

ACC. REC. BY:

REF:

CS/GAI19006662/Usd307

Special Instruction:

Surveyor

Markus

ASSIGNMENT (Office)

From (Person):

Kelvyn Ngich

of

GAI

Date/Time:

12/4/19 @ 4:21pm

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

GZ 7853P

Insured:

SDZ 6696T

at Workshop in/s

Liu's Brother

Tel:

G741173D

of

No. 11kaki Buleif Ave 6 #01-01

Policy No:

Claim No:

C/momvp000000978

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

4/4/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10:20am @ 15/4/19

Person Contacted:

susan

Vehicle

☒ IN ☐ OUT

Date/Time

Action/Instruction (—) Estimate

GZ 7853P - X

SDZ 6696T - X.

16/04/19

@ 15:49 p.m. revised PA to Kelvyn via email.

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

GAI /
ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 62783P

at Workshop m/s 112520

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: \$16k.

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS LTA 11041

Vehicle: IN / OUT

Date: _____ Person Contacted: 31-8-2017

Date / Time Action / Instruction

24/8 4am.

15/4/19 Confirmed L/S \$2550 with Subaru
 (\$2,363.60 Red - 48%)

RECEIVED 17 APR 2019

Date/Time, File Pass to?

1) 17/04/19

Date/Time, File Return to?

2) _____

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: 250

Transportation: _____

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

) S + RS \$ _____

) Photos

) Others

TOTAL

250

Report Format :

Lump Sum / I.B.I: (\$ 2,550/- L/S)

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 1196N

Vehicle Details

Vehicle No.: GZ7853P
Vehicle to be Exported: No
Intended Deregistration Date: 11 Apr 2019
Vehicle Make: TOYOTA
Vehicle Model: HILUX
Primary Colour: White
Manufacturing Year: 2006
Engine No.: 2KD9717145
Chassis No.: MR0CS12G700028760
Maximum Power Output: -
Open Market Value: \$16,759.00
Original Registration Date: 04 Sep 2006
First Registration Date: 04 Sep 2006
Transfer Count: 1
Actual ARF Paid: \$838.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 31 Aug 2021
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 5
PQP Paid: \$23,127.00
COE Rebate Amount: \$11,041.00
Total Rebate Amount: \$11,041.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 11 Apr 2019

OK

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Tuesday, 16 April 2019 3:49 PM
To: 'Ngian, Kelvyna'
Cc: 'SUR'; 'Admin-D (LKKAuto)'; 'assignments'
Subject: RE: Request for 3rd party claims survey GZ7853P Claims against GA SDZ6696T
Attachments: GZ 7853P - Preli Advise.pdf

Dear Kelvyna,

Enclosed preliminary revised of vehicle GZ 7853P.

Kindly provide us the claim no.

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: Monday, 15 April 2019 11:59 AM
To: 'Ngian, Kelvyna' <Kelvyna.Ngian@sg.gaig.com>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: Request for 3rd party claims survey GZ7853P Claims against GA SDZ6696T

Dear Kelvyna,

As spoken I've already called the workshop this morning and already arrange for the survey today.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Ngian, Kelvyna [mailto:Kelvyna.Ngian@sg.gaig.com]
Sent: Monday, 15 April 2019 11:54 AM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>

Cc: SUR <sur@lkkauto.com>

Subject: RE: Request for 3rd party claims survey GZ7853P Claims against GA SDZ6696T

Hi Nivitha

Please touch base with third party workshop first as they have sent us another reminder.

Thanks
Kelvyna

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Sent: Monday, April 15, 2019 10:22 AM

To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>; assignments <assignments@lkkauto.com>

Cc: SUR <sur@lkkauto.com>

Subject: [External] RE: Request for 3rd party claims survey GZ7853P Claims against GA SDZ6696T

Dear Kelvyna,

Thank you for the assignment.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Ngian, Kelvyna [<mailto:Kelvyna.Ngian@sg.gaig.com>]

Sent: Friday, 12 April 2019 4:21 PM

To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; 'Admin A' <admin-a@lkkauto.com>

Subject: Fw: Request for 3rd party claims survey GZ7853P Claims against GA SDZ6696T

Hi team

TP survey please. Insured non report yet

Thanks
Kelvyna

From: Susan Low <liusbro@ymail.com>

Sent: Friday, April 12, 2019 1:20 PM

To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>

Subject: [External] Re: Fw: Request for 3rd party claims survey GZ7853P Claims against SDZ6696T

We did like to chose as follow

LKK Auto Consultants

Nivitha (LKK Auto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Friday, 12 April 2019 4:21 PM
To: Admin-D (LKKAuto); 'Admin A'
Subject: Fw: Request for 3rd party claims survey GZ7853P Claims against GA SDZ6696T
Attachments: GZ7853P190404.pdf

Hi team

TP survey please. Insured non report yet

Thanks
Kelvyna

From: Susan Low <liusbro@ymail.com>
Sent: Friday, April 12, 2019 1:20 PM
To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Subject: [External] Re: Fw: Request for 3rd party claims survey GZ7853P Claims against SDZ6696T

We did like to chose as follow

LKK Auto Consultants

Kindly arrange

Thank.

Best Regards,

Susan Low
M/s Liu's Brother Auto Engineering Workshop
No. 1 Kaki Bukit Avenue 6 #01-01
AutoBay @ Kaki Bukit
Singapore 417883
Tel: 67411730 Fax: 67445746

----- Forwarded message -----

From: Susan Low <liusbro@ymail.com>
To: Great American - Motor Claims Dept <general.claims@sg.gaig.com>
Sent: Thursday, 11 April 2019, 3:48:55 pm SGT
Subject: Request for 3rd party claims survey GZ7853P Claims against SDZ6696T

Accident on 04/04/2019 Along Newton Circus

Involving GZ7853P and SDZ6696T

We refer to the above accident and 3rd party claims.

We hereby write to request of 3rd party claims pre-repair inspection for our client's vehicle.

Please let us have your single joint expert motor surveyors list (SJE) to conduct a pre-repair survey of the damage to our client's vehicle jointly with our client/our motor workshop at No. 1 Kaki Bukit Avenue 6 #01-01 AutoBay @ Kaki Bukit Singapore 417883 as soon as possible.

Kindly arrange.

Thank you.

Best Regard!

Susan Low
M/s Liu's Brother Auto Engineering Workshop
No. 1 Kaki Bukit Avenue 6 #01-01
AutoBay @ Kaki Bukit
Singapore 417883
Tel: 6741 1730
Fax: 6744 5746

Date of Survey:- _____

Name of Authorise Surveyor:- _____

Surveyor Email: _____

Remark :- _____

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: TBA

Date: 16 April 2019

Our Ref: CS/GAI19006662/Usd3

The Motor Claims Department
GREAT AMERICAN INSURANCE COMPANY

Dear Sir/Madam,

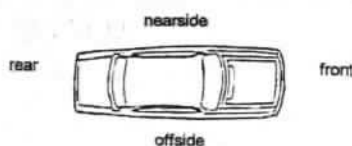
INITIAL INSPECTION REPORT OF VEHICLE NO. GZ 7853P

Please be informed that we had conducted the inspection of the abovementioned vehicle on 15/04/2019 at the premises of M/s Liu's Brother Auto Engineering Workshop and have the following to report:-

Workshop Estimate Amount	: S\$ <u>4,913.60</u>
Revised Estimate Amount (lump sum)	: S\$ <u>2,550.00</u>
"Check" Items Amount	: S\$ _____
Market Value	: S\$ _____
LTA Reimbursement Value	: S\$ _____
Nett Value	: S\$ _____

Description of Damage:

The vehicle sustained damages at the o/s front portion.



Comments/ Present Status:

Damages Consistent.

Repair days: 4 Days

Yours faithfully,
Marcus Chua
Automotive Assessor

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/04/2019 20:42
Date Of Accident	04/04/2019 11:20
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ7853P
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942897

Vehicle Particulars

Manufacturer	TOYOTA
Model	HILUX
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18090757MFCV
Cover Note Number	NA

Driver

Name of Driver	DELWAR HOSSAIN ABUL HOSSAIN RARY
NRIC No	G8246609L
Date Of Birth	28/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93537912
Fax Number	
Contact Number	
E-Mail Address	KEANSENG@SOILINVESTIGATION.COM.SG

Address	NA
Postcode	
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	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

At the NEWTON CIRCUS, I was driving on the left lane towards SCOTT'S RD. As I passed by CLEMENCEAU AVE. Suddenly a vehicle from my right, cut into my lane. As a result the vehicle brushed onto my vehicle front right portion.

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	SDZ6696T
Vehicle Make/Model/Colour	MERCEDES E280 SILVER
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NG THIAM ENG
NRIC/Passport Number	S0715109H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : PASSENGER 1

GENDER: : MALE

Sketch Plan

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 under the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 benefits on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon request by interested parties.
7. By the acceptance 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 upon request.
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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 purposes 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 its claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the making 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 claims as well as on the external cover of envelopes/postal 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 be 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

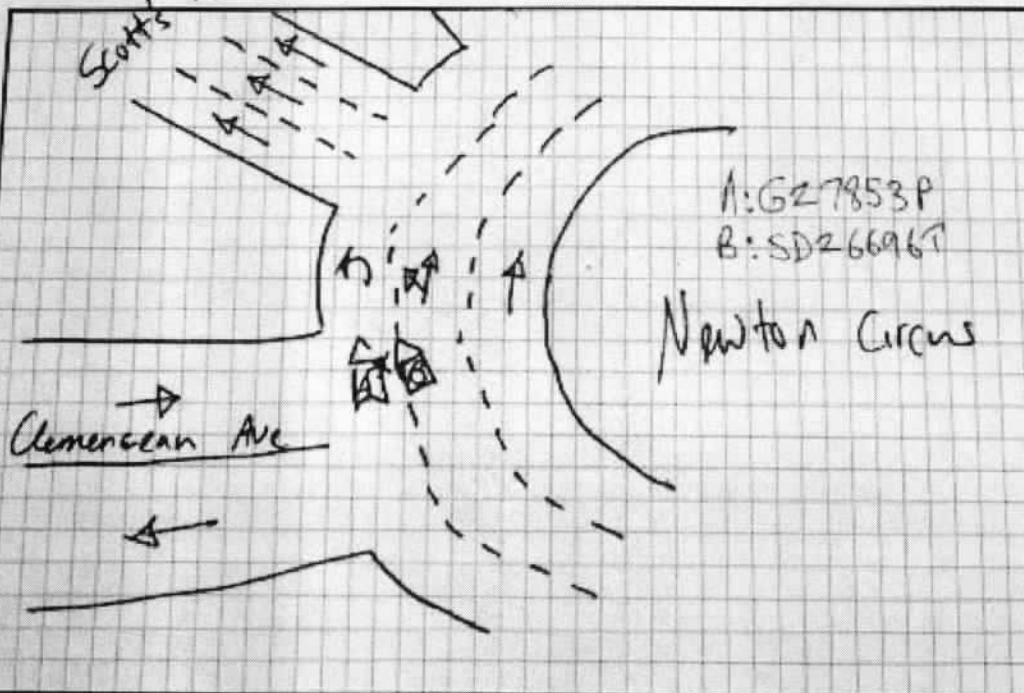
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

Driver's Signature (if Driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

At the NEWTON CIRCUS ,I was driving on the left lane towards SCOTT'S RD. As I passed by CLEMENCEAU AVE. Suddenly a vehicle from my right ,cut into my lane. As a result the vehicle brushed onto my vehicle front right portion.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

4 April 2019 at 3:00 PM

Date/Time:

4 April 2019 at 3:00 PM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 1196N

Vehicle Details

Vehicle No.: GZ7853P
Vehicle to be Exported: No
Intended Deregistration Date: 11 Apr 2019
Vehicle Make: TOYOTA
Vehicle Model: HILUX
Primary Colour: White
Manufacturing Year: 2006
Engine No.: 2KD9717145
Chassis No.: MR0CS12G700028760
Maximum Power Output: -
Open Market Value: \$16,759.00
Original Registration Date: 04 Sep 2006
First Registration Date: 04 Sep 2006
Transfer Count: 1
Actual ARF Paid: \$838.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 31 Aug 2021
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 5
PQP Paid: \$23,127.00
COE Rebate Amount: \$11,041.00
Total Rebate Amount: \$11,041.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 11 Apr 2019

OK



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 11 Apr 2019 / 14:46:59

Receipt Date/Time : 11 Apr 2019 / 14:46:40

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190411-001824

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SDZ6696T As at 11 Apr 2019/11:20:00 Insurance Co: GREAT AMERICAN INSURANCE COMPANY				
1	Insurance Enquiry - SDZ6696T Enquiry Fee 20190411144439115391	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx4559	Credit Card: Visa /MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

ROB No: 53291793J - Tel: 6741-1730 / 731. Fax: 6744-5746. Email: liusbros@gmail.com

Invoice/Ref No: GZ7853P190404

EstimateSummit to
insurance.

Customer

Name: Great American Insurance Company

Date: 11-04-19

Address Motor Claims Department

Vehicle No: GZ7853P

3 Temasek Avenue #16-01

Model/Make: Toyota Hilux

Centennial Tower

Singapore 039190

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Front Rh Door <i>W/Bent</i>	\$ 1,457.00	
2	Fender <i>W/Bent 725.10</i>	\$ 824.60	
3	Fender Cowling <i>715</i>	\$ 167.00	
4	Fender Cowling clips 1 set <i>nee</i>	\$ 35.00	SN ✓
5	Mudflap <i>groove</i>	\$ 175.00	
6	"Hilux" Emblem <i>nee</i>	\$ 78.90	
7	"D4D" Emblem <i>nee</i>	\$ 68.10	
8	Side Mirror <i>n</i>	\$ 330.00	X
9	"Corporate" Advertisement & Artwork <i>nee</i>	\$ 350.00	SN 2005.2
10	"Corporate ROC" LTA Sticker <i>nee</i>	\$ 48.00	SN 305.2
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 600.00	300
	To putty & spray painting & including touch up paint on accident affected area	\$ 600.00	500
	To apply Rust Proofing, reseal tuff-coating treatment on accident area	\$ 80.00	60
	To remove, replace and transfer door panel, fitting and mechanisms	\$ 100.00	60

Total Parts & Labour of estimate for damaged vehicle

\$ 4,913.60

Total amount in Lump Sum Basis for repaired vehicle

SDLS:



M/s Liu's Brother Auto Engrg Wks

Not Authorized
*HLH**15/4/19**L/S \$2550/2**Take the After repair**4 day**P-2671.1*
*25%**P-2003.32**S.N-265.00**10km - 920.00**3188.32**202**2550.*

LKK Auto Components hence notify the Resurvey of it is following:

- To resurvey before/after spray painting
- To disclose 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:



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

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI19006662/Usd3e2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 07-05-2019



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SDZ 6696T	Veh. Inspected	GZ 7853P
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVP000000978	Excess (\$)	0.00
Assign From	KELVYNA NGIAN	Assign Date	12/04/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA HILUX (M)	c.c	2494
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	MR0CS12G700028760	Colour	WHITE
Odometer	422804	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/70 R15	MILEAGE PLUS	6 mm
L/H Front Tyre	205/70 R15	MILEAGE PLUS	6 mm
R/H Rear Tyre	205/70 R15	MILEAGE PLUS	6 mm
L/H Rear Tyre	205/70 R15	MILEAGE PLUS	6 mm

4. Description of Damages

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

5. General Information

Accident Date	04/04/2019	Inspection Date	15/04/2019
Survey held at	LIU'S BROTHER AUTO ENGINEERING WORKSHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

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:	4 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GZ 7853P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT RH DOOR	DENTED / BENT	1,457.00	1,457.00
1	FRONT RH FENDER	DENTED / BENT	824.60	725.10
1	FRONT RH FENDER COWLING	DISTORTED	167.00	167.00
1	FRONT RH MUDFLAP	GRAZED	175.00	175.00
1	FRONT RH "HILUX" EMBLEM	NECESSARY	78.90	78.90
1	FRONT RH "D4D" EMBLEM	NECESSARY	68.10	68.10
1	FRONT RH SIDE MIRROR	TO REPAIR SEE LABOUR	330.00	-
	LESS 25% DISCOUNT		-	-667.78
			3,100.60	2,003.32
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT RH FENDER COWLING CLIPS (SN)	NECESSARY	35.00	35.00
1	FRONT RH "CORPORATE" ADVERTISEMENT & ARTWORK (SN)	NECESSARY	350.00	200.00
1	FRONT RH "CORPORATE ROC" LTA STICKER (SN)	NECESSARY	48.00	30.00
			433.00	265.00
<u>LABOUR</u>				
	LABOR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN & REPLACING PARTS ETCS. INCLUSIVE OF THE REPAIR OF FRONT RH SIDE MIRROR.		600.00	300.00
	TO PUTTY & SPRAY PAINTING & INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED A.		600.00	500.00
	TO APPLY RUST PROOFING, RESEAL TUFF-COATING TREATMENT ON ACCIDENT AREA.		80.00	60.00
	TO REMOVE, REPLACE AND TRANSFER DOOR PANEL, FITTING AND MECHANISMS.		100.00	60.00
			-	-
			-	-
			1,380.00	920.00
GRAND TOTAL			4,913.60	3,188.32
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,550.00

Report Ref No. CS/GAI19006662/Usd3e2



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CHUA KANG SENG

Licensed Appraiser

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