

22/03/2003

ASS. REC. BY:

REF: CS/FC1 19006407/ GS d3076 Special Instruction:

Surveyor: GA

ASSIGNMENT (Office)

CWS

From (Person): Karin Tan

of FC1

Date/Time: 10.4.19 4:41 p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLQ 3193A

Insured: SH 7116 L

at Workshop m/s MY CAR CONSULTANT

Tel: 83300060

of 53 Pagar Ubi Industrial Park #01-33

Policy No:

Claim No: D19002319MFSH

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 4.4.2019

15.4.19 15.4.2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 10.4.19

Person Contacted: Sylvia

Vehicle IN (OUT)

Date/Time	Action/Instruction (✓) Estimate
	SLQ 3193A - NA/INC 19006202/24 D.O.A. - 4/4/2019
	SH 7116 L - NA/INC 19006202/24 D.O.A. - 4/4/2019
	12.4.2019 - VNI - SYLVIA
16/04/19	@ 16:57 p.m. revert pending estimate from repairer to Karen via email.

ASSIGNMENT

From: Date: 15/4/19

Estimated Cost:

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

To Inspect Vehicle No: SLQ 3193A
at Workshop m/s My Car Consultant
of 53 ubi Ave 1 #01-33

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.

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SLQ 3193A Yr Regn: 06/01/2015

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

Truck / Trailer or

Make: Toyota vellfire c.c 2362

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

Sp. Reading: 57318 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ANH 20 8333 213

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 A/Rim or

Tyre Size: F: 235 / 50 R18

R: 11

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 15-04-19

Survey held at w/s 11:30

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

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

Date / Time Action / Instruction

15/4 Estimate Give later.

Unlized \$ 2000 with Boss
(\$ 4,130.56 Red 67%)

4467.62

1/5 \$2,000/- / 3 days

29/8/2019

Date/Time, File Pass to?

29/08/19

1) Typist

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ 2,000/- 45)

145

50

50

69

314

MOTOR SURVEY ASSIGNMENT

Date	05-04-2019	Our Ref No. D19002319MFSH
Accident Date	04-04-2019	Claim Type. Third Party
Insured Vehicle	SH7116L	Third Party Vehicle. SLQ3193A
Survey Location	53 PAYA UBI INDUSTRIAL PARK #01-33	
Contact Person.	KAI LING	
Contact No.	83300060/ 83300060	Fax No. 0
Survey Type	WITHOUT PREJUDICE: NO EST. PROVIDED	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	MY CAR CONSULTANT	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	500X
Vehicle Details	
Vehicle No.:	SLQ3193A
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Aug 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VELLFIRE 2.4Z A
Primary Colour:	Black
Manufacturing Year:	2014
Engine No.:	2AZG388067
Chassis No.:	ANH208333213
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$35,316.00
Original Registration Date:	06 Jan 2015
First Registration Date:	06 Jan 2015
Transfer Count:	1
Actual ARF Paid:	\$41,443.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Jan 2025
PARF Rebate Amount:	\$31,082.00
Intended COE Rebate Details	
COE Expiry Date:	05 Jan 2025
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$71,300.00
COE Rebate Amount:	\$37,941.00
Total Rebate Amount:	\$69,023.00

The information contained herein is correct as at 29 Aug 2019

OK

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Tuesday, 16 April 2019 4:57 PM
To: 'Karen Tan'; 'CWS Motor Claims'
Cc: assignments; SUR; Admin-D (LKKAuto)
Subject: RE: SURVEY ASSESSMENT - D19002319MFSH/1

Dear Karen,

Please be informed that we have inspected the vehicle SLQ 3193A on 15/04/2019.

We are pending estimate from repairer.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Wednesday, 10 April 2019 5:21 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Karen Tan' <karentan@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19002319MFSH/1

Dear Sir / Mdm,

Thank you for the assignment.

Please be informed vehicle not in the workshop, repairer will arrange.

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Wednesday, 10 April, 2019 4:41 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Karen Tan <karentan@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19002319MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

MS First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

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	08/04/2019 12:18
Date Of Accident	04/04/2019 09:15
Exact Location Of Accident	CTE BEFORE CHIN SWEE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3193A
Insured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.4Z A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5101671180-01
Cover Note Number	

Driver

Name of Driver	YONG WEI PHENG
NRIC No	S6839850I
Date Of Birth	26/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91727732
Fax Number	
Contact Number	OFFICE-91727732
Email Address	NOEMAIL

Address	BLK 894B WOODLANDS DRIVE 50 #05-43
Postcode	731894
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190406/7008.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7116L
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO YEW GUAN
NRIC/Passport Number	S7240038J
Contact Number	97332691
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YONG WEI PHENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLQ3193A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. The Form must be completed by the Policyholder and/or the Authorized Person.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 statement 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 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.
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 claim;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be situated outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulations, 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:

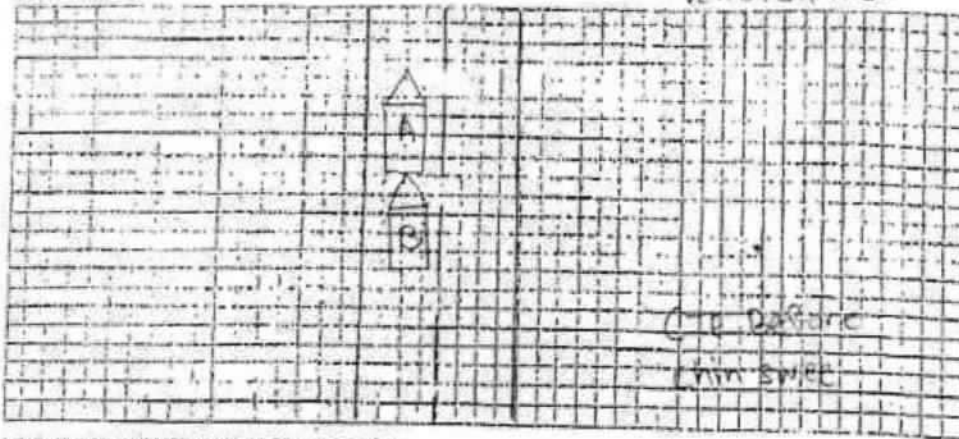
Insurer's Signature
(Insurer is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

VEH A: SLW 3193A
VEH B: SH 7116L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated Date and time

I was driving my vehicle SLW 3193A. On etc, the traffic in front is slow moving and eventually came to a stop. I follow suit and also came to a stop.

Suddenly I felt a great impact from the back so I came out of the vehicle and saw that VEH B: SH 7116L have collided to my rear.

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 Person's Signature
Name:
NIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190406/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190406/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2019 17:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YONG WEI PHENG			Address: APT BLK 894B WOODLANDS DRIVE 50 #05-43 SINGAPORE 731894		
ID Type / ID No.: NRIC NO / S68398501			Contact No.: Home/Office: Mobile: 91727732		
Nationality: SINGAPORE CITIZEN			Email: admin@mycar.sg		
Sex: Male	Age: 50	Date of Birth: 26/09/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2019 09:15	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7116L	Car	TOYOTA	Prius			0
SLQ3193A	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190406/7008

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190406/7008

CONTINUATION OF REPORT

Driver		ID No.	
Name	YONG WEI PHENG	ID No.	S68398501
Related Vehicle		Contact No.	
SLQ3193A (Car)		91727732	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NIL		Class: 3 Date of Expiry: NIL	
Date Treatment	04/04/2019	Date Discharge	04/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the stated date and time, I was driving my vehicle SLQ3193A on CTE, the traffic in front is slow moving and eventually came to a stop. I follow suit and also came to a stop. Suddenly I felt a great impact from the back so I came out of the vehicle and saw that veh B : SH7116L have collided to my rear. I went to see doctor due to pain of neck, was given 3 days MC.

Police Report



SINGAPORE
POLICE FORCE



T/20190406/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190406/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
06/04/2019 17:10

Classification Of Case:



MY CAR CONSULTANT PTE LTD

Reg no.: 2016058782

Address: 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Singapore 408934
HP: 98888885

Estimation

Date: 17 Apr 19
Vehicle: S10193A
Make / Model: TOYOTA/VELLFIRE
Chassis:

Description	Unit	Unit Price	Amount	
Parts Replacement:				
REAR TAILGATE / RT	1	\$ 1,935.90	\$ 1,935.90	1493.8
REAR TAILLAMP LOWER GARNISH X NN	2	\$ 241.20	\$ 482.40	X
REAR BUMPER / RL	1	\$ 1,826.50	\$ 1,826.50	506.2
REAR BUMPER TOW HOOK COVER RH X	1	\$ 44.35	\$ 44.35	X
REAR BUMPER REFLECTOR RH X NN	1	\$ 82.43	\$ 82.43	X
REAR BUMPER BRACKET RH X	1	\$ 105.00	\$ 105.00	X
REAR BUMPER SIDE BRACKET RH X	1	\$ 76.50	\$ 76.50	X
REAR BUMPER SIDE RETAINER RH / 12P	1	\$ 74.43	\$ 74.43	/
REAR ORIGINAL SENSOR / PM	1	\$ 359.90	\$ 359.90	200(SV)
			\$ 4,987.41	2074.43
		Less 25%	\$ 1,246.85	
		Total	\$ 3,740.56	1555.82
S/Nett items:				
REAR BUMPER CLIP / MC	1 SET	\$ 40.00	\$ 40.00	30
REAR TAILGATE SOUND PROOFING X NN	1 SET	\$ 280.00	\$ 280.00	
			\$ 320.00	
Labour to:				
TO CHECK REAR ELECTRICAL WIRING	1	\$ 50.00	\$ 50.00	X NN
TO REFIX SENSOR	1	\$ 120.00	\$ 120.00	40
TO RESPRAY UNDERCOATING	1	\$ 100.00	\$ 100.00	X NN
SPRAY PAINTING ON AFFECTED AREAS	1	\$ 600.00	\$ 600.00	400
PANEL BEATING ON AFFECTED AREAS	1	\$ 1,200.00	\$ 1,200.00	300
			\$ 2,070.00	
Parts Replacement Amount			\$ 4,060.56	
Total Amount for Labour			\$ 2,070.00	
Total Amount			\$ 6,130.56	

2525.82

20% = 2000

3 Days.

KK 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
subject to final approval from Insurance Company



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

Affiliated to Federation Internationale Des Experts En Automobile				
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI19006407/Gsd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 30-08-2019		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 7116L	Veh. Inspected	SLQ 3193A	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19002319MFSH	Excess (\$)	0.00	
Assign From	KAREN TAN	Assign Date	10/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA VELLFIRE	c.c	2362	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	ANH208333213	Colour	BLACK	
Odometer	57318	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	235/50 R18	CONTINENTAL	6 mm	
L/H Front Tyre	235/50 R18	CONTINENTAL	6 mm	
R/H Rear Tyre	235/50 R18	CONTINENTAL	6 mm	
L/H Rear Tyre	235/50 R18	CONTINENTAL	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	04/04/2019	Inspection Date	15/04/2019	
Survey held at	MY CAR CONSULTANT PTE LTD 53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934			
5a. Remarks				
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLQ 3193A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR TAILGATE	BENT	1,935.90	1,493.80
2	REAR TAILLAMP LOWER GARNISH @\$241.20	NOT NECESSARY	482.40	-
1	REAR BUMPER	DEFORMED	1,826.50	506.20
1	REAR BUMPER TOW HOOK COVER RH	NOT NECESSARY	44.35	-
1	REAR BUMPER REFLECTOR RH	NOT NECESSARY	82.43	-
1	REAR BUMPER BRACKET RH	NOT NECESSARY	105.00	-
1	REAR BUMPER SIDE BRACKET RH	NOT NECESSARY	76.50	-
1	REAR BUMPER SIDE RETAINER RH	DEFORMED	74.43	74.43
	LESS 25% DISCOUNT		-1,156.88	-518.61
			3,470.63	1,555.82
1	REAR ORIGINAL SENSOR (SN)	DAMAGED	359.90	200.00
	LESS 25% DISCOUNT		-89.98	-
			269.92	200.00
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	40.00	30.00
1	SET REAR TAILGATE SOUND PROOFING (SN)	NOT NECESSARY	280.00	-
			320.00	30.00
<u>LABOUR</u>				
	TO CHECK REAR ELECTRICAL WIRING.	NOT NECESSARY	50.00	-
	TO REFIX SENSOR.		120.00	40.00
	TO RESPRAY UNDERCOATING.	NOT NECESSARY	100.00	-
	SPRAY PAINTING ON AFFECTED AREAS.		600.00	400.00
	PANEL BEATING ON AFFECTED AREAS.		1,200.00	300.00
			-	-
			-	-
			-	-
			2,070.00	740.00
GRAND TOTAL			6,130.55	2,525.82

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,000.00
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XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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