

ASS. REC. BY:

REF: es/smo19 002731 /klvd3ⁿ² Special Instruction

Surveyor
Merimen

Kalvin

ASSIGNMENT (Office)

From (Person)

chun shu hui agnes of

SMO

Date/Time: 14/2/19 11:53am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 68744

Insured:

SJQ 4735D

at Workshop m/s

Premier Automotive

Tel:

6544 6689

of

23 Cheong Sui Ave 2 #01-02

Policy No:

D18MTPV01006946

Claim No:

CM1D1900863

Sum Insured:

Excess:

Make of Veh:

D.O.A.

13/2/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

12:01pm 14/2/19

Person Contacted:

Vincent

Vehicle:

IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 68744-CS/FCI 18011696/klvd3n2 DUA: 24/6/18
	SJQ 4735D-CA/AIG 10015368/s1 DUA: 29/7/2010
14/2/19	Send preli revised via merimen

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 68744 Yr Regn: 3 Oct, 2014
Type: M. Car / M. Cycle / Bus / Van / Lorry / T. R. / Prime Mover /

Truck / Trailer or

Make: KIA optima c.c. 1800

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

Sp. Reading: 368171 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNA 6M414MET469056

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/65R16

R: _____

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

TOYO / YOKO or Ackilles

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 13/2/19 D.O.I. 14/2/19

Survey held at Premier

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

Rear

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

Date / Time	Action / Instruction
27/2/19	Chased L/S \$2300 / 3 Hrs. (Red 1834.30, 4419) <u>Solapo</u>
	<u>4</u>
RECEIVED 27 FEB 2019	

Date/Time, File Pass to?

☐ : Prel. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) 27/2 - typist

Report Format: merimen

Lump Sum / L.B.I: (\$) 2300/2

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation: 250

S + RS: 10

Photos

Others

TOTAL

260

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

To: Sompo Insurance Singapore Pte. Ltd.
50 Raffles Place
#05-01/06, Singapore Land Tower
Singapore 048623

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: CHAN SHU HUI AGNES

Date: 19 Feb 2019

Preliminary Advice

Insured Vehicle No	: SJQ4735D	Accident Date	: 13/02/2019
TP Vehicle No	: SHC6874U	Assignment Date	: 14/02/2019
Make	: KIA OPTIMA	Est. Duration of Repair	: 3.00
Date of Inspection	: 14/02/2019		
Inspection At	: PREMIER TAXIS PTE LTD - CHANGI SOUTH (HQ) 23 CHANGI SOUTH AVENUE 2, #01-02 SINGAPORE 486443		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	4,134.30
Revised Amount	:S\$	2,100.20
Check Items (Estimated)	:S\$	863.10
Total	:S\$	2,963.30

Lump Sum Repair	:S\$	
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Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

() The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.

() The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

(X) Other comments :The above survey was conducted on a 'Without Prejudice' basis.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Feb 2019		14 Feb 2019 11:53 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	LIM CHIU WEI DENNIS, ID: S8726636B		
Main Claimant:	PREMIER TAXIS PTE LTD, Co. Reg. No.: 200304975H		
Vehicle Reg. No.:	SHC6874U	Date of Loss:	13/02/2019 09:00 - :59
Claim Type:	TP / CMTD1900863	Policy/Cover Note No.:	D18MTPV01006946 (Comprehensive)
Vehicle Reg. No. (Insured):	SJQ4735D	Policy No. (Claimant):	
		Excess:	
Repairer:	Premier Automotive Services Pte Ltd (Changi) 23 Changi South Ave 2 #01-02, 486443 Changi - Tel:		
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by CHAN SHU HUI AGNES - 6329 5327]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 25/02/2019]		
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.									

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	4975H

Vehicle Details

Vehicle No.:	SHC6874U
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Feb 2019
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Primary Colour:	Silver
Manufacturing Year:	2013
Engine No.:	D4FDDH309745
Chassis No.:	KNAGM414ME5469056
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$19,613.00
Original Registration Date:	03 Oct 2014
First Registration Date:	03 Oct 2014
Transfer Count:	0
Actual ARF Paid:	\$12,113.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Oct 2022
PARF Rebate Amount:	\$9,084.00

Intended COE Rebate Details

COE Expiry Date:	02 Oct 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,938.00
COE Rebate Amount:	\$23,044.00
Total Rebate Amount:	\$32,128.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 19 Feb 2019

OK

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	03 Oct 2014 / 09:22:31	Receipt No.:	AACCK001-AX239-141003-000012
Asset Type:	Vehicle	Transaction Amount:	\$63,191.00
Asset ID:	SHC6874U	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141003092231656853		

Vehicle No.:	SHC6874U
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	03 Oct 2014
Original Registration Date:	03 Oct 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5469056
Engine No.:	D4FDDH309745
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2013
Open Market Value:	\$19,613.00
Minimum PARF Benefit:	\$7,267.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	03 Oct 2014 09:22:31
COE No.:	2014100301001158E
COE Expiry Date:	02 Oct 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,938.00
Lifespan Expiry Date:	02 Oct 2022
Owner ID Type:	Company

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	14/02/2019 09:41
Date Of Accident	13/02/2019 09:25
Exact Location Of Accident	SLIP ROAD OF CIRCUIT ROAD INTO PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6874U
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107202885
Cover Note Number	

Driver

Name of Driver	LIM YIAM KWANG
NRIC No	S1437746H
Date Of Birth	25/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1994
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91804750
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 616 #10-1106 BEDOK RESERVOIR ROAD
Postcode	470616
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 - 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?	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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - INDIAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - 1 PAX VEH. B - NO PAX *REFER TO ATTACH POLICE REPORT

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	SJQ4735D
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	IMMANUEL JAYA SINGH SAMUEL THANGARAJ
NRIC/Passport Number	S7180023G
Contact Number	91086960

Address

Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

LIM YIAM KWANG - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

WENT CLINIC FOR MEDICAL TREATMENT & HAD 3 DAYS MC

Injured person in which vehicle?

SHC6874U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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:

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

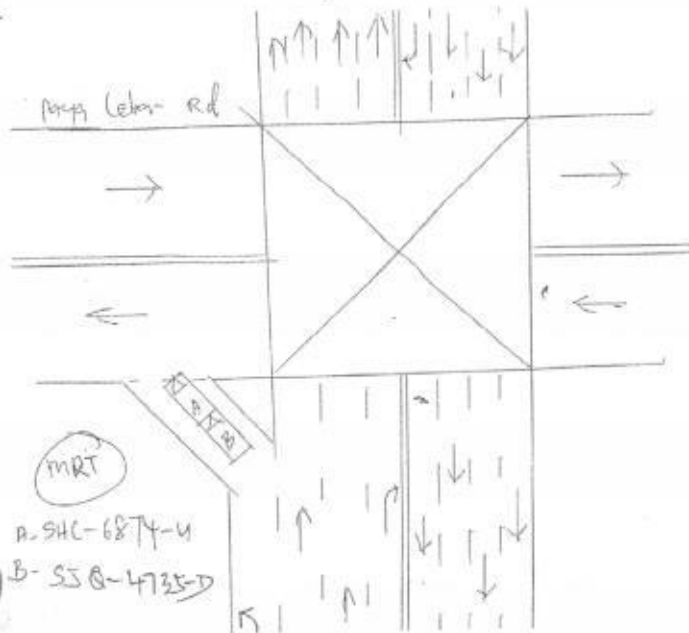
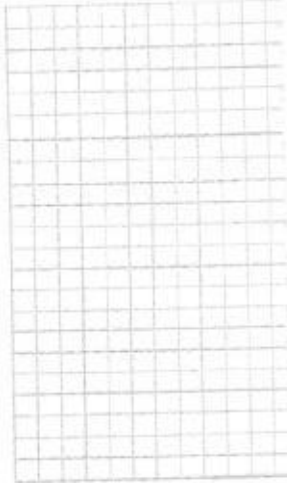
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SHARC SketchPlan Form V2

14 FEB 2013
1437746-H
3HC68744

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES

A: SHC 6874 U

b: SJB 4735 D

* Refer to attach police report

* Video footage captured.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

14 FEB 2011

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

1437746-H

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190213/2154

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20190213/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2019 17:33		Vide Report No.:	Station Diary No.: 29
Informant's Particulars			
Name of Informant: LIM YIAM KWANG		Address: APT BLK 616 BEDOK RESERVOIR ROAD #10-1106 SINGAPORE 470616	
ID Type / ID No.: NRIC NO / S1437746H		Contact No.:	Mobile: 91804750
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 25/01/1960	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2019 09:25	Type of Location:
Location: Junction of Road 1 and Road 2 CIRCUIT ROAD PAYA LEBAR ROAD Slip road, turning left.				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6874U	Taxi	KIA	OPTIMA 1.7(A)	Silver		1
SJQ4735D		TOYOACE	COROLLA ALTIS 1.6 AUTO	Silver		0

Details of Person Involved

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

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20190213/2154

2 of 3

Report No. T/20190213/2154

Police Station Of Origin:
Changkat NPP
10,1 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

Driver			
Name	LIM YIAM KWANG	ID No.	S1437746H
Related Vehicle	SHC6874U (Taxi)	Contact No.	91804750
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Immanuel Jayasingh Samuel Thangara]	ID No.	S7180023G
Related Vehicle	SJQ4735D	Contact No.	91086960
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	NIL

Brief Details.

On 13/2/2019, at about 9am, I was driving my taxi (SHC6874U) along Circuit Road, turning into the slip road to Paya Lebar Road. At the time I had a female Indian passenger with me.

When I reached the slip road, I had stopped my taxi to check for incoming vehicles along Paya Lebar road. After I had stop my taxi, another car (SJQ4735D) had collided with the rear of my taxi. Due to the collision, my taxi suffered scratches and a dent to the rear bumper.

At the time nobody needed any immediate medical assistance. My passenger had also said that she was not injured. As such, I exchanged particulars with the driver of the other vehicle and continued with the journey.

As I had some neck and back pain after the collision, I went to see a doctor at Y M Chan clinic and surgery. I was then given 3 days medical leave for my injuries.



**SINGAPORE
POLICE FORCE**



T/20190213/2154

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3
Report No. T/20190213/2154

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Location:
Junction of Road 1 and
CIRCUIT ROAD
PAYA LEBAR ROAD
SINGAPORE 670000

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:

G /

Sgt 2 MUHAMMAD HARIZ SIM JIA JUN BIN
MUHAMMAD HAFIZ SIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Signature Of Informant:

[Handwritten Signature]

Date/Time:

13/02/2019 17:33

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

SIGNATURE

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

14-Feb-19

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6874 U

1 pc	Bootlid emblem CRDI	\$ 27.00
1 pc	Bootlid emblem LOGO	\$ 29.00
1 pc	Bootlid lower garnish	\$ 290.00
1 pc	Rear bumper	\$ 696.00
1 pc	Rear bumper lower cover	\$ 206.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00	\$ 58.00
1 pc	Rear bumper inner sponge	\$ 114.00
1 pc	Rear bumper reinforcement	\$ 607.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00	\$ 108.00
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00	\$ 36.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00	\$ 36.00
		\$ 2,207.00
Less 10%		\$ 220.70
		\$ 1,986.30

S/NETT

1 set	Rear bumper clips	\$ 48.00
1 set	Reverse sensor	\$ 280.00
	Sundry	\$ 50.00
	To dismantle / replace reverse sensor to new bumper and reset to the same	\$ 120.00
	To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.	\$ 180.00
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel, bootlid etc	\$ 750.00
	To putty and spray painting on rear bumper, end panel, bootlid lower garnish	\$ 600.00
	To apply rustproofing on the repaired and replaced panels.	\$ 120.00
		\$ 4,134.30

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

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VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/SMO19002731/K1VD3N2

Date: 28/02/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTPV01006946
Claimant Vehicle No :	SHC6874U	Insured Vehicle No :	SJQ4735D
Date of Loss:	13/02/2019	Nature of Claim:	TP
		Claim No:	CMTD1900863

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC6874U	Engine No:	D4FDDH309745
Make & Model:	KIA OPTIMA, 1.7 D (A)	Chassis No:	KNAGM414ME5469056
Reg. Date:	03/10/2014 (Man. Year: 2013)	Odometer:	368171 km
Colour:	Silver		
Engine Capacity:	1685 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:	205/65R16	Rear Tyre Size:	205/65R16
Front Left Side:	Achilles 7 mm	Rear Left Side:	Achilles 7 mm
Front Right Side:	Achilles 7 mm	Rear Right Side:	Achilles 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,364.30	1,941.10	423.20	17.90
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,770.00	970.00	800.00	45.20
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,134.30	2,911.10	1,223.20	29.59
Approved Total (Overridden) (S\$)		2,300.00		
(S\$)	4,134.30	2,300.00	1,834.30	44.37
+ GST 7.00/7.00% (S\$)	289.40	161.00	128.40	44.37
Nett Amount (S\$)	4,423.70	2,461.00	1,962.70	44.37

INSPECTION

Date of Assignment: 14/02/2019

Date Inspected: 14/02/2019 Inspected At:

Premier Taxis Pte Ltd - Changi South
(HQ)
23 CHANGI SOUTH AVENUE 2, #01-02
Singapore 486443

Estimated Period of Repair: 3.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: VERON CHEN

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: MRM-SG	Version: 1.0 (Last Synchronised: 28 Feb 2019)
Parts: 143	KIA OPTIMA 1.7 D (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHC6874U)	
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	*BOOTLID EMBLEM CRDI	Necessary	27.00 FL	*27.00 FL
2	1	*BOOTLID EMBLEM LOGO	Necessary	29.00 FL	*29.00 FL
3	1	*BOOTLID LOWER GARNISH	Repair	290.00 FL	*- FL
4	1	*REAR BUMPER	Deformed	696.00 FL	*696.00 FL
5	1	*REAR BUMPER LOWER COVER	Cut	206.00 FL	*206.00 FL
6	2	*REAR BUMPER SIDE BRACKET O/S & N/S	Serviceable	58.00 FL	*- FL
7	1	*REAR BUMPER INNER SPONGE	Torn	114.00 FL	*114.00 FL
8	2	*REAR BUMPER STAY O/S & N/S	Bent	108.00 FL	*108.00 FL
9	1	*REAR BUMPER REINFORCEMENT	Cracked	607.00 FL	*607.00 FL
10	2	*REAR BUMPER REINFORCEMENT LOWER BRACKET	Cracked	36.00 FL	*36.00 FL
11	2	*REAR BUMPER REINFORCEMENT UPPER BRACKET	Cracked	36.00 FL	*36.00 FL
12	1	*SET REAR BUMPER CLIPS	Necessary	48.00 FS	*48.00 FS
13	1	*SET REVERSE SENSOR	Shorted	280.00 FS	*200.00 FS
14	1	*SUNDRY	Necessary	50.00 FS	*20.00 FS
				Sub Total (\$\$)	2,585.00 2,127.00
				- List Item Discount on L Items 10.00/10.00% (\$\$)	220.70 185.90
				Total Parts (\$\$)	2,364.30 1,941.10

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

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 DISMANTLE/REPLACE REVERSE SENSOR TO NEW BUMPER AND RESET TO THE SAME	New	120.00	30.00
2	TO DISMANTLE/REFIT THE INNER GARNISHES,INNER LININGS,INNER TRIMS,CUSHION SEAT,CARPET ETC TO FACILITATE REPAIRS	New	180.00	0.00
3	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS.INCLUDING KNOCK-OUT,STRAIGHTEN,REPAIR,RESHAPE AND ADJUST OF THE END PANEL,BOOTLID ETC	New	750.00	400.00
4	TO PUTTY AND SPRAY PAINTING ON REAR BUMPER,END PANEL,BOOTLID LOWER GARNISH	New	600.00	540.00
5	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS	New	120.00	0.00
Gross Labour Cost (\$\$)			1,770.00	970.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >