

1/10/2007

ASS. REC. BY: _____ REF: CS/CTI19003764/THD3ⁿ² Special Instruction: _____

Surveyor: Tauk Hieh ASSIGNMENT (Office)

From (Person): Chong Sun Sen of CTS Date/Time: 27/2/19 @ 6:14pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKLS17H Insured: SJK 29428

at Workshop m/s: Hitachi Capital Tel: 68 33 6273 / 6274

of 8 Fourth Lok Yung Road

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17/02/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS ^{1up} H.O.D. Endorsement: _____

Date/Time: 28/2/19 @ 9:16am Person Contacted: Jiong Hw Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SKLS17H - X
	SJK 29428 - X
	Lump Sum \$3000, 7days cred. 2197.50; 42%)

Tayfun

REF: CTE

INSURANCE

Date: 28/2/19

Vehicle No: SKL 517H

Make: Hitachi Capital

8 Fourth Jek Yang Rd

Model: NIS / O/S

Year: 2013

Color: Black

Registration: 13/128

Engine No: MK053REE/04/66779

Chassis: BS/UBI / EXNOVA / GY/ES / LIZA / MIC / OHTSU / PIR / SHMI / TOYO / YOKO

Front R/Bal: 6 mm

Front L/Bal: 6 mm

D.O.A.:

Survey held at: Hitachi Capital

Date of Damages: Rear / O/S / NIS / UIC / Rooftop or Rear o/s

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

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

Consistent? Yes or No

Consistent? Yes or No

days Res: Yes or No

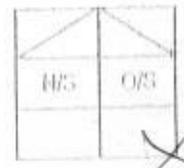
% 3 Val: Yes or No

GA / REV / REP. / 24HRS

Date Person Contacted

Vehicle IN / OUT

Date / Time Action / Instruction



Vehicle No: SKL 517H

Year: 2013

Month: Sep

Type: Car / Van / Truck / Trailer

Make: Toyota

Color: Black

Registration: 13/128

Engine No: MK053REE/04/66779

Chassis: BS/UBI / EXNOVA / GY/ES / LIZA / MIC / OHTSU / PIR / SHMI / TOYO / YOKO

Front R/Bal: 6 mm

Front L/Bal: 6 mm

D.O.A.:

Survey held at: Hitachi Capital

Date of Damages: Rear / O/S / NIS / UIC / Rooftop or Rear o/s

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

RECEIVED 05 JUL 2019

Date/Time File Pass by: Prol. Report

517 Tayfun Final Report

Date/Time File Return to:

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee: Site Insp (\$)

Interview (\$)

Tech Insp (\$)

Weekend (\$)

Reprod Format:

Lump Sum / L.B. (\$): 3000/-

Survey Fee:

Transportation:

Photo:

Other:

Total:

210

Nivitha (LKK Auto)

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Sent: Wednesday, 27 February 2019 6:14 PM
To: assignments
Subject: FW: SKL517H / SJK2942S CLAIM DOA: 17/02/2019
Attachments: juntaiyo@hcspl.com.sg_20190220_190544.pdf

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Wednesday, 27 February, 2019 5:42 PM
To: vonnlm.siow@hcspl.com.sg
Cc: jionghow.ng@hcspl.com.sg; jamilahbegum@hcspl.com.sg; poonhengcheong@hcspl.com.sg; Admin A <admin-a@lkkauto.com>
Subject: RE: SKL517H / SJK2942S CLAIM DOA: 17/02/2019

Without Prejudice

Dear all,

We will appoint LKK.

Dear LKK,

Pls pri.

Regards,

Chong Boon Sen

Claims Executive

Claims

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower

Singapore 079909

Co. Reg. No. 200208384E

DID: 63896171

Fax: 62247175

Email: boonsen.chong@sg.cntaiping.com

Website: www.sg.cntaiping.com

Disclaimer :

This message is confidential; its contents do not constitute a commitment by China Taiping Insurance (Singapore) Pte. Ltd. except where provided for in a written agreement between you and China Taiping Insurance (Singapore) Pte. Ltd. Any unauthorized disclosure, use or dissemination, either in whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.

From: JiongHow, Ng [<mailto:jionghow.ng@hcspl.com.sg>]
Sent: Wednesday, 27 February, 2019 11:38 AM
To: Claims Dept of CTI; Vonn, LM Siow; Jamilah, Binte MohdKassim
Subject: FW: SKL517H / SJK2942S CLAIM DOA: 17/02/2019
Importance: High

From: Vonn, LM Siow <vonnlm.siow@hcspl.com.sg>
Sent: Tuesday, February 26, 2019 10:03 AM

To: JiongHow, Ng <jionghow.ng@hcspl.com.sg>; Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Cc: Jamilah, Binte MohdKassim <jamilahbegum@hcspl.com.sg>; HengCheong, Poon <poonhengcheong@hcspl.com.sg>
Subject: RE: SKL517H / SJK2942S CLAIM DOA: 17/02/2019
Importance: High

Dear China Taiping,

We refer to the subject above and email below.

Vehicle was IN and we have yet to receive any survey arrangement.

Kindly follow up.

Thanks & Regards

Vonn Siow
Motor Claims Advisor
Auto Servicing
Total Vehicle Solutions Department

Hitachi Capital Asia Pacific Pte. Ltd.
Jun Taiyo Service Centre (Automobile Leasing & Workshop)
8 Fourth Lok Yang Road Singapore 629705
DID: 6833 6274 Mobile: 96435107
e: vonnlm.siow@hcspl.com.sg
w: www.hitachi-capital.com.sg

From: JiongHow, Ng <jionghow.ng@hcspl.com.sg>
Sent: Wednesday, February 20, 2019 7:54 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Cc: Vonn, LM Siow <vonnlm.siow@hcspl.com.sg>; Jamilah, Binte MohdKassim <jamilahbegum@hcspl.com.sg>
Subject: SKL517H / SJK2942S CLAIM DOA: 17/02/2019

Dear all,

Please refer to above subject matter.

Attached GIA report and Estimate for your arrangement.

Vehicle Is IN No.8 Fourth Lok Yang Road S/629705

Regards

Ng Jiong How
Motor Claims Advisor
Auto Servicing
Total Vehicle Solutions Department

Hitachi Capital Asia Pacific Pte. Ltd.
Jun Taiyo Service Centre (Automobile Leasing & Workshop)
8 Fourth Lok Yang Road Singapore 629705

t: 6833 6282

e: jionghow.ng@hcspl.com.sg

w: www.hitachi-capital.com.sg

HITACHI
Inspire the Next

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T.P. Ching Tai ping

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	18/02/2019 19:29
Date Of Accident	17/02/2019 15:00
Exact Location Of Accident	SERANGOON CENTRAL SLIP ROAD BOUNDARY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL517H
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	199400399N
Email Address	JUNTAIYO@HCSPL.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64663022

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VPCP/18-000756-01
Cover Note Number	

Driver

Name of Driver	TOK WEE HOONG
NRIC No	S7019666B
Date Of Birth	19/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2006
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97699116
Fax Number	
Contact Number	
E-Mail Address	TOKWH7019@GMAIL.COM

Address BLK 819 WOODLANDS STREET 82
#03-351

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - LESSEE

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) 3

Passenger 1
NAME: : PASSENGER
GENDER: : MALE

Passenger 2
NAME: : PASSENGER
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,
POSTCODE: 319194 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO 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 SJK2942S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM HAO JIE

NRIC/Passport Number S8609781H
Contact Number 83223753
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TOK WEE HOONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKL517H
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:



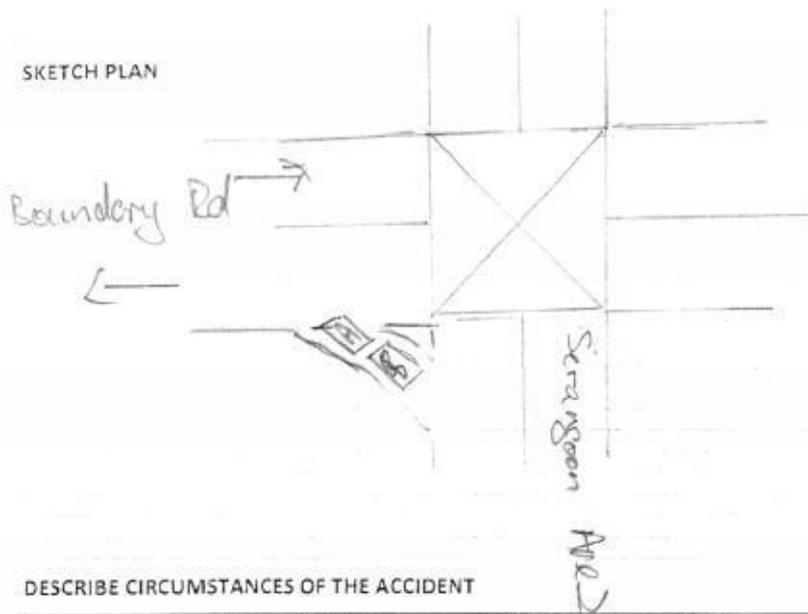
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17th Feb 2019 and 1500 hrs I was at the slip road from Serayoon Ave 2 toward Boundary Road. I was the first car on the stop line while about to merge into Boundary Road from the slip road car B which is behind me for unknown reason collided into my rear.

I have 2 passage onboard at the time and they can be my witness and also in-car video was on at the time.

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:

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

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20190216/2042

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No: T/20190216/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2019 11:18	Vide Report No.:	Station Diary No.: 82
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TOK WEE HOONG		Address: APT BLK 819 WOODLANDS STREET 82 #03-351 SINGAPORE 730819	
ID Type / ID No.: NRIC NO / S7019666B		Contact No.: Home/Office: Mobile: 97699116	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 19/06/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2019 08:45	Type of Location: Straight Road
Location: Along Road 1 TANJONG PENJURU				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8790A	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	1
SLC1905A	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Grey	Slightly Damaged	1

POLICE REPORT Pg. 2



SINGAPORE
POLICE FORCE



T/20190216/2042

2 of 3

Report No. T/20190216/2042

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOK WEE HOONG	ID No.	S7019666B
Related Vehicle	SLC1905A (Car)	Contact No.	97699116
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/02/2019	Date Discharge	16/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEONG KAM HOE	ID No.	S0134529Z
Related Vehicle	NIL	Contact No.	-
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 15/02/2019 at about 8.45am, I was driving my car (SLC1905A) along Tanjong Penjuru, right after junction of Tanjong Penjuru Crescent with a passenger. I saw a taxi (SHA8790A) in front of me about 100 metres away, going towards the left of the lane. Right before I approached the area where the vehicle was, the driver of the vehicle turned towards the right, which I assumed to make a U-turn. I was not able to brake on time, as such, I collided into the right portion of his vehicle. No one was injured at that time, hence, no police or ambulance called.

I have an in-car camera footage, which I can provide if needed.

On 16/02/2019, I felt some discomfort, as such, I went to Finest Health Medical Centre to get myself checked. I was then given 3 days of medical leave.

POLICE REPORT Pg. 3



SINGAPORE
POLICE FORCE



T/20190216/2042

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No: T/20190216/2042

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:
E /
Sgt 2 NURUL NADIAH BINTE MOHAMED
SARIFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/02/2019 11:18

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG-SIEU LUI
Contact No.: 65476151 SN 169

Classification Of Case:

Authentication Stamp
NP168

Hitachi Capital Asia Pacific Pte. Ltd.
Jun Taiyo Service Centre

No. 8 Fourth Lok Yang Road Singapore 629705

Tel : 64663022 Fax : 68966591

Co. Reg.No. 199400399N GST Reg.No. M2-011899-3

LKK Auto Consultants
the Repairer of the following:
 • To resurvey before/after spray painting
 • To display damaged part(s) during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification(s) is allowed
 • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company
 Acknowledged by Repairer
 Signature:
 Date:

VEHICLE ESTIMATE

China Taiping

ATTN: MOTOR CLAIMS DEPT

QUOTE NO :
 ACCIDENT DATE : 17/02/2019@1500HRS
 VRN : SKL517H
 MODEL : Toyota Altis
 TP VRN : SJK2942S

Qty \$\$ Unit \$\$ Amt \$\$ Labor

PARTS REPLACEMENT

1. Body Repair

1 Rear Bumper	1	\$	545.00	\$	545.00 <i>de</i>
2 Rear Bumper Clips	10	\$	5.50	\$	55.00 <i>ne</i>
3 Rear Bumper Reinforcement W Sponge	1	\$	124.00	\$	124.00 <i>Buy</i>
4 Rear Bumper Reflector RH	1	\$	40.00	\$	40.00 <i>cur</i>
5 Rear Bumper Outer Bracket RH	3	\$	55.00	\$	165.00 <i>ne</i>
6 Taillamp RH	1	\$	315.00	\$	315.00 <i>cur</i>
7 Taillamp White Clips	2	\$	3.00	\$	6.00 <i>ne</i>
8 End Panel	1	\$	595.00	\$	595.00 <i>Ry</i>
9 End Panel Upper Garnish	1	\$	210.00	\$	210.00 <i>X nn</i>
10 Rear Fender RH	1	\$	925.00	\$	925.00 <i>buc</i>
11 Rear Fender Shield RH	1	\$	55.00	\$	55.00 <i>x nn</i>
12 Rear Fender Shield Clips RH	10	\$	5.50	\$	55.00 <i>x nn</i>
13 Bootlid	Repair	\$	-	\$	-
14 Bootlid Reflector RH	1	\$	140.00	\$	140.00 <i>cut</i>
15 Air Vent RH	1	\$	140.00	\$	140.00 <i>de</i>

Discount 25%

\$ (842.50) *2455*
 TOTAL \$ 2,527.50 *1847.50*

2. Labor Charges

1 Panel beat, cut, weld, re-align & replace damaged parts of affected area	<i>900.</i>	\$	1,000.00
2 Spray painting on rear portion of affected area	<i>900.</i>	\$	1,000.00
3 Check Wiring, re-align taillamp and ensure proper function	<i>30.</i>	\$	80.00
4 Remove & reinstall 2 pieces bumper sensors	<i>30.</i>	\$	120.00
5 Cavity treatment on new parts	<i>40.</i>	\$	80.00
6 Remove & reinstall rear reverse camera	<i>nn X</i>	\$	120.00
9 Conduct water seepage test	<i>nn X</i>	\$	120.00
10 Remove & reinstall rear trim compartment to facilitate cutting & repairing work	<i>60</i>	\$	150.00

Tanpin 97495749
 wp
 28/2/19 @ 330
 suve@lkkauto.com
 tanpin@lkkauto.com
 Lmpson
 Resurvey after repair.

5/3/19 Sub Total : *1860.* \$ 2,670.00

Grand Total : \$ 5,197.50
 Add 7% GST : \$ 363.83
 Nett Total : \$ 5,561.33

No. of repair days: 5

**Hitachi Capital Asia Pacific Pte. Ltd.
Jun Taiyo Service Centre**

No. 8 Fourth Lok Yang Road Singapore 629705

Tel : 64663022 Fax : 68966591

Co. Reg.No. 199400399N GST Reg.No. M2-011899-3

Parts - \$2452.00
-25% - \$613.00

China Taiping \$1839.00
Labor - \$1960.00
\$3799.00
-20% LS - \$759.80

ATTN: MOTOR CLAIMS DEPT

Total - \$3039.20

VEHICLE ESTIMATE

QUOTE NO :
ACCIDENT DATE : 17/02/2019@1500HRS
VRN : SKL517H
MODEL : Toyota Altis
TP VRN : SJK2942S

Qty S\$ Unit S\$ Amt S\$ Labor

PARTS REPLACEMENT

1. Body Repair

1 Rear Bumper	1	\$	545.00	\$	545.00 <i>di</i>
2 Rear Bumper Clips	10	\$	5.50	\$	55.00 <i>ne</i>
3 Rear Bumper Reinforcement W Sponge	1	\$	124.00	\$	124.00 <i>Eng</i>
4 Rear Bumper Reflector RH	1	\$	40.00	\$	40.00 <i>cur</i>
5 Rear Bumper Outer Bracket RH	3	\$	55.00	\$	165.00 <i>ne</i>
6 Taillamp RH	1	\$	315.00	\$	315.00 <i>cur</i>
7 Taillamp White Clips	12	\$	3.00	\$	6.00 <i>ne</i> 3
8 End Panel	1	\$	595.00	\$	595.00 <i>KY</i>
9 End Panel Upper Garnish	1	\$	210.00	\$	210.00 <i>X</i>
10 Rear Fender RH	1	\$	925.00	\$	925.00 <i>buc</i> ✓
11 Rear Fender Shield RH	1	\$	55.00	\$	55.00 <i>X</i>
12 Rear Fender Shield Clips RH	10	\$	5.50	\$	55.00 <i>X</i>
13 Bootlid	Repair	\$	-	\$	-
14 Bootlid Reflector RH	1	\$	140.00	\$	140.00 <i>cut</i>
15 Air Vent RH	1	\$	140.00	\$	140.00 <i>di</i>

Discount 25% \$ (842.50)

TOTAL \$ 2,527.50

2. Labor Charges

1 Panel beat, cut, weld, re-align & replace damaged parts of affected area	900	\$	1,000.00
2 Spray painting on rear portion of affected area	900	\$	1,000.00
3 Check Wiring, re-align taillamp and ensure proper function	30	\$	80.00
4 Remove & reinstall 2 pieces bumper sensors	30	\$	120.00
5 Cavity treatment on new parts	40	\$	80.00
6 Remove & reinstall rear reverse camera	X	\$	120.00
9 Conduct water seepage test	X	\$	120.00
10 Remove & reinstall rear trim compartment to facilitate cutting & repairing work	60	\$	150.00

Sub Total : \$ 2,670.00

Grand Total : \$ 5,197.50
Add 7% GST : \$ 363.83
Nett Total : \$ 5,561.33

*Tanpin 97495744
wp
28/2/19 @ 330
sue@hitachicap.com . 07 days
tanpin@hitachicap.com
Lumpsum
Pending after repair.*

No. of repair days: _____ 5

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/CT119003764/T1TD3N2

Date: 10/07/2019

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd.	Policy No: DMPCSN30649818000	
Claimant Vehicle No : SKL517H	Insured Vehicle No : SJK2942S	
Date of Loss: 17/02/2019	Nature of Claim: TP	Claim No: SNM19D200985C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SKL517H	Engine No: 1ZRX335498
Make & Model: TOYOTA COROLLA ALTIS, 1.6 (A)	Chassis No: MR053REE104166779
Reg. Date: 25/09/2013 (Man. Year: 2013)	Odometer: 131128 km
Colour: Black	
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: Yes

CONDITION OF TYRES

Front Tyre Size: 195/65R15	Rear Tyre Size: 195/65R15
Front Left Side: Dunlop 6 mm	Rear Left Side: Dunlop 6 mm
Front Right Side: Dunlop 6 mm	Rear Right Side: Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,527.50	1,839.00	688.50	27.24
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,670.00	1,960.00	710.00	26.59
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,197.50	3,799.00	1,398.50	26.91
Approved Total (Overridden) (S\$)		3,000.00		
(S\$)	5,197.50	3,000.00	2,197.50	42.28
+ GST 7.00/7.00% (S\$)	363.83	210.00	153.83	42.28
Nett Amount (S\$)	5,561.33	3,210.00	2,351.33	42.28

INSPECTION

Date of Assignment: 28/06/2019		
Date Inspected: 28/02/2019	Inspected At:	Hitachi Capital Asia Pacific Pte. Ltd (HQ) No 8 Fourth Lok Yang Road Singapore 629705

Estimated Period of Repair: 7.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference	
Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 10 Jul 2019)
Parts: 143	TOYOTA COROLLA ALTIS 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SKL517H)	
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 BUMPER	Deformed	545.00 FL	*545.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	55.00 FL	*55.00 FL
3	1		*REAR BUMPER REINFORCEMENT W SPONGE	Cracked	124.00 FL	*124.00 FL
4	1		*REAR BUMPER REFLECTOR RH	Cracked	40.00 FL	*40.00 FL
5	3		*REAR BUMPER OUTER BRACKET RH	Necessary	165.00 FL	*165.00 FL
6	1		*TAILLAMP RH	Cracked	315.00 FL	*315.00 FL
7	1		*TAILLAMP WHITE CLIPS (2 Pcs)	Necessary (1 Pcs only)	6.00 FL	*3.00 FL
8	1		*END PANEL	Repair	595.00 FL	*- FL
9	1		*END PANEL UPPER GARNISH	Not Necessary	210.00 FL	*- FL
10	1		*REAR FENDER RH	Buckled	925.00 FL	*925.00 FL
11	1		*REAR FENDER SHIELD RH	Not Necessary	55.00 FL	*- FL
12	10		*REAR FENDER SHIELD CLIPS RH	Not Necessary	55.00 FL	*- FL
13	1		*BOOTLID (NPA)	Repair	0.00 FL	*- FL
14	1		*BOOTLID REFLECTOR RH	Cut	140.00 FL	*140.00 FL
15	1		*AIR VENT RH	Deformed	140.00 FL	*140.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	3,370.00	2,452.00
- List Item Discount on L Items 25.00/25.00% (S\$)	842.50	613.00
Total Parts (S\$)	2,527.50	1,839.00

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEAT,CUT,WELD,RE-ALIGN & REPLACE DAMAGED PARTS PF AFFECTED AREA	New	1,000.00	900.00
2	SPRAY PAINTING ON REAR PORTION OF AFFECTED AREA	New	1,000.00	900.00
3	CHECK WIRING,RE-ALIGN TAILLAMP AND ENSURE PROPER FUNCTION	New	80.00	30.00
4	REMOVE & REINSTALL 2 PIECES BUMPER SENSORS	New	120.00	30.00
5	CAVITY TREATMENT ON NEW PARTS	New	80.00	40.00
6	REMOVE & REINSTALL REAR REVERSE CAMERA	New	120.00	0.00
7	CONDUCT WATER SEEPAGE TEST	New	120.00	0.00
8	REMOVE & REINSTALL REAR TRIM COMPARTMENT TO FACILITAE CUTTING & REPAIRING WORK	New	150.00	60.00
Gross Labour Cost (\$\$)			2,670.00	1,960.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >