will write to you again upon receiving your claims documents. Please do not construe this appointment of surveyor and our above request as an admission of liability.

Regards

The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and permanently delete the original e-mail (and any attachments hereto) and any copies or printouts thereof. Although this e-mail and any attachments hereto are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by Allied World Assurance Company Holdings, GmbH or its subsidiaries or affiliates, either jointly or severally, for any loss or damage arising in any way from its use.

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Wednesday, 9 January 2019 10:47 AM
To: 'Lee Chen Sin'
Cc: SUR; Taufikh (LKKAuto)
Subject: RE: FINALIZATION REPORT OF SKA-1225-B TOYOTA FORTUNER (TP)(ALLIED WORLD)

Dear Chen Sin,

Confirmed final fig \$ 2,300.00 (lump sum) @ 4 days of repairs before GST.

Final invoice and all supporting documents sent over to Allied World.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Lee Chen Sin [mailto:ChenSin.Lee@ethozgroup.com]
Sent: Tuesday, 8 January 2019 4:55 PM
To: 'Taufikh (LKK Auto)' <taufikh@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: FINALIZATION REPORT OF SKA-1225-B TOYOTA FORTUNER (TP)(ALLIED WORLD)

Hi Taufikh,

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

Please send acceptance once the COR is confirm.

COR : \$ 2,300.00 (Lump Sum Repair)

Repair days : 4

Kindly revert.

Thank you.

Warmest Regards,
Lee Chen Sin
Motor Claims Operations

ETHOZ
ETHOZ GROUP LTD

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



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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	05/12/2018 13:44
Date Of Accident	05/12/2018 10:15
Exact Location Of Accident	ALONG COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA1225B
Insured/Policyholder	
Name Of Registered Owner	CHIU WEE SIN
NRIC No	S7613535E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96532305
Alternative Phone No	OFFICE-96532305

Vehicle Particulars

Manufacturer	TOYOTA
Model	FORTUNER-2.7 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00279622/02
Cover Note Number	21/01/2018-20/01/2019

Driver

Name of Driver	SUM PEY KEE
NRIC No	S7727428F
Date Of Birth	12/10/1977
Occupation	INDOOR
Date Of Driving Pass	28/01/1999
Driving Experience	19 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97772396
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	10A JALAN KEBAYA
Postcode	278302
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

REFER TO THE SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF6275D
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG HOCK CHUAN
NRIC/Passport Number	
Contact Number	
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:

02/12/2018

Driver's Signature

(If driver is not the policyholder)

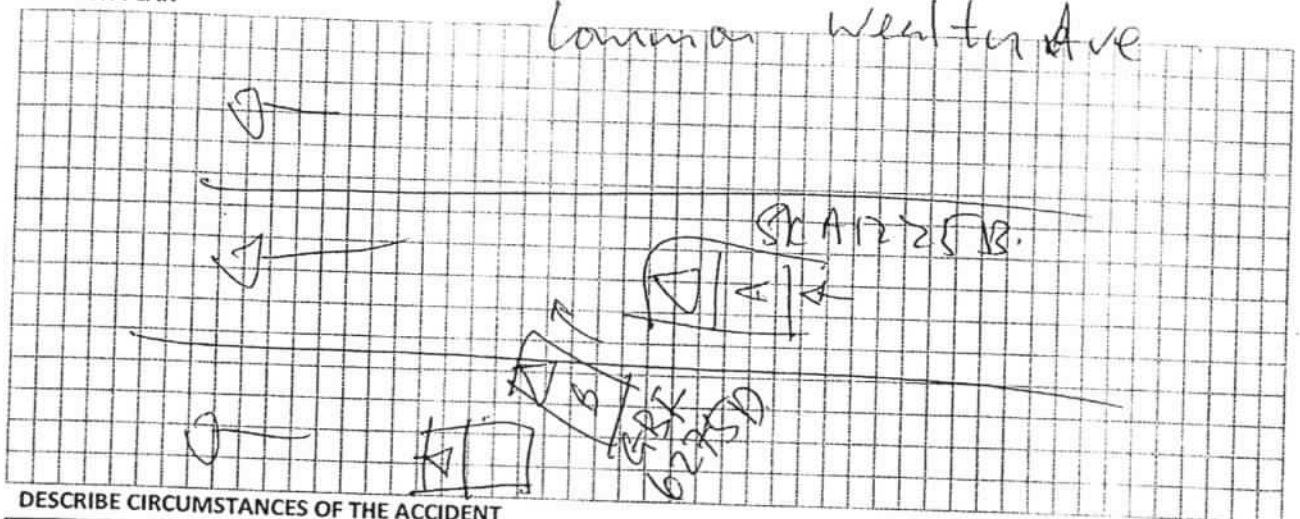
Date & Time:

Reporting Centre Personnel's Signature

Name: Kenneth

NRIC/IN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car (SKA122SB) was travelling on the middle lane of Common Wealth Ave around 10:15am. ~~The~~ A van (GBF627SD) on the extreme left lane suddenly changed into my lane ~~and~~ without sufficient time for me to brake and thus my left front was dented.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.

Policyholder's signature
Date & Time

05/12/2018

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

(if driver not the policyholder)
Date & Time 1/1/9

Date & Time 5/12/18

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

Name: Kenneth

Nric/Fin No.

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

Lee Chen Sin
CLAIM DEPARTMENT
DID : 66547520
FAX :

Date : 17/12/2018

To : **ALLIED WORLD ASSURANCE COMPANY, LTD**
ESTIMATION

Attn : **Motor Claim Department** FAX :

Owner : CHIU WEE SIN
: DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD
Certificate No : MT/00279622/02 Accident Date : 05/12/2018
Vehicle No : SKA-1225-B Make & Model : TOYOTA FORTUNER 2.7 (A) 7 SEATER

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

List Item

1	FRONT BONNET	RESTORE	
1	FRONT FENDER LH	824.60	bt
1	FRONT FENDER ARCH LH	347.40	eng
1	FRONT FENDER INNER SHIELD LH	283.60	x ny
10	FRONT FENDER INNER SHIELD CLIP	25.00	he
1	FRONT FENDER EMBLEM "2.7" LH	34.79	he
1	FRONT FENDER EMBLEM "VVT-I" LH	49.50	he
1	HEADLAMP LH	853.01	cx
1	FRONT BUMPER	426.00	de

Date : 17/12/2018

To : **ALLIED WORLD ASSURANCE COMPANY, LTD**
ESTIMATION

Attn : **Motor Claim Department**

FAX :

Owner : CHIU WEE SIN

: DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD

Certificate No : MT/00279622/02

Accident Date : 05/12/2018

Vehicle No : SKA-1225-B

Make & Model : TOYOTA FORTUNER 2.7 (A) 7 SEATER

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
10	FRONT BUMPER CLIP	25.00	del ✓
1	FRONT BUMPER SIDE RETAINER LH	107.50	del ✓
	Sub Total	2976.40	
	Discount 25% On Parts	(744.10)	
	<u>Labour & Misc</u>		
	LABOUR TO FACILIATE REPAIR	600.00	400.
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	30.
	TO SPRAY PAINTING ON AFFECTED AREAS	500.00	400.
	SPRAY RUST PROOF ON AFFECTED AREA	40.00	30.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Date : 17/12/2018

To : **ALLIED WORLD ASSURANCE COMPANY, LTD**
ESTIMATION

Attn : **Motor Claim Department**

FAX :

Owner : CHIU WEE SIN

: DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD

Certificate No : MT/00279622/02

Accident Date : 05/12/2018

Vehicle No : SKA-1225-B

Make & Model : TOYOTA FORTUNER 2.7 (A) 7 SEATER

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1175.00	

3,407.30

Remarks:

SUB TOTAL

GST 7.0 % 238.51

TOTAL 3,645.81

Surveyor's name:

Tanpin 97495747
'wp'

Principal's name: CHIU WEE SIN

Survey Date & Time:

19/12/18 @ 3pm.

Lump sum
Resumy after repair.
4 days
sure the work done.

[Signature]
21/12/18

Date : 08/01/2019

To : ALLIED WORLD ASSURANCE COMPANY, LTD

Attn : Motor Claim Department

FAX :

Owner : CHIU WEE SIN

Insured By : DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD

Certificate No : MT/00279622/02 Accident Date : 05/12/2018

Vehicle No : SKA-1225-B Make & Model : TOYOTA FORTUNER 2.7 (A) 7 SEATER

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

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
<u>List Item</u>			
1	FRONT BONNET RESTORE	0.00	0.00
1	FRONT FENDER LH	824.60	824.60
1	FRONT FENDER ARCH LH	347.40	347.40
1	FRONT FENDER INNER SHIELD LH	283.60	0.00
10	FRONT FENDER INNER SHIELD CLIP	25.00	25.00
1	FRONT FENDER EMBLEM "2.7" LH	34.79	34.79
1	FRONT FENDER EMBLEM "VVT-I" LH	49.50	49.50
1	HEADLAMP LH	853.01	853.01
1	FRONT BUMPER	426.00	426.00
10	FRONT BUMPER CLIP	25.00	25.00
1	FRONT BUMPER SIDE RETAINER LH	107.50	107.50



Date : 08/01/2019

To : ALLIED WORLD ASSURANCE COMPANY, LTD

Attn : Motor Claim Department

FAX :

Owner : CHIU WEE SIN

Insured By : DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD

Certificate No : MT/00279622/02 Accident Date : 05/12/2018

Vehicle No : SKA-1225-B Make & Model : TOYOTA FORTUNER 2.7 (A) 7 SEATER

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

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	Sub Total	2976.40	2692.80
	Discount 25% On Parts	(0.00)	(673.20)
	Labour & Misc		
	LABOUR TO FACILITATE REPAIR	600.00	400.00
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	35.00	30.00
	TO SPRAY PAINTING ON AFFECTED AREAS	500.00	400.00
	SPRAY RUST PROOF ON AFFECTED AREA	40.00	30.00
	Sub Total	1175.00	860.00

PAGE: 2

Date : 08/01/2019

To : ALLIED WORLD ASSURANCE COMPANY, LTD

Attn : Motor Claim Department

FAX :

Owner : CHIU WEE SIN

Insured By : DIRECT ASIA INSURANCE(SINGAPORE) PTE LTD

Certificate No : MT/00279622/02 Accident Date : 05/12/2018

Vehicle No : SKA-1225-B Make & Model : TOYOTA FORTUNER 2.7 (A) 7 SEATER

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

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	Sub Total	3,407.30	2,879.60
	GST 7.0 %	238.51	201.57
	Total	3,645.81	3,081.17

COR : \$ 2,300.00 (1/3 REPAIR)
4 Days REPAIR

Surveyor Name : TAUFIK - LKK

Date & Time : 19/12/2018 3:00:00 PM

Lee Chen Sin

CLAIM DEPARTMENT

DID : 66547520

FAX :

PARTS - \$ 2,692.80 - 25%
- \$ 2,019.60
LABOUR - \$ 860.00
\$ 2,879.60
- 20% (1/3 REPAIR)
\$ 2,303.68

PAGE: 3



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

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA18022710/T1sbe2

(SINGAPORE BRANCH)
60 ANSON ROAD #08-01 (8th FLOOR)
MAPLETREE ANSON
SINGAPORE 079914

Date : 10-01-2019



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBF 6275D	Veh. Inspected	SKA 1225B
Policy No.	AVCPSB0080371802	Coverage (\$)	0.00
Claim No.	NSV1800658/TKL	Excess (\$)	0.00
Assign From	PEGGY CHAN	Assign Date	18/12/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA FORTUNER	c.c	2694
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	MR0ZX69G400102408	Colour	GREY
Odometer	88130	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	265/65 R17	YOKOHAMA	6 mm
L/H Front Tyre	265/65 R17	YOKOHAMA	6 mm
R/H Rear Tyre	265/65 R17	YOKOHAMA	6 mm
L/H Rear Tyre	265/65 R17	YOKOHAMA	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/12/2018	Inspection Date	19/12/2018
Survey held at	ETHOZ GROUP LTD 30 BUKIT BATOK CRESCENT SINGAPORE 658075		

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:	4 Working Days
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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. SKA 1225B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BONNET (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT FENDER LH	BENT	824.60	824.60
1	FRONT FENDER ARCH LH	CRACKED	347.40	347.40
1	FRONT FENDER INNER SHIELD LH	NOT NECESSARY	283.60	-
10	FRONT FENDER INNER SHIELD CLIP	NECESSARY	25.00	25.00
1	FRONT FENDER EMBLEM "2.7" LH	NECESSARY	34.79	34.79
1	FRONT FENDER EMBLEM "VVTI-I" LH	NECESSARY	49.50	49.50
1	HEADLAMP LH	CRACKED	853.01	853.01
1	FRONT BUMPER	DEFORMED	426.00	426.00
10	FRONT BUMPER CLIP	NECESSARY	25.00	25.00
1	FRONT BUMPER SIDE RETAINER LH	NECESSARY	107.50	107.50
	LESS 25% DISCOUNT		-744.10	-673.20
			2,232.30	2,019.60
	<u>LABOUR</u>			
	LABOUR TO FACILITATE REPAIR. INCLUSIVE OF THE REPAIR OF FRONT BONNET.		600.00	400.00
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS.		35.00	30.00
	TO SPRAY PAINTING ON AFFECTED AREAS.		500.00	400.00
	SPRAY RUST PROOF ON AFFECTED AREA.		40.00	30.00
			1,175.00	860.00
	GRAND TOTAL		3,407.30	2,879.60
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,300.00

Report Ref No. CS/AWA18022710/T1sbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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