

27/06/2019

ASS. REC. BY:

REF:

CS/INC19004129/Est302

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person):

Sylvia Ang

of

INC

Date/Time:

5/3/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC1981G

Insured:

STC 6682H

at Workshop m/s

BP Auto

Tel:

62660555

of

48 Toh Guan Rd East #01-121

Policy No:

Claim No:

MT/1034201-002

Sum Insured:

Excess:

Make of Vch:

(Client's Record)

D.O.A.

28/2/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction () Estimate

PC1981G-X

STC 6682H-X.

Lump Sum \$9000 (Red: 5066.30: 84%)

REF:

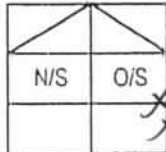
ASSIGNMENT

From _____ Date: _____
 Estimated Cost _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No _____
 at Workshop m/s _____
 of _____
 Insured _____
 Policy No _____
 Claims No _____
 Sum Insured _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No PC 1981 C Yr Regd. 09/05/13
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Hiace G.C. 2982
 Colour Silver White A/C Insured / Std / NI / NA
 Sp. Reading 459128 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTF ST 22P 7000-1636F
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195 R15C
 R: n
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

(Policy Condition)

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



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

Front _____ Rear _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 28/2/19 D.O.I. 5/3/19
 Survey held at BP Aub 1153AM

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

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

Date / Time / Action / Instruction

9/4/19 Finalize \$900, 2 days

RECEIVED 10 APR 2019

Date/Time. File Pass to?

10/4 Typist

Date/Time. File Return to?

2)

Report Format :

Lump Sum / I.B.F.C.

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation

) \$ + R.C. GI

) Photos

) Other

) ..

TOTAL

250

250

TP
9001-

Nivitha (LKK Auto)

From: Cynthia Ang <Cynthia.Ang@income.com.sg>
Sent: Tuesday, 5 March 2019 11:48 AM
To: assignments@lkkauto.com
Subject: RE: TP CASES FARMED OUT TO LKK ON 05/03/2019

Dear Veron / Nivitha,

Resend with the following details.

With Regards

Cynthia Ang
Admin Assistant
Motor Insurance
T +65 6430 7900
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers



PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

From: Cynthia Ang
Sent: Tuesday, 5 March 2019 9:37 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>
Cc: Daniel Koh <daniel.koh@income.com.sg>; Thio Tse Kiat <tsekiat.thio@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>
Subject: RE: TP CASES FARMED OUT TO LKK ON 05/03/2019

Dear Veron / Nivitha,

Please assist to survey the vehicles as per Mr Teng's instruction :-

SN	OIC	Claim No.	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Type	Survey Time	OI Veh	DOA	Ad Rel
1	Rajeswary	MT/1034327-002	SMA668P	CHENG AUTO BODYWORKS	5 SOON LEE STREET #01-62 PIONEER POINT	/ 8666 7775	Physical Survey		SLQ199D	01/03/2019	
2	Wo Jessie	MT/1034312-002	SHA9591B	DING AUTOMOTIVE PTE LTD	31 CORPORATION ROAD SINGAPORE 649825	Guang / 94669828	Physical Survey		GBC6202E	02/03/2019	
3	Muhammad Airwan	MT/1033391-	XE2208U	SIN SHENG ENGINEERING SERVICES	3 TECH PARK CRESCENT TUAS TECH PARK SINGAPORE 638129	Susan / 6863 9595	Physical Survey		XE2810E	15/02/2019	
4	Muhammad Airwan	MT/1034432-001	SLD3960X	VERMOGEN ACE PTE LTD	6 BENOI ROAD, SINGAPORE 629904	Pila / 6358 3031	Physical Survey		SHC6854C	03/03/2019	

5	Thio Tse Kiat	MT/1034310-002	D SLL9051M	VERMOGEN ACE PTE LTD	6 BENOI ROAD, SINGAPORE 629904	Pila / 6358 3031	Physical Survey		SMF1784D	01/03/2019
6	Azhari	MT/1034201-002	D PC1981G	BP AUTO	48 TOH GUAN ROAD EAST #01-121 ENTERPRISE HUB SINGAPORE 608586	/ 62660555	Physical Survey	09:30-13:00	SJC6682H	28/02/2019
7	Rajeswary	MT/1034177-002	✓ SLK4378J	WORLD AUTO PTE LTD	1 KRANJI LOOP SINGAPORE 739535	Daniel / 63621776	Physical Survey		SHD1446A	28/02/2019

Please contact workshops.

Please ack.

Thank You

With Regards

Cynthia Ang

Admin Assistant

Motor Insurance

T +65 6430 7900

www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers

in with you

PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	3277D
Vehicle Details	
Vehicle No.:	PC1981G
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Mar 2019
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA HIACE HIROOF AUTO 14 SEATER
Primary Colour:	Silver
Manufacturing Year:	2013
Engine No.:	1KD2275963
Chassis No.:	JTFST22P700016368
Maximum Power Output:	-
Open Market Value:	\$37,122.00
Original Registration Date:	09 May 2013
First Registration Date:	09 May 2013
Transfer Count:	1
Actual ARF Paid:	\$1,857.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	08 May 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$56,011.00
COE Rebate Amount:	\$23,383.00
Total Rebate Amount:	\$23,383.00

The information contained herein is correct as at 05 Mar 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	02/03/2019 09:00
Date Of Accident	28/02/2019 16:15
Exact Location Of Accident	BUKIT BATOK ROAD TOWARDS CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC1981G
Insured/Policyholder	
Name Of Registered Owner	TRANSCEND LIMOUSINE SERVICES
Co Reg No	53273277D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94566007
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5100239795 COMP
Cover Note Number	
Driver	
Name of Driver	YEO JUN SIAN (YANG JUNXUAN)
NRIC No	S8528032E
Date Of Birth	27/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94566007
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 488D CHOA CHU KANG AVENUE 5 #06-171
Postcode	684488
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE PROPRIETOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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 TO SKETCH PLAN ATTACHED

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	SJC6682H
Vehicle Make/Model/Colour	DAIHATSU J210RG-GQXFW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96491032
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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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:

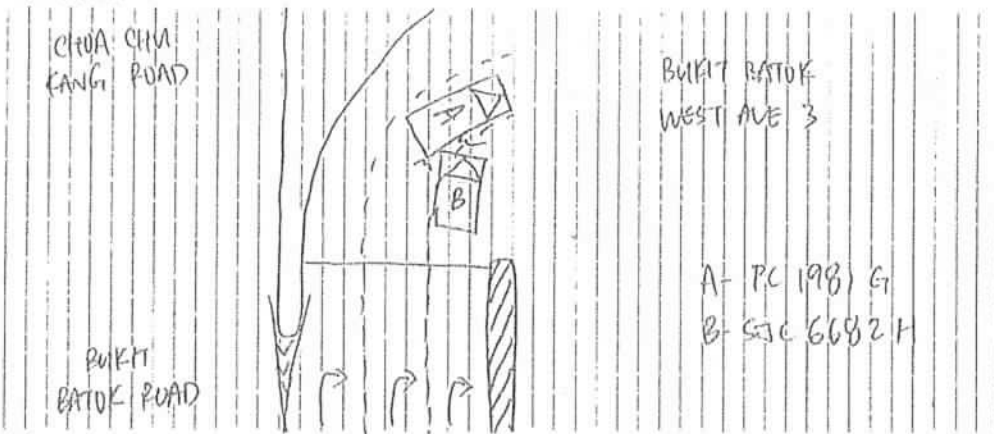
- 2 MAR 2019

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933

Tel: 67416697 Fax: 67492305

Report to IDAC by the Insurer's Signature
Name: email@idac.com.sg
NRIC/FIN No.:

SKETCH PLAN

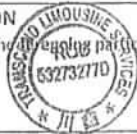


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING, BUKIT BATOK ROAD TOWARD CHUA CHU KANG ROAD TURNING INTO BUKIT BATOK WEST AVE 3. I DRIVING ALONG THE SAID ROAD ON THE 2ND LANE OF A 3 LANE, ROAD. OUT OF A SUDDEN, I FELT A STRONG IMPACT FROM THE RIGHT PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT VEHICLE (B) DROVE FROM THE EXTREME RIGHT LANE AND HIT ONTO THE RIGHT REAR PORTION OF MY VEHICLE. A - PC 1981 G
B - SJC 6682 H

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:

- 2 MAR 2019

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4

Reporting Centre: Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

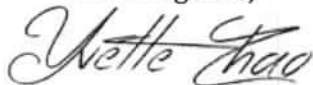
Steve Chen (LKK Auto)

From: bpauto_wkshop <bpauto_wkshp@yahoo.com>
Sent: Tuesday, April 09, 2019 4:26 PM
To: Steve Chen (LKK Auto)
Subject: Re: Finalized PC1981C

Dear Steve,

Confirm, Thanks.

Thanks & Regards,



BP Auto
48 Toh Guan Road East #01-121
Enterprise Hub Singapore 608586
Tel: +65-6266 0555
Fax: +65-6266 3155
Email: bpauto_wkshp@yahoo.com

On Tuesday, 9 April 2019, 9:07, Steve Chen (LKK Auto) <SteveChen@lkkauto.com> wrote:

Hi Evonne,

Just spoke with Vincent, the finalize L/S \$900. 2 days.

Kindly confirm.

Thanks

Best Regards,

Steve Chen | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 6256 3561 | Email: SteveChen@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: bpauto_wkshop [mailto:bpauto_wkshp@yahoo.com]
Sent: Monday, April 08, 2019 11:21 AM
To: Steve Chen (LKK Auto)
Subject: Finalized PC1981C

Dear Steve,

BP Auto
(UEN No. 53378133K)
48 Toh Guan Road Esat #01-121
Enterprise Hub S(608586)
Tel: 6266 0555 Fax : 6266 3155

TO	: NTUC	DATE	: 4-Mar-19
ATTENTION	: MOTOR CLAIMS DEPARTMENT	JOB TYPE	: T/P CLAIMS
ESTIMATE REPORT :			
OWNER PARTICULAR		VEHICLE DETAILS	
NAME	:	VEHICLE NO.	: PC1981C
ADDRESS	:	MODEL / MAKE	: TOYOTA HIACE
TEL. NO.	:	CHASSIS NO.	: JTFST22P700016368
OWNER INSURANCE	: NTUC	ACCIDENT DETAIL	
POLICY NO.	:	5100239795	DATE : 28-Feb-19
			TIME : 16:15hrs
PERSON INCHARGE	:		

QUOTATION SUMMARY PAGE 01
CLAIMS DETAIL : PARTS LIST

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	REAR BUMPER <i>x NN</i>	1	\$ 1,190.00	\$ 1,190.00 <i>x</i>
2	REAR BUMPER SIDE RETAINER LH/RH <i>x NN</i>	2	\$ 109.20	\$ 218.40 <i>x</i>
TOTAL PRICE				\$ 1,408.40
LESS -25%				\$ (352.10)
SUB TOTAL PRICE				<u>\$ 1,056.30</u>

CLAIMS DETAIL : PARTS LIST

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	ROCKER SIDE SKIRTING RH <i>x R</i>	1	\$ 850.00	\$ 850.00 <i>x</i>
2	ROCKER SIDE SKIRTING CLIPS SET RH <i>x NN</i>	1	\$ 50.00	\$ 50.00 <i>x</i>
3	REAR BUMPER REVERSE SENSOR SET <i>x NN</i>	1	\$ 280.00	\$ 280.00 <i>x</i>
4	REAR BUMPER CLIPS SET <i>x NN</i>	1	\$ 50.00	\$ 50.00 <i>x</i>
5	REAR FENDER EXCURSION BUS STICKER RH <i>x NN</i>	1	\$ 30.00	\$ 30.00 <i>x</i>
6	SPORT RIM SET <i>/ CUT</i>	1	\$ 1,400.00	\$ 1,400.00 <i>400</i>
TOTAL				<u>\$ 2,660.00</u>

Steve 8322 8813
will pay
5/3/19 11:50am
L/S
2 days
R- AL spy

P- 400
L- 750

1150
L/S - 920
- 900

QUOTATION SUMMARY
PAGE 02
CLAIMS DETAIL : LABOUR CHARGES AND SPRAY PAINTING

TO DISMANTLE & REPLACED WITH PANEL BEATING ALL THE ACCIDENT PORTION	\$ 1,000.00	200 /	
TO SPRAY PAINTING ALL THE ACCIDENT PORTION & POLISHING AFFECTED AREA	\$ 800.00	400 /	
TO APPLY ANTI-RUST & TUFF KOTE	\$ 60.00	20 /	
TO PERFORM LIGHTING & WIRING CHECK	\$ 80.00	30 /	
TO DISMANTLE & REPLACED REAR BUMPER REVERSE SENSOR WITH DISTANCE SETTING	\$ 80.00	X	
TO DISMANTLE & REINSTALL INTERIOR CARPET WITH OTHER ATTACHMENT PARTS COMPONENT TO FACILITATE REPAIR	\$ 150.00	X	
TO PERFORM CONDUCT WATER LEAKAGE TEST OF ACCIDENT PORTION	\$ 80.00	X	

TOTAL \$ 2,250.00

ESTIMATE REPORT

TOTAL PARTS COST	:	\$	3,716.30
TOTAL LABOUR COST	:	\$	2,250.00
TOTAL REPAIR COST	:	\$	<u>5,966.30</u>

APPROVED DETAILS

EXCESS :

NO. OF REPAIR DAYS :

RE-SURVEY :

P / P OR L / S :

DATE / TIME OF SURVEY :

SURVEYED BY / FROM :

CONTACT NUMBER :

FAX NUMBER :

EMAIL ADDRESS :

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature: :

Date:

BP Auto
(UEN No. 53378133K)
48 Toh Guan Road Esat #01-121
Enterprise Hub S(608586)
Tel: 6266 0555 Fax : 6266 3155

TO	: NTUC	DATE	: 4-Mar-19
ATTENTION	: MOTOR CLAIMS DEPARTMENT	JOB TYPE	: T/P CLAIMS
ESTIMATE REPORT	:		
<u>OWNER PARTICULAR</u>		<u>VEHICLE DETAILS</u>	
NAME	:	VEHICLE NO.	: PC1981C
ADDRESS	:	MODEL / MAKE	: TOYOTA HIACE
TEL. NO.	:	CHASSIS NO.	: JTFST22P700016368
OWNER INSURANCE	: NTUC	<u>ACCIDENT DETAIL</u>	
POLICY NO.	:	5100239795	DATE : 28-Feb-19
			TIME : 16:15hrs
PERSON INCHARGE	:		

QUOTATION SUMMARY PAGE 01

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TOTAL PRICE				\$ 1,408.40
LESS -25%				\$ (352.10)
SUB TOTAL PRICE				\$ 1,056.30

CLAIMS DETAIL : PARTS LIST

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
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2	ROCKER SIDE SKIRTING CLIPS SET RH <i>x NN</i>	1	\$ 50.00	\$ 50.00
3	REAR BUMPER REVERSE SENSOR SET <i>x NN</i>	1	\$ 280.00	\$ 280.00
4	REAR BUMPER CLIPS SET <i>NEC</i>	1	\$ 50.00	\$ 50.00
5	REAR FENDER EXCURSION BUS STICKER RH	1	\$ 30.00	\$ 30.00
6	SPORT RIM SET <i>/ CUT</i>	1	\$ 1,400.00	\$ 1,400.00

TOTAL \$ 2,660.00 480.00

Stew 8322 8813
wil pejuw
5/3/19 11:50am
L/S
2 chgs
R- AL rpy

QUOTATION SUMMARY

PAGE 02

CLAIMS DETAIL : LABOUR CHARGES AND SPRAY PAINTING

TO DISMANTLE & REPLACED WITH PANEL BEATING ALL THE ACCIDENT PORTION	\$ 1,000.00	200	
TO SPRAY PAINTING ALL THE ACCIDENT PORTION & POLISHING AFFECTED AREA	\$ 800.00	500 450	
TO APPLY ANTI-RUST & TUFF KOTE	\$ 60.00	21	
TO PERFORM LIGHTING & WIRING CHECK	\$ 80.00	30	
TO DISMANTLE & REPLACED REAR BUMPER REVERSE SENSOR WITH DISTANCE SETTING	\$ 80.00	X	
TO DISMANTLE & REINSTALL INTERIOR CARPET WITH OTHER ATTACHMENT PARTS COMPONENT TO FACILITATE REPAIR	\$ 150.00	X	
TO PERFORM CONDUCT WATER LEAKAGE TEST OF ACCIDENT PORTION	\$ 80.00	X	

TOTAL \$ 2,250.00 750.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 3,716.30
 TOTAL LABOUR COST : \$ 2,250.00
 TOTAL REPAIR COST : \$ 5,966.30

S/N : \$ 480.00
 Labour: \$ 750.00

\$1,230.00

APPROVED DETAILS

EXCESS :
 NO. OF REPAIR DAYS :
 RE-SURVEY :
 P / P OR L / S :

DATE / TIME OF SURVEY :
 SURVEYED BY / FROM :
 CONTACT NUMBER :
 FAX NUMBER :
 EMAIL ADDRESS :

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

DAMAGE ASSESSMENT REPORT

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: CS/INC19004129/Etd3e2

73 BRAS BASAH ROAD

Date: 10-04-2019

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556



ATTN : AZHARI

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJC 6682H	Veh. Inspected	PC 1981G
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1034201-002	Excess (\$)	0.00
Assign From	CYNTHIA ANG	Assign Date	05/03/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	JTFST22P700016368	Colour	WHITE
Odometer	459128 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15C	MICHELIN	7 mm
L/H Front Tyre	195 R15C	MICHELIN	7 mm
R/H Rear Tyre	195 R15C	MICHELIN	7 mm
L/H Rear Tyre	195 R15C	MICHELIN	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	28/02/2019	Inspect Date / Time	05/03/2019 (11:53 AM)
Survey held at	BP AUTO - 48 TOH GUAN RD EAST #01-121		
Repairer	-		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 1981G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	NOT NECESSARY	1,190.00	-
2	REAR BUMPER SIDE RETAINER LH/RH @\$109.20	NOT NECESSARY	218.40	-
	LESS 25% DISCOUNT		-352.10	-
			1,056.30	-
<u>SPECIAL NETT ITEMS</u>				
1	ROCKER SIDE SKIRTING RH (SN)	TO REPAIR SEE LABOUR	850.00	-
1	SET ROCKER SIDE SKIRTING CLIPS RH (SN)	NOT NECESSARY	50.00	-
1	SET REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	280.00	-
1	SET REAR BUMPER CLIPS (SN)	NOT NECESSARY	50.00	-
1	REAR FENDER EXCURSION BUS STICKER RH (SN)	NOT NECESSARY	30.00	-
1	SET SPORT RIM (SN)	CUT	1,400.00	400.00
			2,660.00	400.00
<u>LABOUR</u>				
	TO DISMANTLE & REPLACED WITH PANEL BEATING ALL THE ACCIDENT PORTION. INCLUSIVE OF THE REPAIR OF ROCKER SIDE SKIRTING RH.		1,000.00	200.00
	TO SPRAY PAINTING ALL THE ACCIDENT PORTION & POLISHING AFFECTED AREA.		800.00	500.00
	TO APPLY ANTI-RUST & TUFF KOTE.		60.00	20.00
	TO PERFORM LIGHTING & WIRING CHECK.		80.00	30.00
	TO DISMANTLE & REPLACED REAR BUMPER REVERSE SENSOR WITH DISTANCE SETTING.	NOT NECESSARY	80.00	-
	TO DISMANTLE & REINSTALL INTERIOR CARPET WITH OTHER ATTACHMENT PARTS COMPONENT TO FACILITATE REPAIR.	NOT NECESSARY	150.00	-
	TO PERFORM CONDUCT WATER LEAKAGE TEST OF ACCIDENT PORTION.	NOT NECESSARY	80.00	-
			2,250.00	750.00
GRAND TOTAL			5,966.30	1,150.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				900.00

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CHEN TSUE YEE

Automotive Assessor

A handwritten signature in black ink, appearing to be 'L' followed by a stylized 'h'.

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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