

22/03/2002

ASS. REC. BY:

REF: CS/6A1 190069021 E v d301 Special Instruction:

Surveyor: SUVEASSIGNMENT (Office)From (Person): Sharon Ngof GAIDate/Time: 18.4.19 9.30a.m

Estimated Cost: _____

Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJU 1409 UInsured: GZ 6102Eat Workshop m/s TC AutoclinicTel: 9645 0023of 25 Ling Kee Road

Policy No: _____

Claim No: CLMOMVC 000003642

Sum Insured: _____

Excess: _____

Make of Veh: _____

(Client's Record)

D.O.A. 11.4.2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 18.4.19 10.52a.mPerson Contacted: shawnVehicle IN / OUT

Date/Time

Action/Instruction (✓) EstimateSJU 1409 U - XGZ 6102E - NA/RS/14018828/d2D.O.A - 03/10/20149/5/19Final fig \$ 1649.16 confirmed by email (Reel 2502.16, 609)

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 _____
 (Client's Record)
 Make of Veh: _____

Excass:

(Policy Condition)

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

N/S	O/S
XX	

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time / Action / Instruction

Veh No SJU 14094 Yt Regn. 19/2/18
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Nissan X-Trail cc 1997
 Colour Brown A/C Insured / Std / NI / NA
 Sp. Reading 34854 T/Rndln: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JN1JANT32Z0019791
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/55R19
 R: 4
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front _____ Rear _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 11/4/19 D.O.I. 24/4/19
 Survey held at TC Autotech

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

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

RECEIVED 09 MAY 2019

Date/Time, File Pass to: ☐ : Prel. Report4) ☐ : Final Report

Date/Time, File Return to?

2) 9/5 - typist

Report Format :

Lump Sum / I.B : (\$)

TP
1649.16Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation

) S + R: \$

) Photos

) Other

) ...

TOTAL

260

290

Nivitha (LKK Auto)

From: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Sent: Thursday, 18 April 2019 9:30 AM
To: 'SUR'; 'assignments'
Subject: FW: Accident Involving SJU1409U & GZ6102E On 11/04/19 || Our ref: CLMOMVC000003642
Attachments: GZ6102E (OI).pdf

From: Ng, Sharon
Sent: Thursday, April 18, 2019 9:30 AM
To: 'Shawn Chua' <shawnychua@tanchong.com>
Cc: 'kelvinheng@tanchong.com' <kelvinheng@tanchong.com>; 'SUR' <sur@lkkauto.com>; 'assignments' <assignments@lkkauto.com>
Subject: RE: Accident Involving SJU1409U & GZ6102E On 11/04/19 || Our ref: CLMOMVC000003642

WITHOUT PREJUDICE

Dear Shawn

We spoke. Appointed LKK as SJE.

Please make arrangement with LKK once your client veh no. SJU1409U is available for survey.

Thanks and Regards

Sharon Ng, Assistant Manager | Claims, P&C | P. +65 6804 7845 | F. +65 6235 3354 | sharon.ng@sg.gaig.com



Claims Division | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190



A+ (Superior)
Affirmed August 17, 2018

Moody's
A1 (Good)
Published December 2018

Standard & Poor's
A+ (Strong)
Affirmed February 23, 2018

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: Shawn Chua <shawnychua@tanchong.com>
Sent: Wednesday, April 17, 2019 11:29 AM
To: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Cc: Kelvin Heng <kelvinheng@tanchong.com>
Subject: [External] RE: Accident Involving SJU1409U & GZ6102E On 11/04/19 || Our ref: CLMOMVC000003642

Great American Ref: **CLMOMVC000003642**

Our Ref: SJU1409U

Good morning.

Have notified owner to arrange for a survey but have not gotten a date from owner.

Shawn Chua
Service Executive
TC AutoClinic Pte Ltd
25 Leng Kee Road
Singapore 159097
DID: +65 67038515
HP: +65 96450023
Fax: +65 64795019



From: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Sent: Wednesday, April 17, 2019 11:27 AM
To: Shawn Chua <shawnychua@tanchong.com>
Cc: Kelvin Heng <kelvinheng@tanchong.com>
Subject: RE: Accident Involving SJU1409U & GZ6102E On 11/04/19 || Our ref: CLMOMVC00003642

WITHOUT PREJUDICE

Dear Shawn

Our insured has reported the accident. Liability is clear, please let us know if the vehicle is available for survey.

Thanks and Regards

Sharon Ng, Assistant Manager | Claims, P&C | P. +65 6804 7845 | F. +65 6235 3354 | sharon.ng@sg.gaig.com



Claims Division | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190



A+ (Superior)
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Moody's
A1 (Good)
Published December 2018

Standard & Poor's
A+ (Strong)
Affirmed February 23, 2018

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: Ng, Sharon
Sent: Friday, April 12, 2019 5:49 PM
To: 'shawnychua@tanchong.com' <shawnychua@tanchong.com>
Subject: FW: Accident Involving SJU1409U & GZ6102E On 11/04/19

WITHOUT PREJUDICE

Dear Shawn

Our insured has not reported the accident yet. We can arrange survey to your client's vehicle strictly on a without prejudice basis and without admission of liability basis.

Thanks and Regards

Sharon Ng, Assistant Manager | Claims, P&C | P. +65 6804 7845 | F. +65 6235 3354 | sharon.ng@sg.gaig.com



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A+ (Strong)
Affirmed February 23, 2018

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: Tan, Rachel <Rachel.Tan@sg.gaig.com> **On Behalf Of** General Claims
Sent: Friday, April 12, 2019 5:03 PM
To: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Subject: FW: Accident Involving SJU1409U & GZ6102E On 11/04/19

Hi Sharon

Please assist.

From: Shawn Chua <shawnychua@tanchong.com>
Sent: 12 April 2019 4:11 PM
To: General Claims <GeneralClaims@sg.gaig.com>
Cc: Kelvin Heng <kelvinheng@tanchong.com>
Subject: [External] Accident Involving SJU1409U & GZ6102E On 11/04/19

Dear Sir/Madam,

Our customer holds your insured driver, **GZ6102E** liable for the accident on **11/04/19** and would like to claim against your insured driver. We hereby inquire whether you would like to have a direct settlement with our claimant, **SJU1409U**.

If you minded to reach an amicable direct settlement with our customer, please let us have your substantive reply strictly by **17/04/19**. Otherwise our customer will proceed in a manner that he deems fit.

Kindly let me know when I can arrange for an accident survey.


Attached herewith the **GIA Report** and **estimate of repair cost** for **SJU1409U**.

Shawn Chua
Service Executive
TC AutoClinic Pte Ltd
25 Leng Kee Road
Singapore 159097
DID: +65 67038515
HP: +65 96450023
Fax: +65 64795019



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.

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 > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1557B
Vehicle Details	
Vehicle No.:	SJU1409U
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Apr 2019
Vehicle Make:	NISSAN
Vehicle Model:	X-TRAIL 2.0 CVT
Primary Colour:	Brown
Manufacturing Year:	2017
Engine No.:	MR20202151C
Chassis No.:	JN1JANT32Z0010701
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	\$24,640.00
Original Registration Date:	19 Feb 2018
First Registration Date:	19 Feb 2018
Transfer Count:	0
Actual ARF Paid:	\$26,496.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Feb 2028
PARF Rebate Amount:	\$19,872.00
Intended COE Rebate Details	
COE Expiry Date:	18 Feb 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,322.00
COE Rebate Amount:	\$37,330.00
Total Rebate Amount:	\$57,202.00

The information contained herein is correct as at 24 Apr 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	12/04/2019 13:24
Date Of Accident	11/04/2019 13:40
Exact Location Of Accident	PORTSDOWN RD FILTER LANE TO NORTH BOUNA VISTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1409U
Insured/Policyholder	
Name Of Registered Owner	SIVANAND S/O KRISHNAN
NRIC No	S7031557B
Email Address	SIVANAND.K@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96677543
Alternative Phone No	OTHERS-96677543

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 CVT (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800017215-01
Cover Note Number	19/02/2019 - 18/02/2020

Driver

Name of Driver	SIVANAND S/O KRISHNAN
NRIC No	S7031557B
Date Of Birth	16/09/1970
Occupation	INDOOR
Date Of Driving Pass	10/05/1991
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96677543
Fax Number	
Contact Number	OTHERS-96677543
Email Address	SIVANAND.K@GMAIL.COM

Address	29 LORONG 7 REALTY PARK
Postcode	S536787
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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 attached sketch plan. Mr Ng (98368877) supervisor of Mr Lui Kok Neng informed that the van is insured under Great American.

Attachment(s)

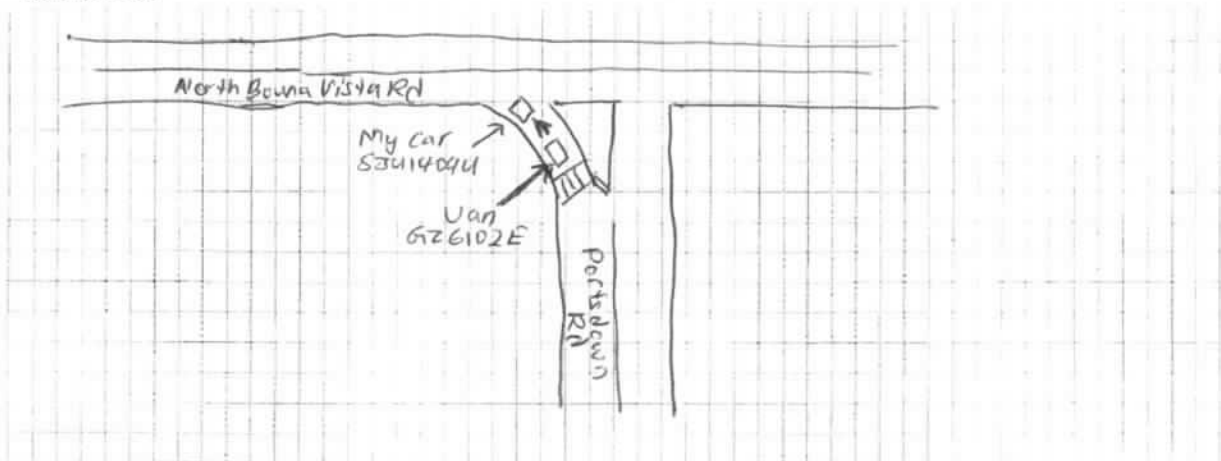
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ6102E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LUI KOK BENG
NRIC/Passport Number	S1113006B
Contact Number	97688679
Address	BLK 481 SEGAR RD #08-366
Postcode	S670481
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11 April 2019 at 1.40pm, I was waiting to exit Portsdown Road, on the left filter lane, to join North Buena Vista Road, in my car SJU1409U.

While waiting for the traffic oncoming along North Buena Vista to clear, my car was rear-ended (hit) from behind by a van (GZ6102E), driven by a male who identified himself as LUI KOK BENG (IC No. S1113006B).

My car was damaged in the accident. The driver of the vehicle who hit mine, agreed that it was entirely his fault, for hitting my vehicle ^{from behind} when it was ~~set~~ stationary.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
✓	- Claim TP
	- Claim OD/ TP at other workshop

DECLARATION

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


 Policyholder's signature

Date & Time ~~12/4/19~~
 12/4/19 1.10pm

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



Reporting Centre Personnel's Signature
 Name:
 Nric/Fin No.



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: 12/4/19
1.10pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO : 67038511
REFERENCE : 046/IC/TCAC/CCR/2019
DATE : 12-APR-2019

GREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
S(039190)
TEL : 68046059
FAX : 62353354
ATTN: MOTOR CLAIM MANAGER

OWNER'S NAME : SIVANAND S/O KRISHNAN
ADDRESS : 29 LORONG 7 REALTY PARK
S(536787)
TELEPHONE NO : 96677543

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM
POLICY NO : 1800017215-01
VEHICLE NO : SJU1409U
MODEL CODE : JDRNRRZT32EWF---A
MODEL/YEAR : NISSAN X-TRAIL FACELIFT MY2017
ENGINE NO : MR20202151C
CHASSIS NO : JN1JANT32Z0010701
MILEAGE : 33717 KM
DATE IN : 12/04/2019
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : SHAWN CHUA CHU RONG
ACCIDENT DATE : 11/04/2019

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SJU1409U

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
①	1 RPI	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	120.00 ✓	✓
②	2 RSI	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	55.00 ✓	✓
	3 SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00 X	
③	4 ZZ/001	REPLACE REAR BUMPER, CHROME MOULDING, BRACKETS, REAR UPPER PANEL, REINFORCEMENT ETC. REPAIR PANELS 390	1170.00 390	✓
④	5 ZZ/002	RESPRAY REAR BUMPER IN 2 COLORS, REAR UPPER PANEL ETC 250	750.00 350	✓
	6 ZZ/003	QC, RETUNE & CONSULT CHECK		
	7 ZZ/004	COMPLIMENTARY WASH & VACUUM		
TOTAL LABOUR CHARGES			2195.00	

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SJU1409U

S/NO	PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES		
			NETT	LIST	S/NETT REMARKS
	1 REVERSE SENSOR(J11 & T32) ? X NAI	SENSOR-TE5140			360.00
	2 BUMPER CENTER BRACKET ? X NAI	85040-6FL0A	84.00		
①	3 CHROME MOULDING / BR	85072-6FL1A	153.10		
	4 REINFORCEMENT ? X NAI	85032-4CC0A	533.80		
②	5 LEFT BUMPER BRACKET / BR	85221-4CE0A	35.80		
③	6 CENTER FINISHER / CUT	85070-1KA0A	105.00		
④	7 REAR BUMPER / DD	85022-6FR0H	623.80		
	8 REAR UPPER PANEL X R	79110-4CC0A	404.90		
	9 LEFT REFLECTOR ? X NAI	26565-6FV0A	55.00		
SUB TOTAL			1995.40	0.00	360.00
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)			399.08	0.00	0.00
GRAND TOTAL			1596.32	0.00	360.00
OVERALL TOTAL			1956.32		

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

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:

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SJU1409U

TOTAL LABOUR CHARGES	2195.00
TOTAL SPARE PARTS CHARGES	1956.32
GRAND TOTAL	4151.32 *

* All charges do2 not include GST.

[Handwritten signature]
25/4/19

SURVEYOR'S PARTICULARS

NAME

SURVEYED DATE

AUTHORIZED DATE

EXCESS CLAUSE

LIABILITY

REMARKS

(LKK) 8322 8813
: Steve
: 24/4/19, 12.30pm with Airindie
: P/P
: 0.00
: 0.00
: Rely before spray
: 3 days

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

FINALIZED : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO : 67038511
REFERENCE : 046/IC/TCAC/CCR/2019
DATE : 12-APR-2019

GREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
S(039190)
TEL : 68046059
FAX : 62353354
ATTN: MOTOR CLAIM MANAGER

OWNER'S NAME : SIVANAND S/O KRISHNAN
ADDRESS : 29 LORONG 7 REALTY PARK

S(536787)
TELEPHONE NO : 96677543

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM
POLICY NO : 1800017215-01
VEHICLE NO : SJU1409U
MODEL CODE : JDRNRRZT32EWAF---A
MODEL/YEAR : NISSAN X-TRAIL FACELIFT MY2017
ENGINE NO : MR20202151C
CHASSIS NO : JN1JANT32Z0010701
MILEAGE : 33717 KM
DATE IN : 12/04/2019
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : SHAWN CHUA CHU RONG
ACCIDENT DATE : 11/04/2019

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SJU1409U

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
①	1 RPI	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	120.00	120.00
②	2 RSI	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	55.00	55.00
	3 SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00	.00
③	4 ZZ/001	REPLACE REAR BUMPER, CHROME MOULDING, LEFT BUMPER BRACKET, CENTER FINISHER	1170.00	390.00
④	5 ZZ/002	RESPRAY REAR BUMPER IN 2 COLORS	750.00	350.00
	6 ZZ/003	QC, RETUNE & CONSULT CHECK		
	7 ZZ/004	COMPLIMENTARY WASH & VACUUM		
TOTAL LABOUR CHARGES			2195.00	915.00 /

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SJU1409U

		DAMAGED PARTS & PRICES				
S/NO	PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST	S/NETT	REMARKS
	1 REVERSE SENSOR(J11 & T32)	SENSOR-TE5140			360.00	X
	2 BUMPER CENTER BRACKET	85040-6FLOA	84.00			X
①	3 CHROME MOULDING	85072-6FL1A	153.10	✓		OK
	4 REINFORCEMENT	85032-4CC0A	533.80			X
②	5 LEFT BUMPER BRACKET	85221-4CE0A	35.80	✓		OK
③	6 CENTER FINISHER	85070-1KA0A	105.00	✓		OK
④	7 REAR BUMPER	85022-6FR0H	623.80	✓		OK
	8 REAR UPPER PANEL	79110-4CC0A	404.90			X
	9 LEFT REFLECTOR	26565-6FV0A	55.00			X
SUB TOTAL			917.70	0.00	0.00	
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)			183.54	0.00	0.00	
GRAND TOTAL			734.16	0.00	0.00	
OVERALL TOTAL			734.16	✓		

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO SJU1409U

NETT ITEM	917.70
LESS 20.00%)	-183.54
NETT AMOUNT	734.16

LIST ITEM	0.00
LESS 30.00%)	0.00
LIST AMOUNT	0.00

SPECIAL NETT ITEM	0.00
LESS .00%)	0.00
SPECIAL NETT AMOUNT	0.00

TOTAL LABOUR CHARGES	915.00
TOTAL SPARE PARTS CHARGES	734.16

TOTAL CHARGES	1649.16
ADD 7 % GST	115.44

GRAND TOTAL	1764.60
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3 days ✓

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Thursday, 9 May 2019 11:26 AM
To: Shawn Chua; Steve Chen (LKK Auto)
Cc: SUR
Subject: RE: SJU1409U Finalized Claim

Dear Shawn,

WITHOUT PREJUDICE

Confirmed amount \$1649.16 before GST @ 3 working days.

Kindly send Final invoice and all supporting documents directly to GREAT AMERICAN

Best Regards,

Veron Chen | 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: Shawn Chua <shawnychua@tanchong.com>
Sent: Wednesday, 8 May 2019 4:43 PM
To: Steve Chen (LKK Auto) <SteveChen@lkkauto.com>
Subject: SJU1409U Finalized Claim

Great American Ref: **CLMOMVC000003642**

Our Ref: **SJU1409U**

Good afternoon.

Attached is **SJU1409U** finalized claim.

Kindly reply so that I can close the case soon.

Thank you very much for your time & assistance.

Shawn Chua
Service Executive
TC AutoClinic Pte Ltd
25 Leng Kee Road
Singapore 159097
DID: +65 67038515

HP: +65 96450023
Fax: +65 64795019



**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/GAI19006902/Evd3e2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 15-05-2019



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GZ 6102E	Veh. Inspected	SJU 1409U
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000003642	Excess (\$)	0.00
Assign From	SHARON NG	Assign Date	18/04/2019

2. Vehicle Particulars & Condition

Make & Model	NISSAN X-TRAIL	c.c	1997
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	JN1JANT32Z0010701	Colour	BROWN
Odometer	34854	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/55 R19	BRIDGESTONE	7 mm
L/H Front Tyre	225/55 R19	BRIDGESTONE	7 mm
R/H Rear Tyre	225/55 R19	BRIDGESTONE	7 mm
L/H Rear Tyre	225/55 R19	BRIDGESTONE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	11/04/2019	Inspection Date	24/04/2019
Survey held at	TC AUTOCLINIC PTE LTD 25 LENG KEE RD SINGAPORE 159097		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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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. SJU 1409U

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER CENTER BRACKET (N)	NOT NECESSARY	84.00	-
1	CHROME MOULDING (N)	BROKEN	153.10	153.10
1	REINFORCEMENT (N)	NOT NECESSARY	533.80	-
1	LEFT BUMPER BRACKET (N)	BROKEN	35.80	35.80
1	CENTER FINISHER (N)	CUT	105.00	105.00
1	REAR BUMPER (N)	DENTED	623.80	623.80
1	REAR UPPER PANEL (N)	TO REPAIR SEE LABOUR	404.90	-
1	LEFT REFLECTOR (N)	NOT NECESSARY	55.00	-
	LESS 20% DISCOUNT		-399.08	-183.54
			1,596.32	734.16
	<u>SPECIAL NETT ITEMS</u>			
1	REVERSE SENSOR (J11 & T32)(SN)	NOT NECESSARY	360.00	-
			360.00	-
	<u>LABOUR</u>			
	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL.		120.00	120.00
	REPLACE REVERSE SENSOR,NECESSARY ADJUSTMENT & FUNCTION TEST.		55.00	55.00
	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA.	NOT NECESSARY	100.00	-
	REPLACE REAR BUMPER,CHROME MOULDING,BRACKETS,REAR UPPER PANEL,REINFORCEMENT ETC.REPAIR PANELS.INCLUSIVE OF THE REPAIR OF REAR UPPER PANEL .		1,170.00	390.00
	RESPRAY REAR BUMPER IN 2 COLORS,REAR UPPER PANEL ETC.		750.00	350.00
			-	-
			-	-
			-	-
			2,195.00	915.00
	GRAND TOTAL		4,151.32	1,649.16

Report Ref No. CS/GAI19006902/Evd3e2



RECOMMENDED COST OF REPAIRS				1,649.16
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Report Ref No. CS/GAI19006902/Evd3e2

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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