| ynwyr :-                       | ASSIGNME   |              |                 |                                      |                 |
|--------------------------------|--|--------------|-----------------|--------------------------------------|-----------------|
|                                | i); Ong chin kiat of CTI                           | 77           | Date/           | 3.5.14                               | 1 11:48a.m      |
| Estimated Co                   |  | Bill to:     |                 |                                      |                 |
| o Inspect V                    | STTP RESTOD RESTEVATING MY Conclude No. EA 999D    |              | sured;          | SJP 135                              | 34              |
| t Workshop                     | m/s SRS International                              |              | Tel: 8          | 7180318                              |                 |
| £ [115]                        | East Ontre 10 kati Butit Road                      | 12 #03-18    |                 |                                      |                 |
| olicy No: D                    | MPCSN30309119044                                   | Claim No: SN | m190 20         | 1927-00                              | 7.              |
| um Insured:                    |  | Excess:      |                 | -1-1-                                |                 |
| Make of Veh:<br>Chent's Recerv |  | DAUGSS.      | D.O.A           | 30.4.                                |                 |
| CA / REV<br>Date/Time: 3       | REP. / REV 24 HRS  5-19 1.15 P.M Person Contacted: | ten.         |                 | 6.5.19<br>D. Endorsement<br>IN 10171 | (Afur 1. oop.m) |
| ate/Time                       | Action/Instruction Fahrmatu (V)                    |              | ··· ·· ·· ·· ·· |                                      |                 |
|                                | EA GGAD -X   |              | -               |                                      |                 |
|                                | SUP 13534-X  | - 3          | d               |                                      |                 |
|                                |  |              |                 |                                      | -               |

## ...CLAIM SUBFOLDER...(New Assignment)

| Case       | Notified          | Est Submitted | Adj Assigned   | Adj Rpt  | Adj Submitted          | Ins Auth'ed   | Status  |  |  |
|------------|-------------------|---------------|--|--|------------------------|---|---|--|--|
| Main       | 03 May 2019       |               | 03 May 2019<br>11:48<br>Assign   |  |                        |   | New Assig<br>Cancel Ca  | The second secon |  |
| YOW        | Main              | Ref           | erence   | Clair  | m Details              | Docume  | nts   | Show All   |  |
| CLAIM S    | UBFOLDER DET      | TAILS         | AND DESCRIPTION OF THE PARTY OF | ACCOUNT NOT HAVE   |                        | [Cre  | ated by insu  | rer]   |  |
| Insured:   |                   | HUANG         | XIAOYANG, ID   | : S7062352H  |                        | 100 100 100   |   | A192   |  |
| Main Clair | mant:             | LEE GE        | K KIM, ID: S02   | 969613   |                        |   |   |  |  |
| Vehicle R  | eg. No.:          | EA99          | 9D   | Da   | Date of Loss:          |   | 30/04/2019 14:00 - :59<br>[60 Months and 15 Days From<br>LTA Reg Date (Man Yr)] |  |  |
| Claim Typ  | oe:               | <b>TP</b> / S | NM19D201927  | CO2 Pol  | icy/Cover Note No.:    | DMPCSN3030911904<br>(Comprehensive)<br>ote No.: Coverage: 12/03/20:<br>11/03/2020 |   | sive)<br>2/03/2019 -   |  |
| Vehicle R  | eg. No. (Insured) | SJP13         | SJP1353Y   |  | Policy No. (Claimant): |   | 2100370409-05   |  |  |
|            |                   |               | WEATHER TO THE PARTY OF THE PAR | Exc  | cess:                  | S\$0.   | S\$0.00   |  |  |
| Repairer:  |                   |               | pplicable - (-)  |  | diese//                | Topicoes  | W 100   |  |  |
| Handling   | Insurer:          |               |  |  | ) Pte. Ltd. (HQ) - Te  |   | [Handled by O   | ing Chin Kiat  |  |
| Claimant   | s Insurer:        |               | because the control of the control o | technical property and the state of the stat | (SG) - Tel: 65-6419-   |   |   |  |  |
| Adjuster:  |                   |               |  |  | - Tel: 6256-3561 [     | Final Rpt due   | 14/05/2019  | 9]   |  |
| Driver/Cu  | stodian (Insured  | ): HUANG      | XIAOYANG (48 / I   | Male), NRIC  | : S7062352H Email:     | 640   |   |  |  |
| ASSOCI     | ATED MAIL REG     | CEIVED        |  |  |                        | View All  | Compo   | se Case Mail   |  |
| There are  | no mail for this  | case.         |  |  |                        |   |   |  |  |
| E          |                   |               |  |  | numero A               |   | \$50,2000 LL 194 AV   | 1  |  |
| ALL ASS    | SOCIATED TASE     | KS            |  |  | View All Search        |   | ate New Task  | Complete   |  |
| Due Da     | ate Priority      | Type Task 0   | iroup Subject  | Handler  | Assigned By            | Completed On  | Created   | On Done  |  |
|            | S.                |               |  |  |                        |   |   |  |  |

02 May 2019

SRS International Pte Ltd First East Centre 10 Kakit Bukit Road 2 #03-18 Singapore 417868

China Taiping Insurance Singapore Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6222 1033

Requesting a surveyor to conduct an accident damage claim report

Dear Sir/Madam:

I am writing to request for your surveyor to conduct a comprehensive survey on our client vehicle number - EA999D, Model- KIA SORENTO 2.4 A GDI for a direct claim settlement. We are located First East Centre, 10 Kakit Bukit Road 2, #03-18 below are the following dates which are client able to send over his car to allow your surveyor to conduct the survey:

Dates:

a.13 May 2019 Monday at 10.00am b.14 May 2019 Monday at 10.00am

Details of the other vehicle insured under your company China Taiping Insurance Singapore Pte Ltd. Vehicle number -SJP1353Y, Model- Honda City.

I would appreciate it if you would please call me as soon as possible to schedule a time for this inspection, so that we able to make the necessary coordination with our client.

Thank you for your prompt attention to this request.

Sincerely,

KanGanM.K

Ken Gan

Mobile: 8718-0318

#### > Back to OneMotoring

Open Market Value:

Original Registration Date:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Singapore NRIC Owner ID Type: 6961J Owner ID: Vehicle Details EA999D Vehicle No.: No Vehicle to be Exported: 07 May 2019 Intended Deregistration Date: KIA Vehicle Make: SORENTO 2.4(A) SUNROOF Vehicle Model: Red Primary Colour: 2014 Manufacturing Year: G4KJEH739910 Engine No.: KNAKU816ME5509862 Chassis No.: 141.0 kW (189 bhp) Maximum Power Output:

\$28,168.00

15 Apr 2014

First Registration Date: 15 Apr 2014
Transfer Count: 0
Actual ARF Paid: \$31,436.00
Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 14 Apr 2024
PARF Rebate Amount: \$22,005.00

 Intended COE Rebate Details
 14 Apr 2024

 COE Expiry Date:
 E - Open Category

 COE Category:
 10

 COE Period(Years):
 \$78,810.00

 QP Paid:
 \$76,810.00

 COE Rebate Amount:
 \$38,901.00

 Total Rebate Amount:
 \$60,906.00

The information contained herein is correct as at 07 May 2019

OK

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number

**EMail Address** 

- 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 witholding 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

|  | ACCIDENT STATEMENT                              |
|--|---|
| Date Of Report   | 02/05/2019 08:35                                |
| Date Of Accident   | 30/04/2019 14:00                                |
| exact Location Of Accident   | GEYLANG METHODIST SCHOOL (GEYLANG EAST CENTRAL) |
| Country/State of Loss  | SINGAPORE                                       |
| D  | ETAILS OF OWN VEHICLE                           |
| /ehicle Registration Number  | EA999D  |
| nsured/Policyholder  |   |
| Name Of Registered Owner   | LEE GEK KIM                                     |
| NRIC No  | S0296961J                                       |
| Email Address  | NOEMAIL   |
| Mobile Phone No  | (LOCAL) +65-94556815                            |
| Alternative Phone No   | OFFICE-NOPHONE                                  |
| Vehicle Particulars  |   |
| Manufacturer   | KIA   |
| Model  | SORENTO 2.4 A GDI                               |
| Exact Purpose for which vehicle was being used at<br>time of accident        | NORMAL USAGE                                    |
| 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  | 2100370409-05                                   |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | COREY KNG ENG SIONG (COREY KANG YONGXIANG)      |
| NRIC No  | S7608792Z                                       |
| Date Of Birth  | 20/03/1976                                      |
| Occupation   | INDOOR  |
| Date Of Driving Pass   | 25/06/1994                                      |
| Driving Experience   | 24 YEARS AND 10 MONTHS                          |
| Gender   | MALE  |
| Mobile Number  | (LOCAL) +65-94556815                            |

COREYKNG@HOTMAIL.COM

Address

BLK 167B SIMEI LANE #08-16 SINGAPORE 522167

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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

IT WAS RAINING ALONG GEYLANG EAST CENTRAL ON 2 LANE ROAD. CAR NO. SJP1353Y WAS ON THE LEFT LANE. I WAS AT CRUISING SPEED WHEN HE SUDDENLY SWIFT OUT FROM THE LEFT LANE TO CUT OUT TO THE RIGHT LANE AS HIS LANE WAS HALTED BY VEHICLES AND BUSES IN FRONT, I GAVE A SOUNDING HORN AND BRAKE BUT UNFORTUNATELY, THE DRIVER COULD NOT HEAR OR SEE MY APPROACHING CAR DUE TO BLIND SPOT ETC.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJP1353Y

Vehicle Make/Model/Colour

HONDA CITY

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

HUANG XIAO YANG

NRIC/Passport Number

S7062352H

Contact Number

94300899

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

| SEYELF & CARRIAGE-FUEED  | MOTOR ACCIDENT REPORT  | FORM   |
|--|--|--|
|  | BASIC INFORMATION  |  |
| ate of Report:   |  | Time :   |
| Date of Accident:  | 30/04/19   | Timo: /4'.00   |
| xact Location of Accident:   | GEYLANG METHODIST  | SCHOOL (GEYLANG EAST CENTRE)   |
| A CONTRACTOR OF THE OWNER OWNER OF THE OWNER | DETAILS OF OWN VEHICLE   |  |
| ehicle Registration Number: EA   | 999) Name of Registered Owner  | : LEE GEK KIM  |
| RIC/Passport No./FIN: 5039 (   |  | pany Veh):   |
|  | VEHICLE PARTICULARS  |  |
| Manufacturer: KIP  | Model: CONSNIO   |  |
| xact Purpose for which vehicle was being o   | use at time of Accident Normal Usage   | Others   |
| he You Claiming Under Your Own Insurance   | e 7 YES NO Reporting Only  | □≥ NO 3rd Party  |
| Vehicle Category   |  | rdvate Hire  |
| <b>经发生的经济的企业的企业的企业</b>   | INSURURANCE DETAILS  |  |
| Name of Insurance: A1 Gu   | - Harris - H |  |
|  | prehensive  Third Party  |  |
| Policy Number: 210037040   | 9-05   | SOUND TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE  |
| Oriver when the Accident Happen  | tale engle   | CiPassport/Fin No: 47609 7927  |
|  | 4.4.1.   |  |
| Date of Birth: 20/03/1976  | Occupation: MAN FO   | Female   |
| Date of Driving Pass: 25/06/19   |  | L. Female  |
| Mobile No.: 0455 6815  | Home No.: —  Lat # 10-14 (S) Pos   | ital Code 58RI 67  |
| Contract of the last of the la | @ HOTTO ALL COM  | tui coda o y ser o   |
| Email Address: COVEY KN 6  | and the second s | ationship of the driver to insured SCN   |
| Vehicle Registration Number of driv  | NAME OF TAXABLE PARTY O |  |
| Insurace Company :   | La Carrier and Carrier Land Miller Con   |  |
| <b>"学生"的"学生"的"学生"</b>  | OTHER INFORMATION OF THE A   | CCIDENT  |
| Type of Accident: COVIIC   | ION CHANGE/CRUSS LANTS   | STATE OF STREET STREET, STREET |
| Weather Condition:   | ar C Raining Others, please  | specify  |
| Road Surface Dry Wet   | Others, please specify   |  |
| Was Anybody Injured: No  | Yes  |  |
| Was Any other material or Property   | Damaged: Yes No Nun  | mber of Passengers(Including Driver):  |
| Any Accident Photo in the Scene o  | parties - partie | there any video captured by your Camera?: 1/5  |
| Was the Accident reported to polic   | e: Yes Wo Was  | s there any audio recording?: 126  |
| Which Police Station:  |  |  |
| Was notice of Intended Prosecutio  | n given :<br>DETAILS OF OTHER VEHICLE (Please fill Annex   | A II more vehicles involve)  |
| <b>深处知识我们还是多少多的问题</b>  |  | A STATE OF THE PARTY OF THE PAR |
| THE RESERVE AND PARTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS N | P/353Y Name of Registered Owner:   |  |
| NRIC/Passport No./FIN:   | Company Reg. No(for Company Veh):  | IRIC/Passport/Fin No: (706.03.52H  |
|  | Home No.:  | Andressport in the .   |
| Mobile No.: 94360899   | Postal Code  |  |
| Address:   | F OSLE GOOD  | Western the State of the State  |
|  |  |  |
| Email Address :  |  |  |
| Insurace Company :   | Details of Passenger if a  | ny salahan da kacamatan da kacam   |
| Insurace Company :   | Details of Passenger if a  |  |
| Insurace Company : Passenger Name:   | Details of Passenger if a  |  |
| Passenger Name: Contact Number:  | Details of Passenger if a  |  |
| Insurace Company : Passenger Name:   | Details of Passenger if a  Details of Injured Person   |  |
| Passenger Name: Contact Number: Gender   | Details of Injured Person  |  |
| Passenger Name: Contact Number: Gender Name:   |  |  |
| Passenger Name: Contact Number: Gender   | Details of Injured Person  |  |

cb 042012

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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, involces, 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")
- 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:
  - 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.

Driver's Signature

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

30/4

e 1740 HRS

Policyholder's Signature Date & Time: Reporting Centre Personnel's Signature

SERVIC

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

SKETCH PLAN VEHICLE A. LA 9990 VEHCLE \$ - 50P 13537 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT East Gey lane raine along STP 1353 100. (Dad. car lane loine at cruising speed LAS laine . but from the left lane halted lane Mis lane as ested but confortunately due car hear or see my agoroachine DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Driver's Signature Policyholder's Signature Name: (If driver is not the policyholder) NRIC/FIN No.: Date & Time:

Date & Time:

1740 HD).

CHARGAS, Steelin Floor over VI

Page 5 of 14

15 May 2019

SRS International Pte Ltd First East Centre 10 Kakit Bukit Road 2 #03-18 Singapore 417868

China Taiping Insurance Singapore Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6222 1033

Total Repair Cost for Vehicle EA9999D

TP Chinn

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:

#### Dear Sir/Madam:

I am writing to you as to report the list of items which needed to repair after you your surveyor have conducted a comprehensive survey on our client vehicle number - EA999D, Model- KIA SORENTO 2.4 A GDI for a direct claim settlement. Below are the following items and the cost of repair. Devted

1. Front Door Left - \$1379

2. Door Rubber - Weatherstrip Assy - Front Door Side, Left - \$136

Garnish Assy - Front Door side Left - \$101

Moudlding Assy - Side SILL- left - \$315

Garnish Assy - Fender Side Left - \$116

6. front passenger side fender \$418 / Device

7. 81335 cover \$158 × FNOO NEL

8. 79390 checker \$83 × spray painting \$1100

10. labour to remove all parts \$1500 600

11. 6 day rental car \$720 12 Transfer duer fittin

\$68080 Total amount SGD \$6026.00

List: 2465 HOS 10%: 2218-50

Labour 1480

total: 339850

We would appreciate your attention to these repairs cost as soon as possible so that we able to have a direct settlement on your end. If you need additional information kindly do not hesitate to contact me please.

Thank you for your prompt attention to this request.

Sincerely,

KenGanM.K

Ken Gan

Mobile: 8718-0318

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/CTI19007797/AVD3N2

Date:

DMPCSN30309119044

18/06/2019

REFERENCE

Date of Loss:

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Claimant Vehicle No:

EA999D

30/04/2019

Policy No:

Nature of

Claim:

Insured Vehicle No:

SJP1353Y

TP

Claim No:

Engine No:

Odometer:

Chassis No:

Yes Footbrake (Serviceable):

SNM19D201927C02

G4KJEH739910

107483 km

KNAKU816ME5509862

Yes

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

Make & Model: Reg. Date:

15/04/2014 (Man. Year: 2014)

**Engine Capacity:** 

Market Value/New Car

Price:

Colour:

Sum Insured (S\$):

Front Tyre Size:

Front Left Side:

Front Right Side:

Red 2359 cc

**EA999D** 

Market Value/New Car Price

235/55R19

Pirelli 6 mm

Pirelli 6 mm

KIA SORENTO, 2.4 (A)

N/A

CONDITION OF VEHICLE AT THE TIME OF SURVEY Steering (Serviceable):

General Condition: Handbrake (Serviceable): CONDITION OF TYRES

Yes Engine Modification:

No Pre-accident Condition:

Rear Tyre Size: Rear Left Side:

Rear Right Side:

235/55R19 Pirelli 6 mm Pirelli 6 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS Parts   | Repairer's<br>2,706.00<br>0.00 | Adjuster's<br>2,218.50<br>0.00 | <b>Difference</b><br>487.50<br>0.00 | Diff %<br>18.02 |
|--|--------------------------------|--------------------------------|-------------------------------------|-----------------|
| Miscellaneous Items Labour Paintwork Labour                    | 2,750.00<br>0.00               | 1,180.00<br>0.00               | 1,570.00<br>0.00                    | 57.09           |
| Towing   | 0.00                           | 0.00                           | 0.00                                |                 |
| Calculated Gross Total (S\$) Approved Total (Overridden) (S\$) | 5,456.00                       | 3,398.50<br>2,700.00           | 2,057.50                            | 37.71           |
| Nett Amount (S\$)  | 5,456.00                       | 2,700.00                       | 2,756.00                            | 50.51           |

INSPECTION

Date of Assignment:

03/05/2019

Date Inspected:

06/05/2019 Inspected At:

SRS INTERNATIONAL PTE. LTD 10 KAKI BUKIT ROAD 2 #03-18,

FIRST EAST CENTRE Singapore 417868

Estimated Period of Repair:

5.0 days

Adjuster: ADRIAN LING

Manager: VERON CHEN

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

# REPAIR DETAILS

Reference

Version: 1.0 (Last Synchronised: 18 Jun 2019) Part Source: MRM-SG

KIA SORENTO 2.4 (A) (Catalogue:Merimen Singapore 1.0) M1-SUV Parts:

(Price-denominated Standard List) Labour: Repairer's

Print Code: (Unsubmitted, no print-code for EA999D)

These estimates are valid only if they contain the print code (above) on all estimate pages, running page Validity:

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

# Recommended Parts

| No.   | Qty | Part<br>No. | Particulars   | Condition           | Repairer's             | Amount     |
|---|-----|-------------|---|---------------------|------------------------|------------|
| 1   | 1   |             | *FRONT DOOR LEFT *DOOR RUBBER-WEATHERSTRIP ASSY-FRONT DOOR        | Dented<br>Necessary | 1,379.00 F<br>136.00 F |            |
| 3   | 1   |             | *GARNISH ASSY-FRONT DOOR SIDE LEFT  *MOULDING ASSY-SIDE SILL-LEFT | Cut<br>Cut          | 101.00 F<br>315.00 F   | *315.00 FL |
| 4<br>5  | 1   |             | *GARNISH ASSY-FENDER SIDE LEFT *FRONT PASSENGER SIDE FENDER       | Cut<br>Dented       | 116.00 F<br>418.00 F   | *418.00 FL |
| 6<br>7  | 1   |             | *81335 COVER  | Not<br>Necessary    | 158.00 F               |            |
| 8   | 1   |             | *79390 CHECKER  | Not<br>Necessary    | 83.00 F                | *- FI      |
| F=Franchise part. L=ListItemDisc.  Sub Total (S\$)  - List Item Discount on L Items 0.00/10.00% (S\$) |     |             |   |                     | <b>2,465.00</b> 246.50 |            |
|   |     |             | * <b>T</b>  | otal Parts (S\$     | 2,706.00               | 2,218.50   |
|   |     |             | Report was unsubmitted during this print                          | -out.               |                        |            |

# Recommended Miscellaneous Items There are no new miscellaneous items selected.

Recommended Labour

| Ke<br>No | Particulars                | Lab.Type                              | Repairer's | Amount   |
|----------|----------------------------|---------------------------------------|------------|----------|
| Lab      | our Items                  | Name                                  | 1,100.00   | 500.00   |
| 1        | SPRAY PAINTING             | New                                   | 18         |          |
| 2        | LABOUR TO REMOVE ALL PARTS | New                                   | 1,500.00   | 600.00   |
| 3        | TRANSFER DOOR FITTING      | New                                   | 150.00     | 80.00    |
|          |                            | Gross Labour Cost (S\$)               | 2,750.00   | 1,180.00 |
|          | Report wa                  | as unsubmitted during this print-out. |            |          |

< END OF ESTIMATES >