

ASS. REC. BY:

REF:

CS/SMO19002210/USD3

n2

Special Instruction:

Surveyor:

Markus

ASSIGNMENT (Office)

From (Person):

Huang sheng Yi

of

SMO

Date/Time: 7/2/19 @ 3:52pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBG 3165C

Insured:

FBL 5970E

at Workshop m/s

Zoom Autowerks

Tel:

94507920

of

130 Bedok Reservoir Rd

Policy No:

D18MTMCO1004974

Claim No:

CMTD1900729

Sum Insured:

Excess:

Make of Vch:

(Client's Record)

D.O.A.

01/02/2019

CA / REV / REP. / REV 24 HRS

'up'

H.O.D. Endorsement:

Date/Time:

4:08pm @ 7/2/19

Person Contacted:

Elin

Vehicle IN / ☒ OUT

Date/Time	Action/Instruction (✓) Estimate	Insp: IS kaki Blk Rd 4 #01-53
	GBG 3165C-CS/AWA18010214 / (Gshe)	Don: 3/6/18
	FBL 5970E - X	
8/2/19	XNI arrange on 11/2/19.	
12/2/19	Informed Shien Yi pending workshop est from repairer	

REF: SMO

PERSONALITY

Date: 11/2/19

Estimated Cost:

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

To inspect Vehicle No: GBG 3165C

at Workshop no: zoom Autowerks

of: 15 kaki Bkt Rd 4 #01-53

Insured by:

Policy No:

Claim No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh: Afternoon

Veh No: GBG 3165C Regn: 717

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

Truck / Trailer or ☒ M

Make: Toyota Hiace cc 2982

Colour: white A/C Insured / Std / Nil / NA

Sp. Reading: 91369 T/Eadio: Insured / Std / Nil / NA

Eng No:

C/Ho: JTFHT02P 600214292

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

Mod: M / S Rim / STD A/Rim or

Tyre Size: E: 195 R15-

R:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS ^{1up} 6386w

Vehicle: IN / OUT

Date: Person Contacted:

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

TOYO / YOKO or OHTSU

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm
D.O.A.	D.O.I. 11/2/19

Survey held at

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

O/S Rear

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

Date / Time Action / Instruction

28/2/19 MA 30590

4/5 @ 2000 conf. and with SLA

(S 5,002.28 - Red - 71%)

RECEIVED 26 FEB 2019

Date/Time: File Pass to?

28/2/19

Typst

Date/Time: File Return to?

2

Report Format:

Lump Sum / I.B.E. 15 2,000/- H/S

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee:

☐ Site Insp. 1\$

☐ Interview 1\$

☐ Tech. trav. 1\$

☐ Weekend 1\$

Survey Fee:

Transportation

1) S + R 5

2) Phone

3) Other

4) Total

Total

250
10

260

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Feb 2019		07 Feb 2019 15:52 Assign				New Assignment Cancel Case

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

CLAIM SUBFOLDER DETAILS

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

Insured:	MOHAMMAD ZULQAHHAR BIN ROSLI, ID: S9105769G		
Main Claimant:	ELKO ELECTRICAL TRADING PTE LTD, Co. Reg. No.: 199906396W		
Vehicle Reg. No.:	GBG3165C	Date of Loss:	01/02/2019 18:00 - :59
Claim Type:	TP / CMTD1900729	Policy/Cover Note No.:	D18MTMC01004974 (TP, Fire & Theft)
Vehicle Reg. No. (Insured):	FBL5970E	Policy No. (Claimant):	
		Excess:	
Repairer:	Zoom Autowerks Pte Ltd (HQ) 130 Bedok Reservoir Road, Eunus Spring, #08-1339, 470130 Bedok - Tel: 94507920		
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Hwang Shiang Yl.- 6329 5205]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 18/02/2019]		
Adj Asg. Remarks:	-PLEASE BE INFORMED THAT OUR INSURED HAS NOT REPORTED THE ACCIDENT -NO TP SAS SUBMITTED		

ASSOCIATED MAIL RECEIVED

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

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

View Sent Message

This mail is associated with :

***GBG3165C (CMTD1900729)
[FBL5970E]**

TP

ELKO ELECTRICAL TRADING PTE LTD
Feb 1 2019 6:00PM
[MOHAMMAD ZULQAHHAR BIN ROSLI]
Zoom Autowerks Pte Ltd

[Resend](#) [View Recipients](#) [Print Message](#) [Delete Message](#) [Forward](#)

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 12/02/2019 13:52 PM.
To shiangyi.hwang@sompo.com.sg
Subject TP SURVEY GBG 3165C

Dear Shiang Yi,

Please be informed that we have inspected the vehicle GBG 3165C on 11/2/2019.

We are pending estimate from repairer.

Best Regards,
Veron Chen on behalf of Shirley

DOCUMENTS SUMMARY

There are no documents.

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	6396W
Vehicle Details	
Vehicle No.:	GBG3165C
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Feb 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 4 DR AUTO
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	1KD2678475
Chassis No.:	JTFHT02P600214292
Maximum Power Output:	-
Open Market Value:	\$29,070.00
Original Registration Date:	18 Jul 2017
First Registration Date:	18 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$1,454.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Jul 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$36,287.00
COE Rebate Amount:	\$30,590.00
Total Rebate Amount:	\$30,590.00

The information contained herein is correct as at 12 Feb 2019

OK

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	04/02/2019 12:19
Date Of Accident	01/02/2019 18:05
Exact Location Of Accident	AYER RAJAH EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3165C
Insured/Policyholder	
Name Of Registered Owner	ELKO ELECTRICAL TRADING PTE LTD
Co Reg No	199906396W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 4 DR AUTO
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
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101857715
Cover Note Number	PREFERRED WORKSHOP PLAN

Driver

Name of Driver	LIM POH HUAT
NRIC No	S1475667A
Date Of Birth	23/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1979
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96260941
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	369 YUNG AN ROAD #07-05
Postcode	610369
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 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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NPP
Police Station Address	ROAD: 158 YUNG LOH ROAD #01-58 , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20190201/2194;

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	FBL5970E
Vehicle Make/Model/Colour	YAMAHA NMAX155 ABS
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMMAD ZULQAHAR BIN ROSLI
NRIC/Passport Number	S9105769G
Contact Number	81198475
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD ZULQAHHAR BIN ROSLI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBL5970E
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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) complying with requirements under any regulations, laws or court orders.



X
Policyholder's Signature
Date & Time:

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

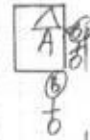
IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Name: Tel: 67416697
NRIC/FIN No.: Fax: 67492305
Email: vackb@singnet.com.sg

Sketch Plan #2 Pg. 1

SKETCH PLAN

Vehicle A: GBG 3165 C

Vehicle B: FBL 5970 E



AVE (TUGS), lamp post 169

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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



Policyholder's Signature

Date

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

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4

Reporting Centre Pers Singapore 415933

Name Tel: 67416697

NRIC/FIN No. Fax: 67492305

Email: vackb@singnet.com.sg



**SINGAPORE
POLICE FORCE**



T/20190201/2194

1 of 3

Report No. T/20190201/2194

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2019 21:30		Vide Report No.: A/20190201/0128		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: LIM POH HUAT			Address: APT BLK 369 YUNG AN ROAD #07-05 SINGAPORE 610369		
ID Type / ID No.: NRIC NO / S1475667A			Contact No.: Home/Office:		Mobile: 96260941
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 23/09/1961	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/02/2019 18:05	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE towards Tuas Lamp Post Number: 169				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL5970E	Motorcycle			Silver	Slightly Damaged	0
GBG3165C	Van	TOYOTA	Hiace	White	Slightly Damaged	0

Details of Person Involved

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

Scanned by CamScanner



**SINGAPORE
POLICE FORCE**



T/20190201/2194

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

2 of 3
Report No. T/20190201/2194

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD ZULQAHHAR BIN ROSLI		ID No. S9105769G
Related Vehicle	FBL5970E (Motorcycle)		Contact No. 81198475
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury Slight
Driver			
Name	LIM POH HUAT		ID No. S1475667A
Related Vehicle	GBG3165C (Van)		Contact No. 96260941
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B, 2A, 2, 3, 4, 5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 01.02.2019 at 1805 hrs, I was driving a Singapore registered van GBG3165C along AYE towards Tuas, along lane 2. Suddenly, one Singapore registered motorcycle FBL5970E collided onto the rear right of my vehicle. The rider of FBL5970E fell off from the motorcycle. The rider then called for the ambulance and he was conveyed to National University Hospital. I am not in possession of in-car camera.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999



T/20190201/2194

3 of 3

Report No. T/20190201/2194

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:

J /

Sr Staff Sgt YAP HOW KIAT MICHAEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/02/2019 21:30

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No.: 65472077

Classification Of Case:

SN 124

Authentication Stamp

NP168

Signature:

Singapore Police Force

Scanned by CamScanner



ZOOM AUTOWERKS PTE LTD

130 Bedok Reservoir Road
#08-1339 Singapore 470130
Tel: 9450 7920
* zoomautowerks@gmail.com

12 February 2019

REG NO.: GBG 3165 C
MAKE/MODEL: TOYOTA HIACE

*not attached
date
2/5 & 2000
Hdy.
blue & white. After 11/19
2/19*

ESTIMATED REPAIR COST FOR THE VEHICLE MENTIONED ABOVE

QTY	DESCRIPTION	AMT(\$)
<u>LIST ITEMS</u>		
1	Rear taillamp -R/H	\$ 320 385.50 ✓
1	Rear taillamp panel	\$ 2 461.90 X
1	Rear taillamp lower garnish	\$ 115.00 ✓
1	Rear bumper	\$ 695.20 ✓
1	Rear bumper clip (1 set)	\$ 50.00 ✓
1	Rear bumper side retainer	\$ 66.20 ✓
1	Rear side body panel - R/H	\$ 1,765.50 X
1	Rear side panel air vent	\$ 100.40 X
1	Rear wheel rim cap	\$ 150.00 ✓
		\$ 3,789.70
	Less 25%	\$ 947.43
		\$ 2,842.28
<u>SPECIAL NETT ITEMS</u>		
1	Rear tyre	\$ 250.00 X
1	Rear wheel rim	\$ 280.00 X
		\$ 530.00

S/N	LABOUR CHARGES	
1	To remove, replaced damaged lamps and check up rear wiring.	\$ 80.00 20
2	To remove and refit inner garnishes.	\$ 150.00 X
3	To conduct wheel alignment.	\$ 150.00 60
4	To apply undercoating.	\$ 150.00 X
5	Panel beating.	\$ 1,600.00 580
6	To re-spray painting on the affected areas.	\$ 1,500.00 800
		\$ 3,630.00

GRAND TOTAL : \$ 7,002.28

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

PAGE 1 OF 1

Date:

*2,536.42
2045*

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/SMO19002210/USD3N2

Date: 27/02/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTMC01004974
Claimant Vehicle No :	GBG3165C	Insured Vehicle No :	FBL5970E
Date of Loss:	01/02/2019	Nature of Claim:	TP
		Claim No:	CMTD1900729

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GBG3165C	Engine No:	1KD2678475
Make & Model:	TOYOTA HIACE, 2.0 (M)	Chassis No:	JTFHT02P600214292
Reg. Date:	18/07/2017 (Man. Year: 2016)	Odometer:	91369 km
Colour:	White		
Engine Capacity:	2982 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:	195 R15	Rear Tyre Size:	195 R15
Front Left Side:	OHTSU 6 mm	Rear Left Side:	OHTSU 6 mm
Front Right Side:	OHTSU 6 mm	Rear Right Side:	OHTSU 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,372.27	1,096.42	2,275.85	67.49
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,630.00	1,460.00	2,170.00	59.78
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	7,002.27	2,556.42	4,445.85	63.49
Approved Total (Overridden) (S\$)		2,000.00		
Nett Amount (S\$)	7,002.27	2,000.00	5,002.27	71.44

INSPECTION

Date of Assignment:	07/02/2019	
Date Inspected:	11/02/2019	Inspected At:
		Zoom Autowerks Pte Ltd (HQ)
		130 Bedok Reservoir Road, Eunos
		Spring, #08-1339
		Singapore 470130

Estimated Period of Repair: 4.0 days

Adjuster: MARCUS CHUA

Manager: Hiew May Fung

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: 27 Feb 2019)	
Parts:	N/A	TOYOTA HIACE 2.0 (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GBG3165C)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR TAILLAMP-R/H	Broken	385.50 FL	*385.50 FL
2	1		*REAR TAILLAMP PANEL	Repair	461.90 FL	*- FL
3	1		*REAR TAILLAMP LOWER GARNISH	Deformed/Warped	115.00 FL	*115.00 FL
4	1		*REAR BUMPER	Cut	695.20 FL	*695.20 FL
5	1		*SET REAR BUMPER CLIP	Necessary	50.00 FL	*50.00 FL
6	1		*REAR BUMPER SIDE RETAINER	Cracked	66.20 FL	*66.20 FL
7	1		*REAR SIDE BODY PANEL-R/H	Repair	1,765.50 FL	*- FL
8	1		*REAR SIDE PANEL AIR VENT	Not Necessary	100.40 FL	*- FL
9	1		*REAR WHEEL RIM CAP	Distorted	150.00 FL	*150.00 FL
10	1		*REAR TYRE	Serviceable	250.00 FS	*- FS
11	1		*REAR WHEEL RIM	Not Necessary	280.00 FS	*- FS

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

Sub Total (S\$)	4,319.70	1,461.90
- List Item Discount on L Items 25.00/25.00% (S\$)	947.43	365.48
Total Parts (S\$)	3,372.27	1,096.42

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO REMOVE,REPLACED DAMAGED LAMPS AND CHECK UP REAR WIRING	New	80.00	20.00
2	TO REMOVE AND REFIT INNER GARNISHES	New	150.00	0.00
3	TO CONDUCT WHEEL ALIGNMENT	New	150.00	60.00
4	TO APPLY UNDERCOATING	New	150.00	0.00
5	PANEL BEATING	New	1,600.00	580.00
6	TO RE-SPRAY PAINTING ON THE AFFECTED AREAS	New	1,500.00	800.00
Gross Labour Cost (\$\$)			3,630.00	1,460.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >