

Surveyor

REF: CS1/1CS19008423/Ked32

Special Instruction:

IB1: \$10,075.27

From (Person): Janice Goh of ECIS Date/Time: 10/5/2019  
Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: Appraisal VP Pte Ltd

Workshop: Trans-cab

OD/IP Re-inspection / Evaluation

To Inspect Vehicle No: SHC5103T  
at Workshop m/s: Trans-cab  
of No. 2 AMK St. 63

Insured: STY3542H

Tel:

Policy No:

Claim No: DMP1600347H/JG

Sum Insured:

Excess:

Make of Veh:

D.O.A. 10/10/2016

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig , days (Red \$ / %; Original 8 days)

Date/Time: 27/05/19 Submit Final Fig \$6,211.29 05 days (Red \$3863.78/ 38%; Original 8 days)

Date/Time	Action/Instruction
	SHC5103T-CC3/AIG18002907/Kpa392 DOA: 8/2/2018
	STY3542H-X
	EVA
	Estimated Depreciation value - \$78,462.19
	Adjusted LTA Rebate - \$49,267.58
	Nett - \$29,194.61

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 27 MAY 2019

Para(3) : Nett Value

Market Value :  
Salvage Value :  
Nett Value :

Inspected/  
Evaluated by:

Fee Charged:

Date:

Basic & Add  
Transport  
Photos  
Others  
Total

150

1) Date/Time File Pass to

2) Date/Time File Return to

3) Date/Time File Pass to

4) Date/Time File Return to

5) Date/Time File Pass to

6) Date/Time File Return to

## Nivitha (LKK Auto)

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**From:** Janice Goh Siew Geok (ECICS, Claims) <Janice\_Goh@ecics.com.sg>  
**Sent:** Friday, 10 May 2019 5:19 PM  
**To:** assignments  
**Subject:** PAPER-SURVEY FOR SHC5103T ; OUR INSURED VEH SJY3542H ; DOA 10.10.2016 ; OUR REF DMPC1600347H/JG  
**Attachments:** SHC5103T SURVEY REPORT .pdf; PHOTO.PDF; OI report - SJY3542H.PDF; TP report - SHC5103T.PDF

Hi

Please assist to do paper-survey for TP vehicle.  
Enclosed herewith all the relevant documents for your necessary action.

Thank you.

Best regards

Janice Goh

Senior Associate | Claims



DID (65) 6303 0182

Tel (65) 6337 4779

Email [janice\\_goh@ecics.com.sg](mailto:janice_goh@ecics.com.sg) Web [www.ecics.com.sg](http://www.ecics.com.sg)

Address 10 Eunus Road 8, Singapore Post Centre, #09-04A, Singapore 408600.

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## 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 ability.
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 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	11/10/2016 13:05
Date Of Accident	10/10/2016 20:15
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5103T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 D DCI (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	TAXI

### Insurance Company

Name of Insurance Company	AXA INSURANCE SINGAPORE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

### Driver

Name of Driver	PETER NG TEO BOON
NRIC No	S1332735A
Date Of Birth	08/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1978
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98313484
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 24 UPPER SERANGOON VIEW #09-27
Postcode	534205
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 (TP HIT INSURED)
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please refer to Police Report - T/20161011/2038	
Are accident photos available for attachment?	YES

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY3542H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	THONG WENG FATT
NRIC/Passport Number	S1231913D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**DETAILS OF INJURED PERSON 1**

Name	PETER NG TEO BOON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC5103T
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

### 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 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 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

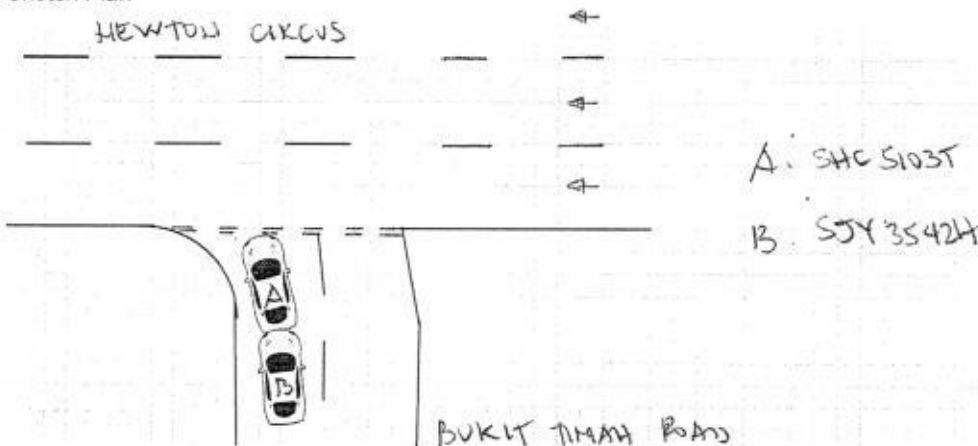
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



## Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

PLS REFER TO POLICE REPORT

## 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

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20161011/2038

1 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20161011/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/10/2016 10:55	Vide Report No.:	Station Diary No.: 53
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**Informant's Particulars**

Name of Informant: PETER NG TEO BOON			Address: 24 UPPER SERANGOON VIEW #09-27 SINGAPORE 534205		
ID Type / ID No.: NRIC NO / S1332735A			Contact No.: Home/Office: Mobile: 98313484		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 08/08/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi 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: 10/10/2016 20:15	Type of Location: Roundabout
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH ROAD NEWTON CIRCUS Roundabout				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHC5103T	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0
SJY3542H	Car	MITSUBISHI	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR	Red	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20161011/2038

2 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20161011/2038

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PETER NG TEO BOON	ID No.	S1332735A
Related Vehicle	SHC5103T (Car)	Contact No.	98313484
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/10/2016	Date Discharge	11/10/2016
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	THONG WENG FATT	ID No.	S1231913D
Related Vehicle	SJY3542H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10 Oct 2016 at about 2015hours, I was travelling in my TransCab taxi (SHC5103T, Renault, Red) along Bukit Timah Road towards Newton Circus. As I was about to enter a roundabout at Newton Circus, I stopped my taxi to give way to vehicles coming from my right.

Suddenly, I felt an impact from the rear. I noticed that another vehicle (SJY3542H, Mitsubishi Lancer, Red) had collided onto the rear of my vehicle. The collision caused my taxi to sustain slight damages on the rear boot and bumper. I managed to exchange particulars with the driver.

On 11 Oct 2016 at about 1015hours, I felt pain on my neck and back. As such, I went to seek medical attention at Horizon Medical Pte Ltd. I was given 4 days outpatient sick leave from 11 Oct 2016 to 14 Oct 2016.

I wish to state that I have an in-car camera installed in my taxi. I am lodging this report for insurance claim purposes.



**SINGAPORE  
POLICE FORCE**



T/20161011/2038

Police Station Of Origin:

3 of 4

Bishan N.P.C

Report No. T/20161011/2038

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20161011/2038

4 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20161011/2038

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
E /  
Sgt NUR MARISSA SYAQILA BINTE SAMSAIDI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/10/2016 10:55

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 ABDUL RAZAK S/O RAHMAT ALI  
Contact No.: 65476169

Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo





Accident Photo





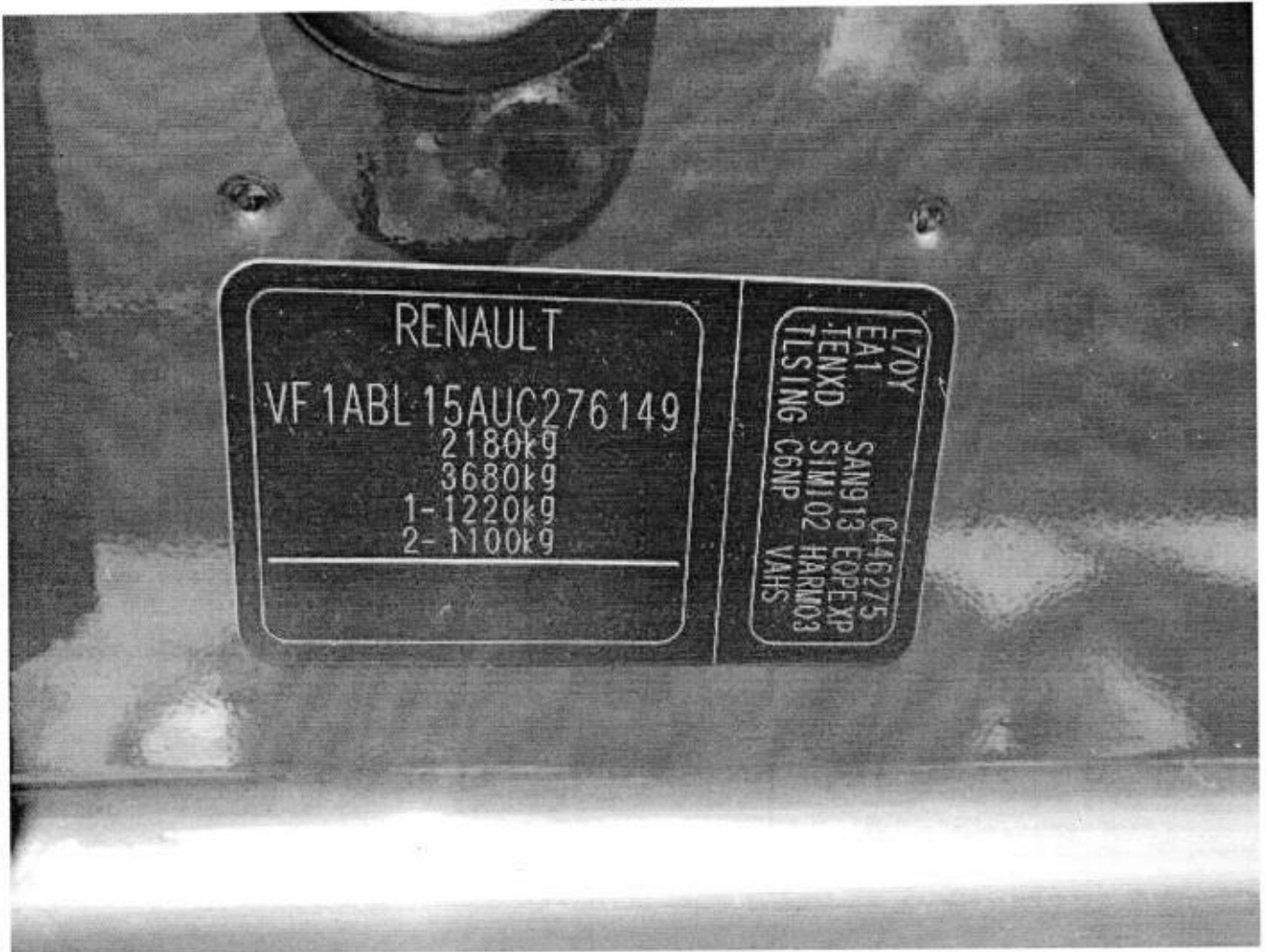
Accident Photo



Accident Photo



Accident Photo



[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	3878K
<b>Vehicle Details</b>	
Vehicle No.:	SHC5103T
Vehicle to be Exported:	No
Intended Deregistration Date:	23 May 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000777
Chassis No.:	VF1ABL15AUC276149
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	27 Dec 2013
First Registration Date:	27 Dec 2013
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Dec 2021
PARF Rebate Amount:	\$8,748.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	26 Dec 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$62,740.00
COE Rebate Amount:	\$20,323.00
<b>Total Rebate Amount:</b>	<b>\$29,071.00</b>
<b>Message</b>	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 23 May 2019

OK

381C

3999.60

140.

62740

12498

NOA: 10/14/16

DU2: 27/12/13

DEF: 26/12/21

left 62m

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117377.60

7498.80

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109,878.80

62/96

~~706~~ 70963.39  
+ 7498.80

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78462.19

878

8748.

627404  $\frac{62}{96} = 40519.55$

44267

TP Veh	SHC 5103T
Date of Reg	27/12/2013
DOA	10/10/2016

\$

**(I) Estimated Depreciation Value**

Unit Cost	38,000.00
Import Duty	3,999.60
Registration Fee	140.00
PQP Paid	62,740.00
ARF Paid	12,498.00
Estimated Per Taxi Purchase Price	<u>117,377.60</u>
Estimated Per Taxi Purchase Price	117,377.60
Less 60% of ARF Paid	<u>7,498.80</u>
Estimated Full Lifespan Depreciation	<u>109,878.80</u>
Estimated Full Lifespan Depreciation	109,878.80
Times Balance Life over (62/96 months)	<u>70963.39</u>
Add 60% of ARF Paid	<u>7,498.80</u>
<b>Estimated Depreciation Value</b>	<b><u>78,462.19</u></b>

**(Summary) Estimated Nett Value**

Estimated Depreciation Value	78,462.19
Less Adjusted LTA Rebate	<u>49,267.58</u>
<b>Estimated Net Value</b>	<b><u>29,194.61</u></b>

## 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 ability.
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 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	11/10/2016 17:50
Date Of Accident	10/10/2016 20:15
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD TOWARDS SCOTTS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3542H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD RIDZWAN BIN ARSAN
NRIC No	S1455938H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96246485
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC16A00294400
Cover Note Number	

### Driver

Name of Driver	THONG WENG FATT
NRIC No	S1231913D
Date Of Birth	20/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1978
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98259759
Fax Number	
Contact Number	
Email Address	THONGWF.TWF@GMAIL.COM



Address	BLK 704 WOODLANDS DR 40 #04-12
Postcode	730704
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 (INSURED HIT TP)
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to sketch plan.

Are accident photos available for attachment?	YES
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5103T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	PETER NG
NRIC/Passport Number	S1332735A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.
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5. Any false reporting may be referred to the Police for investigation.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

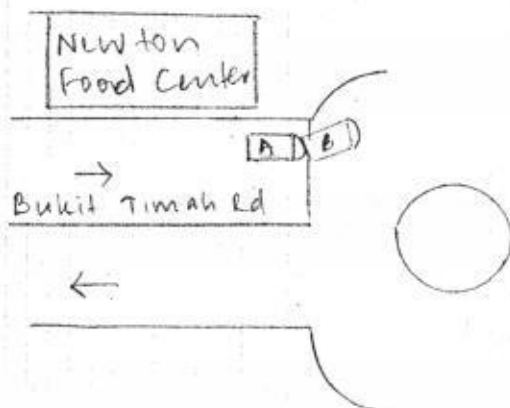


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Veh A: SJY 3542H

Veh B: SHC 5103T

Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

Accident happened on 10 Oct 2016 around 20:15pm at Bukit Timah Road towards Scotts Road.

Weather was clear and road surface dry.

I came to a stop behind veh B. When veh B moved off, I followed suit. Veh B had moved off into Newton Circus when veh B suddenly e-brake, and I could not stop in time, hit into its rear.

Nobody was injured.

Declaration

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

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



**APPRAISAL VP PTE LTD**

Company Reg No: 201403586G

50 PlayFair Road Noel Building #04-01 Singapore 367995 | Tel: +65 98511914 | Email: mail@vpappraisal.com

**TAX INVOICE**

Tax Invoice No	VP 2016-00548
Tax Invoice Date	28-Nov-16
Terms	30 Days
Due Date	27-Dec-16

Trans-Cab Auto Services Pte Ltd  
No.2 Ang Mo Kio Street 63  
Singapore 569111

Claim Type : Third Party Claim  
Your Reference No. : PLS ADVISED  
Survey Vehicle No : SHC5103T

Date of Accident : 10/10/2016  
Report Date : 07/12/2016  
Submit Date : 07/12/2016  
Our Reference No : VPA-2016/00590

Description	Amount (S\$)
Survey report, Photograph, Transport	\$900.00
	SGD \$900.00

Cheque payment is preferred and should be made to

Name : Appraisal VP Pte Ltd  
Mailing Address : 50 PlayFair Road Noel Building #04-01 Singapore 367995

Alternatively, Giro or EFT payment should be made to:

Beneficiary Name : Appraisal VP Pte Ltd  
Beneficiary Account No : 288 901151 0  
Beneficiary Company Address : 50 PlayFair Road Noel Building #04-01 Singapore 367995

Bank : DBS  
Bank Code : 7171  
Bank Address : 12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Center Tower 3, Singapore 018982  
Branch Name : DBS, MBFC  
Branch Code : 288  
Swift Code : DBSSSGSG

\*\* Fees are due upon receipt of invoices as per our Terms and Conditions.





# APPRAISAL VP PTE LTD

Company Reg No: 201403586G

50 playFair Road #04-01 Noel Building Singapore 367995 | Tel: +65 98511914 | Email: mail@vpappraisal.com

## VEHICLE DAMAGE ASSESSMENT REPORT

To: Trans Cab Auto service Pte Ltd  
No. 2 Ang Mo Kio Street 63  
Singapore 569111

### REFERENCES

Appraisal VP Ref No	: VPA-2016/00590	Date of Report	: 30/11/2016
Claim Type	: Third Party Claim	Date of Request	: 14/10/2016
Third party vehicle	: SHC5103T	Date of Accident	: 10/10/2016
		Date of Inspection	: 14/10/2016

### DAMAGED VEHICAL PARTICULARS

Registration Plate No	: SHC5103T	Engine Modification	: NIL
Model / Make	: RENAULT LATITUDE	Pre-accident damage	: NIL
Colour	: RED	General Condition	: Good
Manufacturing Year	: 27/12/2013	General Paint Work	: Good
Engine No	: M9R8839C000777	Steering	: Serviceable
Engine Capacity	: 1995 CC	Handbrake	: Serviceable
Chassis No	: VF1ABL15AUC276149	Footbrake	: Serviceable
Odometer No	: 367400		
Transmission	: AUTO		

### TYRES CONDITION

Front Right	: 5mm	Rear Left	: 5mm
Make	: LINGLONG	Make	: LINGLONG
Size	: 21560R16	Size	: 21560R16
Front Left	: 6mm	Rear Right	: 6mm
Make	: LINGLONG	Make	: LINGLONG
Size	: 21560R16	Size	: 21560R16

### VEHICAL REPAIR COST

<u>Descriptions</u>	<u>Repairer (\$\$)</u>	<u>Difference (\$\$)</u>	<u>Adjuster (\$\$)</u>
Parts	26,730.78	18,125.51	8,605.27
Labour	12,790.00	11,320.00	1,470.00
Calculated Cost (\$\$) :	39,520.78	29,445.51	10,075.27

Recommended Part by Part Repair Cost (\$\$)	: <u>10,075.27</u>
Estimate Repair Duration	: <u>8 Days</u>
Survey Inspection At	: Trans-cab Auto services Pte Ltd
Survey Inspection Address	: No. 2 Ang mo kio street 63 Singapore 569111

#### Disclaimer:

This survey was conducted by Appraisal VP Pte Ltd without prejudice basis and we do not authorized repair. Report by Appraisal VP Pte Ltd is deemed as confidential and provided for the use of clients and appointed agent. We have inspected thoroughly each and every item on the repairer's estimate against the actual damages found on the vehicle. All findings and recommendations are listed accordingly and final decision of settlement to your good selves. Any disclosure or publications of it or parts thereof shall be the responsibility of such person. No liability shall be attached to Appraisal VP Pte Ltd therefore.



# APPRAISAL VP PTE LTD

Company Reg No: 201403586G

50 playFair Road #04-01 Noel Bulding Singapore 367995 | Tel: +65 98511914 | Email: mail@vpappraisal.com

## ANNEX A

### VEHICLE DAMAGE ASSESSMENT REPORT

Reference No : VPA-2016/00590  
Vehicle No : SHC5103T  
Workshop : Trans-cab Auto services Pte Ltd

### List of Damaged Parts

S/No	Qty	Description	Condition	Repairer's Amount (\$\$)	Adjuster's Amount (\$\$)
1	1	Bumper cover rear	Deformed	852.66	852.66
2	1	Bumper lower rear	Deformed	591.41	591.41
3	1	Bumper bracket ctr rear	Cracked	87.29	87.29
4	1	Bumper bracket side rh rear (taillamp lower)	Not necessary	104.59	0.00
5	1	Bumper retainer rh rear	Not necessary	34.61	0.00
6	1	Rear bumper reflector rh	Not necessary	33.55	0.00
7	1	Bumper bracket side lh rear (taillamp lower)	Not necessary	104.59	0.00
8	1	Bumper retainer lh rear	Necessary	34.61	34.61
9	1	Rear bumper reflector lh	Cracked	33.55	33.55
10	1	Bumper beam rear	Dented	598.09	598.09
11	1	Bumper beam bracket lh rear	Cracked	173.81	173.81
12	1	Bumper beam bracket rh rear	Not necessary	173.81	0.00
13	1	Boot rear	Dented	2,209.75	2,209.75
14	1	Boot finisher (moulding)	Cracked	429.90	429.90
15	1	Boot wheaterstrip	Dented	248.50	248.50
16	1	Boot reflector lamp rh	Not necessary	379.50	0.00
17	1	Boot reflector lamp lh	Cracked	379.50	379.50
18	1	Boot badge renault	Necessary	173.35	173.35
19	1	Boot badge	Necessary	173.35	173.35
20	1	Boot strut (spring)	Not necessary	212.36	0.00
21	1	Boot hinge Lh	Not necessary	282.96	0.00
22	1	Boot hinge rh	Not necessary	282.96	0.00
23	1	Boot inner trim	Deformed	586.45	586.45
24	1	Boot switch	Cracked	107.78	107.78
25	1	Boot lock	Not necessary	155.90	0.00
26	1	Boot lock catch	Not necessary	72.00	0.00
27	1	Boot rubber plug	Not necessary	170.63	0.00
28	1	Fender panel rear lh	Not necessary	2,537.80	0.00
29	1	Fender wheelarch rear lh (linner)	Not necessary	418.06	0.00
30	1	Fender inner trim lh	Not necessary	430.42	0.00
31	1	Fender panel rear rh	Not necessary	2,537.80	0.00
32	1	Fender wheelarch rear rh (linner)	Not necessary	418.06	0.00
33	1	Fender inner trim rh	Not necessary	430.42	0.00
34	1	Taillamp rh	Cracked	425.04	425.04
35	1	Taillamp panel rh	Not necessary	759.00	0.00
36	1	Taillamp lh	Cracked	425.04	425.04
37	1	Taillamp panel lh	Not necessary	759.00	0.00
38	1	Spare wheel panel (luggage floor panel)	Not necessary	1,684.52	0.00
39	1	Spare wheel panel trim	Not necessary	470.93	0.00
40	1	Outer panel rear (end panel)	Dented	1,132.13	1,132.13
41	1	Outer panel rear (end panel) trim	Dented	311.20	311.20
42	1	Exhasut rear	Not necessary	5,760.00	0.00
43	1	Exhasut cap rear	Not necessary	177.30	0.00
Sub Total				27,364.18	8,973.41
Less 10%				2,736.42	897.34
Total				24,627.76	8,076.07

**Special Item**

S/No	Qty	Description	Condition	Repairer's Amount (S\$)	Adjuster's Amount (S\$)
44	1 set	Parking Aid	Malfunction	600.00	200.00
45	1 set	Rear bumper clip	Necessary	66.00	66.00
46	1 set	Bumper bracket ctr clip	Necessary	33.00	33.00
47	1 set	Bumper bracket side clip rh rr	Not necessary	10.00	0.00
48	1 set	Bumper retainer rh clip rr	Not necessary	20.00	0.00
49	1 set	Bumper bracket side clip lh rr	Necessary	10.00	10.00
50	1 set	Bumper retainer lh clip rr	Necessary	20.00	20.00
51	1 set	Bumper lower rear clip	Necessary	66.00	66.00
52	1	Exhaust mounting rear	Not necessary	17.82	0.00
53	1 set	Boot finisher clip	Necessary	24.20	24.20
54	1	Boot sticker "trans-cab"	Necessary	30.00	30.00
55	1	Boot sticker "6555-3333"	Necessary	30.00	30.00
56	1	Boot inner trim clip	Necessary	45.00	45.00
57	1 set	Fender wheelarch rear rh clip	Not necessary	35.00	0.00
58	1 set	Fender wheelarch rear lh clip	Not necessary	35.00	0.00
59	1	Fender inner trim clip rh	Not necessary	28.00	0.00
60	1	Fender inner trim clip lh	Not necessary	28.00	0.00
61	1	Taillamp clip rh	Not necessary	5.00	0.00
62	1	Taillamp clip lh	Necessary	5.00	5.00
63	2	Rear windscreen sealant	Not necessary	80.00	0.00
64	1	Windscreen moulding	Not necessary	100.00	0.00
65	1	Rear windscreen inner sponge seal	Not necessary	100.00	0.00
66	1	Spare tyre rim	Not necessary	385.00	0.00
67	1	Spare tyre	Not necessary	330.00	0.00
Sub Total				2,103.02	529.20
Total				2,103.02	529.20

FINAL TOTAL	26,730.78	8,605.27
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# APPRAISAL VP PTE LTD

Company Reg No: 201403586G

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## **ANNEX B**

### VEHICLE DAMAGE ASSESSMENT REPORT

Reference No : VPA-2016/00590  
Vehicle No : SHC5103T  
Workshop : Trans-cab Auto services Pte Ltd

#### **Labour Details for front**

S/No	Description	Repairer's Amount (S\$)	Adjuster's Amount (S\$)
1	Putty and spray Painting of the affected portion	5,400.00	600.00
2	Panel Beating Knocking and straightening the necessary portion,	5,600.00	600.00
3	To rust- proofing of the affected areas.	170.00	60.00
4	To reinstall rear bumper parking sensor	170.00	50.00
5	To transfer of boot fittings and conduct water seepage test	170.00	50.00
6	To drop rear exhaust box, renew the same to repair and realign	170.00	0.00
7	To transfer pf rear end panel fittings, attachment and perform	170.00	50.00
8	To transfer of rear luggage floor apnel fittings, attachment and	170.00	60.00
9	To supply and re-do rear luggage floor panel insulation padding	380.00	0.00
10	To transfer of rear windscreen fittings and conduct water seepage	170.00	0.00
11	To check steering geometry and computer wheel alignment	220.00	0.00
<b>Total Labour</b>		<b>12,790.00</b>	<b>1,470.00</b>

## **ANNEX C**

### **Repair Cost**

S/No	Description	Repairer's Amount (S\$)	Adjuster's Amount (S\$)
1	Total Part Cost	26,730.78	8,605.27
2	Total Repair and Labour Cost	12,790.00	1,470.00
<b>Total Repair Cost</b>		<b>39,520.78</b>	<b>10,075.27</b>

Adjusted Repair Cost  
(Part by Part Repair)

\$10,075.27



**APPRAISAL VP PTE LTD**

Company Reg No: 201403586G

50 playFair Road #04-01 Noel Building Singapore 367995 | Tel: +65 98511914 | Email: mail@vpappraisal.com

## VEHICLE DAMAGE ASSESSMENT REPORT

Reference No : VPA-2016/00590  
Vehicle No : SHC5103T

### ACCIDENT BRIEF

From documents sighted, the Insured's vehicle and Third Party's vehicle were involved in a head to rear collision.

On site survey inspection revealed that the damage noted are consistent with the accident as reported.

Damage at bumper cover rear, bumper lower rear, bumper bracket ctr rear, bumper retainer lh rear, bumper reflector lh, bumper beam rear, boot rear, boot finisher (moulding), Boot reflector lamp lh/rh, outer panel rear (end panel) outer panel rear (end panel trim) and etc.

### ADVICE

Trans-cab Auto services Pte Ltd submitted the estimate report cost of \$39,520.78. we have adjusted the repair cost to \$10,075.27. We recommend the repair cost on a part by part Basis of \$10,075.27.

The repairs would require a period of 08 working days.

We are pleased to submit our inspection survey report and photographs for your kind attention.  
All survey and inspection work was carried out to the best of our ability, knowledge and experience.

**Jaclyn Loh**  
**Appraiser**  
**Appraisal VP Pte Ltd**

#### Disclaimer:

*This survey was conducted by Appraisal VP Pte Ltd without prejudice basis and we do not authorized repair. Report by Appraisal VP Pte Ltd is deemed as confidential and provided for the use of clients and appointed agent. We have inspected thoroughly each and every item on the repairer's estimate against the actual damages found on the vehicle. All findings and recommendations are listed accordingly and final decision of settlement to your good selves. Any disclosure or publications of it or parts thereof shall be the responsibility of such person. No liability shall be attached to Appraisal VP Pte Ltd therefore.*



Your Ref: DMPC1600347H/JG

Date: 27<sup>th</sup> May 2019

Our Ref: CS1/ICS19008423/Ksd3s2

**M/s ECICS Ltd**

10 Eunos Road 8

Singapore Post Centre #09-04A

Singapore 408600

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SHC 5103T  
INSURED VEHICLE: SJY 3542H ACCIDENT DATE: 10/10/2016**

We thank you for your instruction on 10/05/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SHC 5103T from M/s Appraisal VP Pte Ltd.
- b) Singapore Accident Statement of Vehicles SHC 5103T and SJY 3542H.
- c) Colour damaged vehicle photographs of SHC 5103T.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SHC 5103T
Make & Model	: Renault Latitude
Year of Registration	: 2013
Chassis Number	: VF1ABL15AUC276149
Engine Capacity	: 1995 cc

2. We recommend that the repairs of the entire damage require about 5 (Five) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



# 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 3

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5103T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	BUMPER COVER REAR	DEFORMED	852.66	852.66
1	BUMPER LOWER REAR	DEFORMED	591.41	591.41
1	BUMPER BRACKET CTR REAR	CRACKED	87.29	87.29
1	BUMPER BRACKET SIDE RH REAR (TAILLAMP LOWER)	NOT NECESSARY	104.59	-
1	BUMPER RETAINER RH REAR	NOT NECESSARY	34.61	-
1	REAR BUMPER REFLECTOR RH	NOT NECESSARY	33.55	-
1	BUMPER BRACKET SIDE LH REAR (TAILLAMP LOWER)	NOT NECESSARY	104.59	-
1	BUMPER RETAINER LH REAR	NECESSARY	34.61	34.61
1	REAR BUMPER REFLECTOR LH	SERVICEABLE	33.55	-
1	BUMPER BEAM REAR	DENTED	598.09	598.09
1	BUMPER BEAM BRACKET LH REAR	CRACKED	173.81	173.81
1	BUMPER BEAM BRACKET RH REAR	NOT NECESSARY	173.81	-
1	BOOT REAR	SERVICEABLE	2,209.75	-
1	BOOT FINISHER (MOULDING)	SERVICEABLE	429.90	-
1	BOOT WEATHERSTRIP	DENTED	248.50	248.50
1	BOOT REFLECTOR LAMP RH	NOT NECESSARY	379.50	-
1	BOOT REFLECTOR LAMP LH (CRACKED)	NOT CONSISTENT WITH THE IMPACT	379.50	-
1	BOOT BADGE RENAULT	NECESSARY	173.35	173.35
1	BOOT BADGE	NECESSARY	173.35	173.35
1	BOOT STRUT (SPRING)	NOT NECESSARY	212.36	-
1	BOOT HINGE LH	NOT NECESSARY	282.96	-
1	BOOT HINGE RH	NOT NECESSARY	282.96	-
1	BOOT INNER TRIM (DEFORMED)	NOT CONSISTENT WITH THE IMPACT	586.45	-
1	BOOT SWITCH	SERVICEABLE	107.78	-
1	BOOT LOCK	NOT NECESSARY	155.90	-
1	BOOT LOCK CATCH	NOT NECESSARY	72.00	-
1	BOOT RUBBER PLUG	NOT NECESSARY	170.63	-
1	FENDER PANEL REAR LH	NOT NECESSARY	2,537.80	-
1	FENDER WHEELARCH REAR LH (LINER)	NOT NECESSARY	418.06	-
1	FENDER INNER TRIM LH	NOT NECESSARY	430.42	-
1	FENDER PANEL REAR RH	NOT NECESSARY	2,537.80	-
1	FENDER WHEELARCH REAR RH (LINER)	NOT NECESSARY	418.06	-

Report Ref No. CS1/ICS19008423/Ksd3s2





# 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.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FENDER INNER TRIM RH	NOT NECESSARY	430.42	-
1	TAILLAMP RH	CRACKED	425.04	425.04
1	TAILLAMP PANEL RH	NOT NECESSARY	759.00	-
1	TAILLAMP LH	SERVICEABLE	425.04	-
1	TAILLAMP PANEL LH	NOT NECESSARY	759.00	-
1	SPARE WHEEL PANEL (LUGGAGE FLOOR PANEL)	NOT NECESSARY	1,684.52	-
1	SPARE WHEEL PANEL TRIM	NOT NECESSARY	470.93	-
1	OUTER PANEL REAR (END PANEL)	DENTED	1,132.13	1,132.13
1	OUTER PANEL REAR (END PANEL) TRIM	DENTED	311.20	311.20
1	EXHAUST REAR	NOT NECESSARY	5,760.00	-
1	EXHAUST CAP REAR	NOT NECESSARY	177.30	-
	LESS 10% DSICOUNT		-2,736.42	-480.15
			24,627.76	4,321.29
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET PARKING AID (SN)	MALFUNCTION	600.00	200.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	66.00	66.00
1	SET BUMPER BRACKET CTR CLIP (SN)	NECESSARY	33.00	33.00
1	SET BUMPER BRACKET SIDE CLIP RH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER RH CLIP RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER BRACKET SIDE CLIP LH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER LH CLIP RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER LOWER REAR CLIP (SN)	NECESSARY	66.00	66.00
1	EXHAUST MOUNTING REAR (SN)	NOT NECESSARY	17.82	-
1	SET BOOT FINISHER CLIP (SN)	NOT NECESSARY	24.20	-
1	BOO STICKER "TRANS-CAB" (SN)	NECESSARY	30.00	30.00
1	BOOT STICKER "6555-3333" (SN)	NECESSARY	30.00	30.00
1	BOOT INNER TRIM CLIP (SN)	NECESSARY	45.00	45.00
1	SET FENDER WHEELARCH REAR RH CLIP (SN)	NOT NECESSARY	35.00	-
1	SET FENDER WHEELARCH REAR LH CLIP (SN)	NOT NECESSARY	35.00	-
1	FENDER INNER TRIM CLIP RH (SN)	NOT NECESSARY	28.00	-
1	FENDER INNER TRIM CLIP LH (SN)	NOT NECESSARY	28.00	-
1	TAILLAMP CLIP RH (SN)	NOT NECESSARY	5.00	-
1	TAILLAMP CLIP LH (SN)	NOT NECESSARY	5.00	-
2	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	80.00	-
1	WINDSCREEN MOULDING (SN)	NOT NECESSARY	100.00	-
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	100.00	-

Report Ref No. CS1/ICS19008423/Ksd3s2



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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.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SPARE TYRE RIM (SN)	NOT NECESSARY	385.00	-
1	SPARE TYRE (SN)	NOT NECESSARY	330.00	-
			2,103.02	470.00
	<b>LABOUR</b>			
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		5,400.00	600.00
	PANEL BEATING KNOCKING AND STRAIGHTENING THE NECESSARY PORTION.		5,600.00	600.00
	TO RUST PROOFING OF THE AFFECTED AREAS.		170.00	60.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	50.00
	TO TRANSFER OF BOOT FITTINGS AND CONDUCT WATER SEEPAGE TEST.		170.00	50.00
	TO DROP REAR EXHAUST BOX, RENEW THE SAME TO REPAIR AND REALIGN.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR END PANEL FITTINGS, ATTACHMENT AND PERFORM. }		170.00	60.00
	TO TRANSFER OF REAR LUGGAGE FLOOR PANEL FITTINGS, ATTACHMENT AND. }		170.00	-
	TO SUPPLY AND RE-DO REAR LUGGAGE FLOOR PANEL INSULATION PADDING.	NOT NECESSARY	380.00	-
	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE.	NOT NECESSARY	170.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
			12,790.00	1,420.00
<b>GRAND TOTAL</b>			<b>39,520.78</b>	<b>6,211.29</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>6,211.29</b>

Report Ref No. CS1/ICS19008423/Ksd3s2

ESTIMATED DEPRECIATION VALUE: \$78,462.19

ADJUSTED LTA REBATE: \$49,267.58

NETT: \$29,194.61

KONG SENG CHEONG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.