

ASS. REC. (T) REF CS3/III/8015455/GSD3-71 ✓

SAIT (Veh. Ins.) meimien Stanley fai ASSIGNMENT (Office) III Date/Time 29/01/2019

Estimated Cost \_\_\_\_\_ Bill to \_\_\_\_\_

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

To Inspect Vehicle No SH 6705R Insured SHA 69255

at Workshop no: Wee Hoe Auto Tel: 6858 0019

of 19 Kim Chuan Terrace

Policy No \_\_\_\_\_ Claim No \_\_\_\_\_

Sum Insured \_\_\_\_\_ Excess \_\_\_\_\_

Make of Veh \_\_\_\_\_ D.O.A 22/08/2018  
(Client's Record)

CA / REV / REP. / REV 24 HRS up R.O.D. Endorsement \_\_\_\_\_

Date/Time: 20/01/18 Person Contacted: Mr Kiat Vehicle IN OUT

Date/Time	Action/Instructon (X) Estimate
	<u>\$900 - 3 Days.</u>
	<u>( \$180/- Red. 19% )</u>

*[Signature]*  
31/1/2019

RECEIVED 01 FEB 2019

ASSY REF: WFL  
ASSY REF: WFL

PRS  
KAL.

REF: III

ASSIGNMENT

Date: 31/08/18

Veh No: 4J6705R Yr Regn: DES, 2010

Estimated Cost

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

OD:  AWS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To inspect Vehicle No: SLJ 6705R

Make: Toyota ARTIS c.c. 1598

at Workshop no: Well Hor Auto

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

Sp Reading: R88210 T/Radio: Insured / Std / NI / NA

Eng No:

C/Nr: MK053 REH-104555222

Gen. Cond:  Good / Fair / Poor / Burnt

Steering:  Good / Jammed / Leaked / Burnt or

Brake:  Good / Jammed / Leaked / Burnt or

Mod: Nil / SIRim / STD ARim or

Tyre Size: F: 205/55R16

R: "

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

TOYO / YOKO or Ling long

Front R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A. D.O.I: 31-08-18

Survey held at IDAC UBI 9:45 AM

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

N/S Rear-

The UIC / Chassis frame / Body Structure affected due to collision.

Policy Condition

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Est. or Market Value

EDAC Accident Report Consistent? Yes or No

GIA / P/E Seen Consistent? Yes or No

Est. Repairs: 3 days Res: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP / 24 HRS (up)

Date Person Contacted

Vehicle IN / OUT

Date / Time Action / Instruction  
\$5000 - \$1000  
500

U/A/I/I Submit PRG Report

Date/Time File Pass to?

: Prel. Report

U

: Final Report

Date/Time File Return to?

U

Days Of Repair:

Resurvey No. of Trip:

Add Fee:  Site Insp (\$

Interview (\$

Tech Insp (\$

Weekend (\$

Survey Fee

Transportation

S + RES - 20

Photos

Others

TOTAL

20

10

30

Report Format:

Lump Sum / I.B.I: (\$

MCT18080657.

RESERVES			
TPPD	PRESERVE	2000	
TPPI	PRESERVE		
UNINSURED LOSS	PRESERVE		
SUBRO	PRESERVE		
LPPN			
INVESTIGATION FEE			
SURVEY FEES			
LEGAL FEES			
OTHERS			
FRAUD CHECK			
UPLOAD TO MERIMEN			
GRANT RIGHTS			

Lal  
18/1/19

\*\*\*\*\*  
 \*\*\* FAX TX REPORT \*\*\*  
 \*\*\*\*\*

## TRANSMISSION OK

JOB NO. 4775  
 DESTINATION ADDRESS 965356802  
 SUBADDRESS  
 DESTINATION ID  
 ST. TIME 21/01 18:39  
 TX/RX TIME 00' 21  
 PGS. 1  
 RESULT OK

FAXED  
 21 JAN 2019  
 MOTCLM DEPT.

## VISION LAW LLC

Advocates & Solicitors - Notaries Public - Commissioners for Oaths  
 (Incorporated with limited liability)

ERIC NG CHING BOON  
 WONG KING LIONG RAYNEY  
 AUDREY WONG SU-ISHIEN  
 PAUL YAP TAI SAN  
 ANJALJI DIO MUNIANDY  
 ANG KIM NOI DIANE  
 RAVINDRA KRISHNASAMY  
 TAN YINXIAN, SELWYN  
 CHIONG YUNJUL, CLARISSA  
 JUDISON TAM CHYI HU  
 SONIA LIM WEI LEE



Unique Entity Number: 20072114811

Head Office: 133 New Bridge Road  
 #18-01/02 Chinatown Point  
 Singapore 059413

Branch: 490 Lorong 6 Ton Payoh  
 #03-11 HUB Hub (Opp 3 Lobby 1)  
 Singapore 310490

Main  
 TEL : (65) 6534 2811 (Hunting)  
 FAX : (65) 6535 6802  
 E-MAIL : annatan@visionlawllc.com

Branch  
 TEL : (65) 63580703

WHEN REPLYING, PLEASE QUOTE OUR REFERENCE - Please to **HEAD OFFICE** for this matter

Our Ref : AKN-atv-Ins-W30-107756-18  
 Your Ref : SHA 6925 S

Date: 17 January 2019

### INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street  
 #04/#05 IOB Building  
 Singapore 049711

Attn: Motor Claims Department

### COMFORT TRANSPORTATION PTE LTD

383 Sin Ming Drive  
 GAS Building  
 Singapore 575717

Dear Sir,

CLAIMANT : QUALITY PTE LTD

ACCIDENT INVOLVING SLJ 6705 R & SHA 6925 S ON 22-AUG-2018 ALONG PASIR RIS DRIVE DR 12 AFTER JUNCTION PASIR RIS DR 1 AT ABOUT 0225HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 22-AUG-2018 ALONG PASIR RIS DRIVE DR 12 AFTER JUNCTION PASIR RIS DR 1 AT ABOUT 0225HOURS involving our client's vehicle registration number SLJ 6705 R and vehicle registration number SHA 6925 S driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

01.	Cost of Repair	\$1,080.00
02.	Loss of Use for 3 days at \$120.00 per day	\$ 360.00

We are instructed to post this, which is to capture our attention, as preserving our records on your client where necessary.

**CERTIFICATE OF POSTING**  
 (For your information only)

Our Ref: MCT18080657  
 Name: Png Y  
 Date: 18/1.19  
 India International Insurance P.L.



WITHOUT PREJUDICE  
 BY HAND

# VISION LAW LLC

Advocates & Solicitors – Notaries Public – Commissioners for Oaths  
(Incorporated with limited liability)

ERIC NG CHING BOON  
WONG KENG LEONG RAYNEY  
AUDREY WONG SU-HSIEN  
PAUL YAP TAI SAN  
ANJALI D/O MUNIANDY  
ANG KIM NOI DIANE  
RAVENDRA KRISHNASAMY  
TAN YINGXIAN, SELWYN  
CHEONG YUNHUI, CLARISSA  
EDISON TAM CHYI EU  
SONIA LIM WEI LEI



Unique Entity Number: 200721148H

Head Office: 133 New Bridge Road  
#18-01/02 Chinatown Point  
Singapore 059413

Branch: 490 Lorong 6 Toa Payoh  
#03-11 HDB Hub (Biz 3 Lobby 1)  
Singapore 310490

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TEL : (65) 6534 2811 (Hunting)  
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E-MAIL : annatan@visionlawllc.com

Branch  
TEL : (65) 63580703

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Your Ref : SHA 6925 S

Date: 17 January 2019

**INDIA INTERNATIONAL INSURANCE PTE LTD**  
64 Cecil Street  
#04/#05 IOB Building  
Singapore 049711  
Attn: Motor Claims Department

**COMFORT TRANSPORTATION PTE LTD**  
383 Sin Ming Drive  
GAS Building  
Singapore 575717

Dear Sir,

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We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

01.	Cost of Repair	\$1,080.00
02.	Loss of Use for 3 days at \$120.00 per day	\$ 360.00
03.	2 days loss of use for pre repair	\$ 240.00
04.	Survey report fees	\$ 272.00
05.	GIA & LTA search / report fees	\$ 36.49
06.	Cost Contribution (at this stage)	\$1,605.00
07.	Disbursements (at this stage)	\$ 50.00
	<b>TOTAL</b>	<b>\$3,643.49</b>

.../2 to be continued next page



**CERTIFICATE OF POSTING**  
[For your information only]

Our Ref: MCT18080657  
Name: Priya  
Date: 18.1.19

**CONFIDENTIALITY**  
THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

# VISION LAW LLC

Advocates & Solicitors

Page 2

Our Ref : AKN-atv-Ins-W30-107756-18

Your Ref : SHA 6925 S

Date: 17 January 2019

## INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street

#04/#05 IOB Building

Singapore 049711

**Attn: Motor Claims Department**

## COMFORT TRANSPORTATION PTE LTD

383 Sin Ming Drive

GAS Building

Singapore 575717

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We enclose a copy of each of the following documents for your consideration:-

- (a) GIA report lodged by driver of SLJ 6705 R;
  - (b) LTANet Search;
  - (c) Certificate of Insurance;
  - (d) Registration Card;
  - (e) Final Repair Bill;
  - (f) Surveyor's report & invoice; and
  - (g) **12 coloured photographs** depicting the damages to motor vehicle SLJ 6705 R.
- **(P.S:- Original photographs will be sent to insurance co. only)**

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully



**(HEAD OFFICE)**

Enc.

cc: client: Quality Pte Ltd

***As per your instruction we have submitted your claim as set out above to the third party insurance company. Please do notify us if there is any discrepancy, if any, particularly, the number of days claimed for rental charges and/or loss of use as soon as possible. Thank you.***

**CONFIDENTIALITY**

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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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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	23/08/2018 10:10
Date Of Accident	22/08/2018 02:25
Exact Location Of Accident	ALONG PASIR RIS DR 12 AFTER JUNC PASIR RIS DR 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ6706R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUALITY PTE LTD
Co Reg No	201624281H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY PRIVATE HIRE
Vehicle Category	
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5084705121-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	LAU TIEN CHEN
NRIC No	S8470809G
Date Of Birth	05/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98625314
Fax Number	
Contact Number	OFFICE-98625314
E-Mail Address	NOEMAIL

Address BLK B2 BEDOK NORTH ROAD  
 #05-314  
 Postcode 460082  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own Vehicle  
 Insurance Company of Driver's Own Vehicle

**General Information of the Accident**

Type Of Accident COLLISION - 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 2  
 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: : -  
 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**

ON STATED DATE AND TIME, I WAS U-TURN FROM PASIR RIS DR 12. AFTER MAKING U-TURN ALONG THE JUNCTION, I TURN ON MY INDICATOR LIGHT AND CHECK MY MY BLIND SPOT BEFORE PROCEED TO LANE 3. WHEN I CHANGED FROM LANE 2 TO LANE 3 VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHA69255  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver TAN PAU SOON  
 NRIC/Passport Number S0059168H  
 Contact Number  
 Address  
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

# 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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 Rewards 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 lodging 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 purposes 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/are 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 (a) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing (road, regulators, law enforcement and government agencies as reasonably required for the purposes stated); or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

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



**Enquire Vehicle & Owner Information ( Vehicle No. SHA6925S As At 22 Aug 2018 / 02:25:00 )**

**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: W30-MSIC

**Current Owner Details**

Owner ID Type: Company  
Owner ID: 199303821R  
Owner Name: COMFORT TRANSPORTATION PTE LTD  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 383  
Registered Street Name: SIN MING DRIVE  
Registered Unit No.: -  
Registered Building Name: GAS BUILDING  
Registered Postal Code: 575717

**Current Vehicle Details**

Vehicle No.: SHA6925S  
Make Description/Model: HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR  
Insurance Company Name: INDIA INT'L INS PTE LTD



Ng Ching Boon Eric has successfully logged out.  
Your last login date and time was 23 Aug 2018, 11:17:47.  
To return to ONE.MOTORING, please click [here](#)  
For security reasons, please **CLEAR YOUR CACHE** after each session.

### Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(\$\$)	Log Date/Time
1	Vehicle	SHA6925S-		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	23 Aug 2018 / 11:18:15



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St 3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg: 201404434D

## INVOICE

M/s. Quality Pte Ltd  
C/o. 19 Kim Chuan Terrace  
Singapore 537041

Invoice No. : HA/1809-61

Date : 29/09/2018

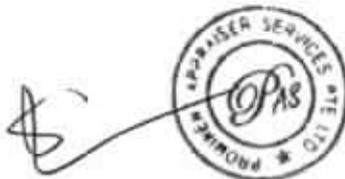
Descriptions	Amount (SGD)
<b>Services rendered for appraiser / inspection report :-</b>	
Survey Fee	
Photographs	
Transport Fees	
Re-inspection Fees	
<b>Total :</b>	<b>SGD : \$ 272.00</b>
SGD Dollar : Two Hundred Seventy Two Dollars Only.	
Our Reference : PAS/TP/0620818	
Vehicle No. : SLJ6705R	
Make & Model : Toyota Corolla Altis	
Your Claim No. : Third Party Claim	

**Notes:**

All cheque payment should be Crossed and made payable to "PROMINENT APPRAISER SERVICES PTE LTD".

Please indicate our "INVOICE NO." on the reverse side of the cheque.

Should you have any enquiries, please do not hesitate to contact us.



For PROMINENT APPRAISER SERVICES PTE LTD



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St 3 #02-24 S(529890)  
Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 2014044340

## VEHICLE INSPECTION REPORT

Report No. : PAS/TP/0620818

Date of Report : 29/09/2018

To : M/s. Quality Pte Ltd  
C/o. 19 Kim Chuan Terrace  
Singapore 537041

Date of Assignment : 30/08/2018  
Report requested by : M/s. Quality Pte Ltd  
Date of Accident : 22/08/2018  
Date of Inspection : 30/08/2018  
Claim No. : Third Party Claim  
Policy No. : -

### **PARTICULARS OF DAMAGED VEHICLE**

Vehicle Registration No. : SLJ6705R  
Make & Model : Toyota Corolla Altis  
Date of Registration : 20/12/2016  
Colour : Met. Blue

Engine Capacity (cc) : 1598cc  
Mileage (km) : 128190km  
Chassis / Frame No. : MR053REH10455222  
Engine No. : 1ZR587607

### **TYRE CONDITION**

Front LH : 8 mm	Front RH : 8 mm
Make : Linglong	Make : Linglong
Rear LH : 8 mm	Rear RH : 8 mm
Make : Linglong	Make : Linglong

Road wheels Type : Alloy

(The above represents the approximate remaining life of tyre treads)

### **PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)**

General Bodywork : Good  
Paintwork : Good  
Handbrake : Serviceable  
Footbrake : Serviceable  
Steering : Serviceable  
Apparent Engine Modification : Nil

### **PLACE OF REPAIRER OFFICE/WORKSHOP**

Location : M/s. Wee Hoe Auto Service  
19, Kim Chuan Terrace, Singapore 537041

### **ASSESSMENT**

Repairer's Estimate : \$ 1,646.93  
Revised Amount : \$ 1,356.93  
Less Excess : \$ -  
Recommended Reserve : \$ 1,080.00 (Lump Sum)

Estimated Normal Period of Repairs : 3 Working Days

*Disclaimer: This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle involved. No liability or responsibility whatsoever shall be held by PROMINENT APPRAISER SERVICES PTE LTD for any reliance on this report by any third party.*



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St 3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 8722 8508 Email: pasvcs@hotmail.com

Business Reg 201404434D

Vehicle No : SLJ6705R

Report No. : PAS/TP/0620818

## GENERAL REMARKS

WITHOUT PREJUDICE

### THE ASSIGNMENT

The survey was conducted at M/s. Wee Hoe Auto Service, 19, Kim Chuan Terrace, Singapore 537041.

### POINT OF IMPACT

At the LHR portion.

### DAMAGES

The rear bumper, LHR fender, etc.

*Other parts were also found damaged. (See schedule for details)*

### ADJUSTMENT / RECOMMENDATION

We have inspected thoroughly each and every item on the repairer's estimate against the actual damaged found on the vehicle. We list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is SGD \$1,356.93.

### CONCLUSION

The repairer has agreed to undertake the repairs at a lump sum of SGD \$1,080.00.

This inspection was conducted entirely on a '**Without Prejudice**' basis. We have not given an authorization and/or instruction to the repairer to proceed with the repairs.

We hereby reverting the matter to you for your discretion on repairs.

Assuring you of our best services always.

Yours Truly,  
**Prominent Appraiser Services Pte Ltd**

  
**Andrew How**  
Automobile Appraiser  
MSAAA  
Licensed Appraiser



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

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Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No. : SLJ6705R

Report No. : PAS/TP/0620818

## APPRAISEMENT SCHEDULE

S/No.	Qty	Parts Descriptions	Condition		Repairer's Estimate (S\$)	Our Assessment (S\$)
1	1 pc	Rr bumper	Dented/Deformed		\$ 523.10	\$ 523.10 ✓
2	2 pcs	Rr bumper clip	Necessary	\$ 3.80	\$ 7.60	\$ 7.60 ✓
3	2 pcs	Rr bumper retainer R/L	Necessary	\$ 103.20	\$ 206.40	\$ 206.40 ✓
4	1 pc	Rr fender cowling LH	Torn		\$ 52.20	\$ 52.20 X NN ✓
5	3 pcs	Rr fender cowling clip LH	Necessary	\$ 2.20	\$ 6.60	\$ 6.60 X NN ✓
6	1 pc	Rr fender LH	Dented/Repair			(Refer labour no. 1, 2 & 3) X ✓
					\$ 795.90	\$ 795.90 7371
Less Discount : 25%					\$ 198.98	25% \$ 198.98
List Parts Sub-Total :					\$ 596.93	\$ 596.93 5528
<b>Parts Total :</b>					<b>\$ 596.93</b>	<b>\$ 596.93</b>

S/No.	Labour Descriptions	Repairer's Estimate (S\$)	Our Assessment (S\$)
1	To straighten, repair, realign on affected area and replace damaged parts.	\$ 500.00	\$ 330.00 200
2	To spray painting, blending on affected and adjacent area.	\$ 500.00	\$ 400.00 ✓
3	To spray anti-rust coating on new and affected panels.	\$ 50.00	\$ 30.00 X NN ✓
<b>Labour Total :</b>		<b>\$ 1,050.00</b>	<b>\$ 760.00</b> 600
<b>Total (Parts &amp; Labour) :</b>		<b>\$ 1,646.93</b>	<b>\$ 1,356.93</b>

### For Lump Sum Repairs

The final adjusted Lump Sum contract amount is \$ 1,080.00

Under normal circumstances, the repairs should be completed within a reasonable period of **3 Working Days**. (Exclude waiting days of PRI, Sunday, Public Holiday and awaiting of shipment for spare parts) 3 days

12 Photographs were taken at the time of inspection.

**N.B:** By accepting to carry out the repairs on a contract Lump Sum basis, the repairer shall have the prerogative and discretion to replace the damaged parts with new, used, OEM or reconditioned parts and/or to repair the vehicle on a roadworthy condition to the entire satisfaction of owner.

1152.82  
20% : 900







FINAL REPAIR BILL

**WEE AUTO SERVICE**

Business Reg No: 53206799A

19 Kim Chuan Terrace Singapore 537041

Tel: 6858 0019 Fax: 6858 6470 Tow: 9666 5566

**India International Insurance Pte. Ltd.**

64 Cecil Street  
#04/06-00 IOB Building  
Singapore 049711

Attn: Motor Claims Department

Invoice No: WA18-061

Claims No: T/P Claim

Date: 6-Oct-18

Our Car No: SLJ6705R

Your Car No: SHA6925S

**Description**

**Amount (S\$)**

Supply of parts, labour charges and spray painting

1,080.00

**Total:**

1,080.00

**Singapore Dollars One Thousand Eighty**

Crossed cheques should be made payable to "Wee Auto Service" and mailed to 19 Kim Chuan Terrace S(537041)

WEE AUTO SERVICE

Business Reg No: 53206799A  
19 Kim Chuan Terrace  
Singapore 537041  
Tel: 6858 0019

Authorized signatory

WEE AUTO SERVICE

Business Reg No: 53206799A  
19 Kim Chuan Terrace  
Singapore 537041  
Tel: 6858 0019

## 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 ability.
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	23/08/2018 11:10
Date Of Accident	22/08/2018 02:25
Exact Location Of Accident	PASIR RIS DR. 12 TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6925S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	TAXI

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	TAN PAU SOON
NRIC No	S0059168H
Date Of Birth	10/09/1954
Occupation	INDOOR
Date Of Driving Pass	18/05/1972
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97912492
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 871 TAMPINES STREET 84 #02-51
Postcode	520871
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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?	YES
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)	1

#### 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 ATTACHED \* TYPE OF ACCIDENT :- HEAD TO SIDE

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ6705R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU TIEN CHEN
NRIC/Passport Number	S8470809G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TAN PAU SOON
Approximate Age	
Injuries Sustain	NECK AND HEAD
Injured person in which vehicle?	SHA6925S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

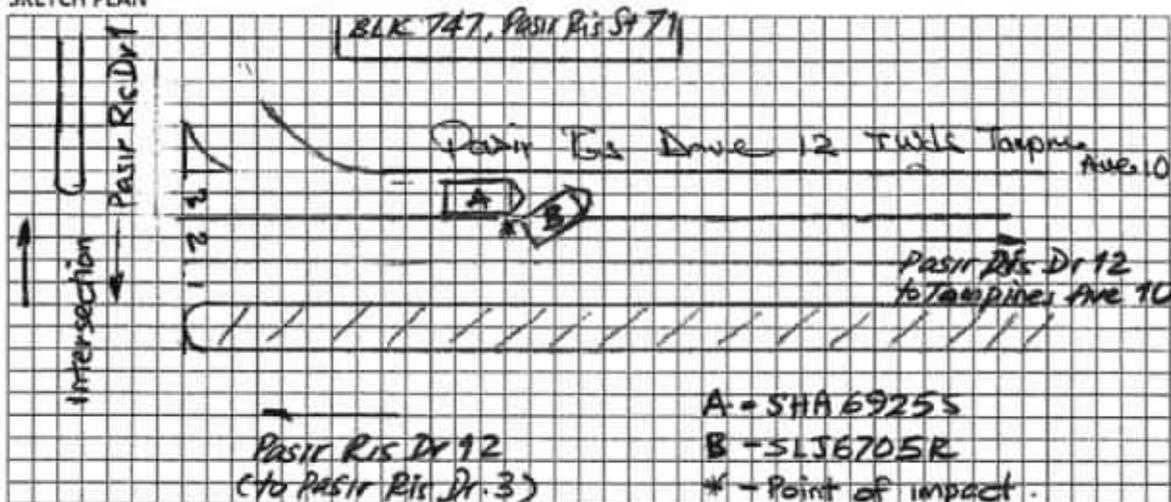
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

*[Signature]* 22/08/18  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 22/8  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, TAN PAN SOON, I. taxi-driver of Veh = VEH A. I was on the left side lane of Pasir Ris Dr 12, moving very slowly & was about to press the accelerator pedal to move forward & suddenly saw a glimpse of VEH. B swinging into my path (the driver of VEH B is a "private hired driver" & going to drop off his passenger) & I stepped on my brake but too late. VEH B left rear bumper hit my taxi front right side. We exchanged particulars & he drove off - no further communication.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 199303821R

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



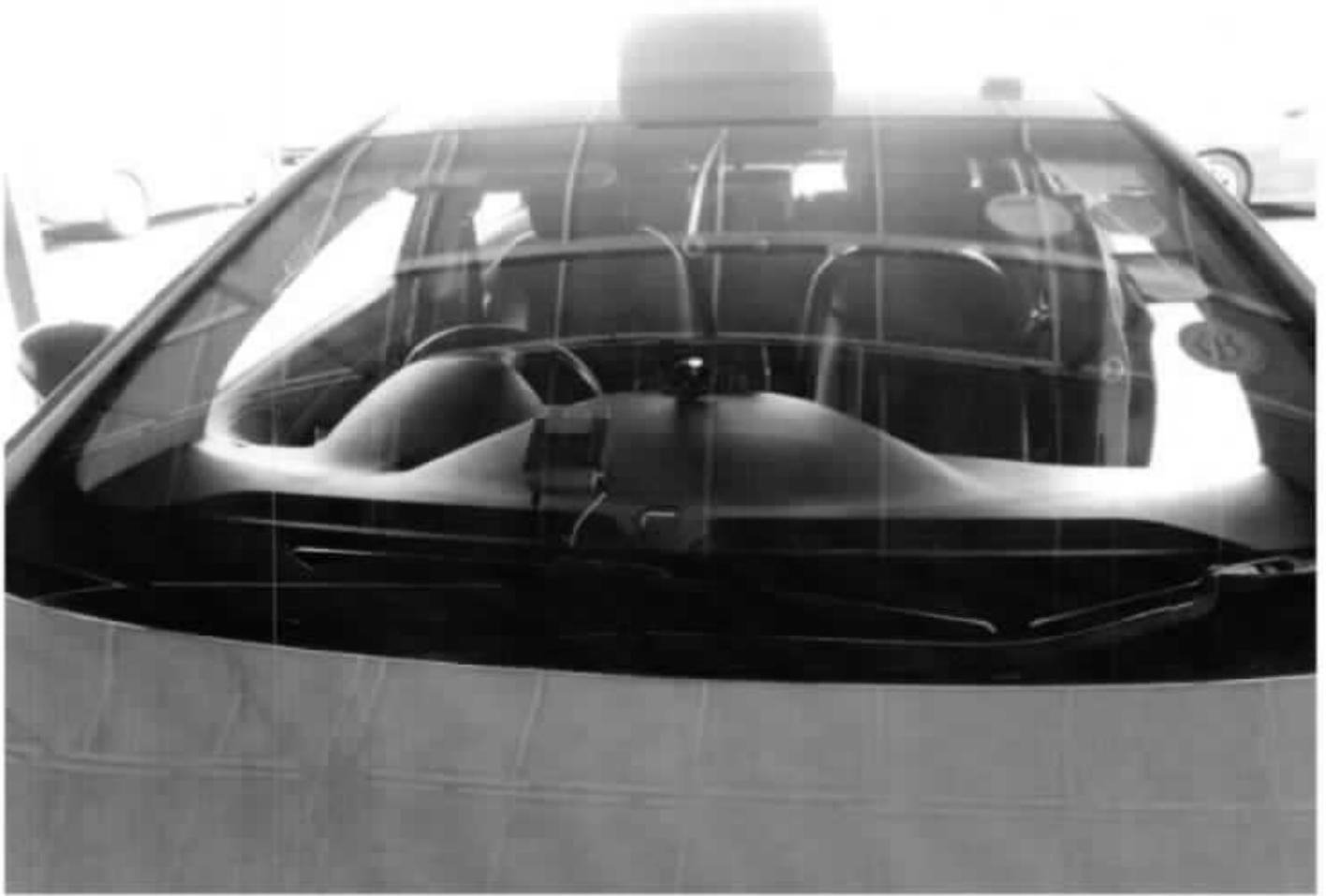
Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



SCENE



SCENE



SCENE



SCENE



SCENE



SCENE



SCENE



SCENE



SCENE



### ...CLAIM SUBFOLDER...(Pending for Survey Report)

PRI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	05 Sep 2018 <a href="#">Edit Reg</a>		29 Jan 2019 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$900.00</b> <a href="#">Edit Estimates</a>	<b>S\$900.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS				[Created by adjuster]					
Insured:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Main Claimant:	QUALITY PTE LTD, Co. Reg. No.: 201624281H								
Vehicle Reg. No.:	SLJ6705R	Date of Loss:	22/08/2018 00:00 - :59 [20 Months and 2 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / MCT18080657	Policy/Cover Note No.:	MCOM0015						
Vehicle Reg. No. (Insured):	SHA6925S	Policy No. (Claimant):							
		Excess:							
Repairer:	Wee Hoe Auto Service (HQ) 19 Kim Chuan Terrace, Singapore 537041, 537041 Kaki Bukit - Tel: 68580019								
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Priya]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 31/01/2019]								
<b>ASSOCIATED MAIL RECEIVED</b>				<a href="#">View All</a> <a href="#">Compose Case Mail</a>					
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b>				<a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>					
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SLJ6705R (MCT18080657)  
[SHA6925S]  
TP  
QUALITY PTE LTD  
Aug 22 2018 12:00AM  
[COMFORT TRANSPORTATION PTE LTD]  
Wee Hoe Auto Service

Upload Documents			Upload Photos			Compose New Letter			View	View in Browser
<b>Photos/Images</b>									3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print					
1	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
2	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
3	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
4	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
5	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
6	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
7	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
8	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
9	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
10	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
11	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
12	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
13	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
14	01/02/19 14:03	<b>Chassis Number</b>		Load JPG	<input checked="" type="checkbox"/>					
15	01/02/19 14:03	<b>Odometer Reading</b>		Load JPG	<input checked="" type="checkbox"/>					
16	01/02/19 14:03	<b>General View</b>		Load JPG	<input checked="" type="checkbox"/>					
17	01/02/19 14:04	<b>Reinspection Photo</b>		Load JPG	<input checked="" type="checkbox"/>					
18	01/02/19 14:04	<b>Reinspection Photo</b>		Load JPG	<input checked="" type="checkbox"/>					
19	01/02/19 14:04	<b>Reinspection Photo</b>		Load JPG	<input checked="" type="checkbox"/>					
20	01/02/19 14:04	<b>Reinspection Photo</b>		Load JPG	<input checked="" type="checkbox"/>					
21	01/02/19 14:04	<b>Reinspection Photo</b>		Load JPG	<input checked="" type="checkbox"/>					
<b>Documentation</b>									1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print					
1	04/09/18 10:53	<b>LKKPhotosIn6-1.pdf</b>		Load PDF						
2	01/02/19 14:08	<b>PRS Invoice</b>		Load PDF						
3	01/02/19 14:08	<b>PRS Report</b>		Load PDF						
4	01/02/19 14:08	<b>Colour Photo</b>		Load PDF						
No	Finalized On	India International Insurance Pte Ltd (HQ)		Thumbnail	Print					
1	27/08/18 08:46	<b>Singapore Accident Statement</b>		Load PDF						
2	29/01/19 15:06	<b>Letter of Demand from Third Party</b> TPD LOD FROM VISION LAW (SLJ6705R)		Load PDF						

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

**Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**

**Show Remarks To:**  Handling Insurer

Note: Remarks are private unless you show it to other parties.

## 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: CS3/III18015455/GSD3E2-1

Date: 01/02/2019

## REFERENCE

Handling Insurer: India International Insurance Pte Ltd Policy No: MCOM0015  
 Claimant Vehicle No: SLJ6705R Insured Vehicle No: SHA6925S  
 Date of Loss: 22/08/2018 Nature of Claim: TP Claim No: MCT18080657

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: **SLJ6705R**  
 Make & Model: TOYOTA COROLLA ALTIS, 1.6 CVT (A) Engine No: 1ZR587807  
 Reg. Date: 20/12/2016 (Man. Year: 2016) Chassis No: MR053REH104555222  
 Colour: Blue Odometer: 128210 km  
 Engine Capacity: 1598 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): Yes Footbrake (Serviceable): Yes  
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size: 205/55 R16 Rear Tyre Size: 205/55 R16  
 Front Left Side: Linglong 6 mm Rear Left Side: Linglong 6 mm  
 Front Right Side: Linglong 6 mm Rear Right Side: Linglong 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	596.92	552.82	44.10	7.39
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,050.00	600.00	450.00	42.86
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>1,646.92</b>	<b>1,152.82</b>	<b>494.10</b>	<b>30.00</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>900.00</b>		
<b>Nett Amount (S\$)</b>	<b>1,646.92</b>	<b>900.00</b>	<b>746.92</b>	<b>45.35</b>

## INSPECTION

Date of Assignment: 29/01/2019  
 Date Inspected: 31/08/2018 Inspected At: Wee Hoe Auto Service (HQ)  
 19 Kim Chuan Terrace, Singapore 537041  
 Singapore 537041  
 Estimated Period of Repair: 3.0 days

Adjuster: XING GUO QIANG

Manager: Ho Zhao Tian

*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	
<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 01 Feb 2019)
<b>Parts:</b> 143	TOYOTA COROLLA ALTIS 1.6 CVT (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SLJ6705R)
<b>Validity:</b>	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
<b>Further Info:</b> Items/values not in reference catalogue are prefixed with an asterisk *.	

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*RR BUMPER	Dented / Deformed	523.10 FL	*523.10 FL
2	2		*RR BUMPER CLIP	Necessary	7.60 FL	*7.60 FL
3	2		*RR BUMPER RETAINER R/L	Necessary	206.40 FL	*206.40 FL
4	1		*RR FENDER COWLING LH	Not Necessary	52.20 FL	*- FL
5	3		*RR FENDER COWLING CLIP LH	Not Necessary	6.60 FL	*- FL
6	1		*RR FENDER LH (NPA)	Repair	0.00 FL	*- FL

F=Franchise part. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>795.90</b>	<b>737.10</b>
- List Item Discount on L Items 25.00/25.00% (\$\$)	198.98	184.28
<b>Total Parts (\$\$)</b>	<b>596.92</b>	<b>552.82</b>

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
<u>Labour Items</u>				
1	TO STRAIGHTEN, REPAIR, REALIGN ON AFFECTED AREA AND REPLACE DAMAGED PARTS	New	500.00	200.00
2	TO SPRAY PAINTING, BLENDING ON AFFECTED AND ADJACENT AREA	New	500.00	400.00
3	TO SPRAY ANTI-RUST COATING ON NEW AND AFFECTED PANELS	New	50.00	0.00
<b>Gross Labour Cost (S\$)</b>			<b>1,050.00</b>	<b>600.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >