

22/05/2019

ASS. REC. BY:

REF CS/

M 19008924/ A+d3

02

Special Instruction:

Survey: Adnan

ASSIGNMENT (Office)

From (Person): Gabriel Wee

of M

Date/Time: 22-5-19 12.04 p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLF 367T

Insured: SHD 3061M

at Workshop m/s MCS Garage

Tel: 92700917

of 10 Kaki Bukit Road 2 # 03-25

Policy No: MCOM0015

Claim No: MCT19050589

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A 19.5.2019

CA / REV / REP. / REV 24 HRS

"up"

H.O.D. Endorsement:

Date/Time: 22-5-19 2.40 p.m

Person Contacted: Ken chik

Vehicle IN (OUT)

Date/Time	Action/Instruction	Estimate (X)
	SLF 367T - NA/INC 18003154/13	D.O.A - 15/04/2018
	SHD 3061M - NA/INC 17023483/14752	D.O.A - 15/12/2017
15/6	Adnan said workshop will provide estimate but no direct settlement.	
	lump sum \$2700/- (Red: 3690.13; 57%)	
	3days.	

3-55 050 BY:

REF:

Adrian

ASSIGNMENT

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

(Policy Condition)

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

N/S	O/S

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

CA / REV / REP. / 24 HRS

Date: _____ Vehicle: IN / OUT
 Person Contacted: _____

Veh No: SLF367T Yr Regn: 2016
 Type: MC Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Sienta c.c. 1496
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading 84999 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP1707047530

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 185/60R15

R: 185/60R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO YOKO or

<u>Front</u>		<u>Rear</u>	
R/Bal. <u>06</u> mm		R/Bal. <u>06</u> mm	
L/Bal. <u>06</u> mm		L/Bal. <u>06</u> mm	
D.O.A. _____		D.O.I. <u>10/06/19</u>	
Survey held at <u>MCS</u>			

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

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

Date / Time	Action / Instruction
	<u>T? III</u>

RECEIVED 17 JUL 2019

MV :

PV :

Nett :

Date/Time, File Pass to?

Date/Time, File Return to?

1) H7 Typist

2) _____

3) _____

4) _____

5) _____

6) _____

Prof. Report

Final Report

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

250

11

261

Nivitha (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Wednesday, 22 May 2019 12:04 PM
To: ct-admin@visionlawllc.com; 'jactan@visionlawllc.com'; 'sur@lkkauto.com'; admin-d@lkkauto.com
Cc: Zuhaidah Samsuri
Subject: PRE-REPAIR INSPECTION FOR VEHICLE NO. SLF367T (Accident involving SLF367T and SHD3061M on 19.05.2019)
Attachments: 4637_001.pdf; 4651_001.pdf

Dear Sir / Mdm,

Please conduct a survey on TP vehicle SLF367T and let us have your report urgently.

This claim will be handled by Ms Aida.

*Kindly upload this survey request email to merimen.

Thank You.

Best Regards,
Gabriel Wee



64 Cecil Street; #05 - IOB Building
Singapore 049711
Tel: 6347 6100, Ext - 248

From: ct-admin@visionlawllc.com [mailto:ct-admin@visionlawllc.com]
Sent: 22 May, 2019 11:47 AM
To: Motor Claim - III <motorclaim@iii.com.sg>
Subject: Scan Image

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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It may contain confidential and/or legally privileged information.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths
Agents for Trade Marks
(Incorporated with limited liability)

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALLI D/O MUNIANDY
SEGA PARAM
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
TAN YINGXIAN, SELWYN
CHEONG YUNHUI, CLARISSA
EDISON TAM CHYI EU
SONIA LIM WEI LEI

Unique Entity Number :200721148H
✓ **HEAD OFFICE:** 133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

Branch: 490 Toa Payoh Lorong 6
#03-11 HDB Hub
Singapore 310490

✓ HEAD OFFICE

TEL : (65) 65342811 (Hunting)
FAX ✓ : (65) 65356802 (General)
: (65) 65355905 (Litigation)

E-mail : jactan@visionlawllc.com

BRANCH

TEL : 65 63580703
FAX : 65 63580448 (Conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE- KINDLY REPLY TO HEAD OFFICE FOR THIS MATTER

Our Ref: AM.Jt.Ins.M89.SLF367T.19 (sj)
Your Ref: SHD 3061 M

22 May 2019

INDIA INTERNATIONAL INSURANCE PTE LTD
64 Cecil Street
#04/#05 IOB Building
Singapore 049711
Attention: Motor Claims Department

BY FAX: 6224 4174

motorclaim@iii.com.sg

Dear Sirs,

**ACCIDENT INVOLVING SLF 367 T & SHD 3061 M ON 19 MAY 2019 ALONG BLK 215 SERANGOON AVENUE 4 OPEN CARPARK BISE 12 AT ABOUT 1305 HOURS
(NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 6.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES)**

We refer to your email 22 May 2019 of even date informing that you wish to conduct a pre-repair survey and your List of Surveyors.

Our client confirmed appointment of LKK Auto Consultants Pte Ltd as the Single Joint Expert for this matter.

Please be informed that the said vehicle can be inspected at:

Venue: MCS Garage
10 Kaki Bukit Road 2
#03-25 First East Centre
Singapore 417868

Contact Person: Mr Kendrick (9270 0917) / 8285-7623 (Ah Hock)

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully

ANJALLI M
(HEAD OFFICE)

cc: SLF 367 T – By fax: 6538-4322 only

FOR SURVEYOR

Please initial here after completion of pre-repair inspection.
Thank you.

1st Survey on _____
Appointed surveyor _____
(Name & Signature)

2nd Survey on _____
Appointed surveyor _____
(Name & Signature)

3rd Survey on _____
Appointed Surveyor _____
(Name & signature)

NB.: Any settlement of offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude our client from claiming injury-related damages arising from this accident.

CONFIDENTIALITY
THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

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	20/05/2019 12:22
Date Of Accident	19/05/2019 13:05
Exact Location Of Accident	BLK 215 SERANGOON AVE 4 OPEN CARPARK BISE12
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF367T
Insured/Policyholder	
Name Of Registered Owner	DESMOND MARK THAM
NRIC No	S8102158I
Email Address	DESMARK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91704010
Alternative Phone No	OFFICE-91704010
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10767539
Cover Note Number	
Driver	
Name of Driver	DESMOND MARK THAM
NRIC No	S8102158I
Date Of Birth	27/01/1981
Occupation	INDOOR
Date Of Driving Pass	19/12/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91704010
Fax Number	
Contact Number	OFFICE-91704010
EMail Address	DESMARK@GMAIL.COM

Address	NIL
Postcode	
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : MELISSA CHEW GENDER: : FEMALE
Passenger 2	NAME: : COLIN THAM GENDER: : MALE

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

I saw an empty parking lot and was placing my vehicle so I could reverse in, upon reversing I had to look back so as to park my vehicle properly. Upon reversing slowly into the carpark, suddenly I felt an impact from the front. I realised that a taxi had reverse onto my front right of my car. Upon looking back onto my video, the taxi reverse while I was reversing and I was in clear sight. No injury involved. We exchange particulars. We are in the discussion of private settling but I will convert to claim his insurance if our deal turn sour.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO UPLOADED INTO FILE ZILLA
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3061M
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHIN YONG HOW
NRIC/Passport Number	S1057351C

Contact Number

96381177

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers 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 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 my 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.
(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.

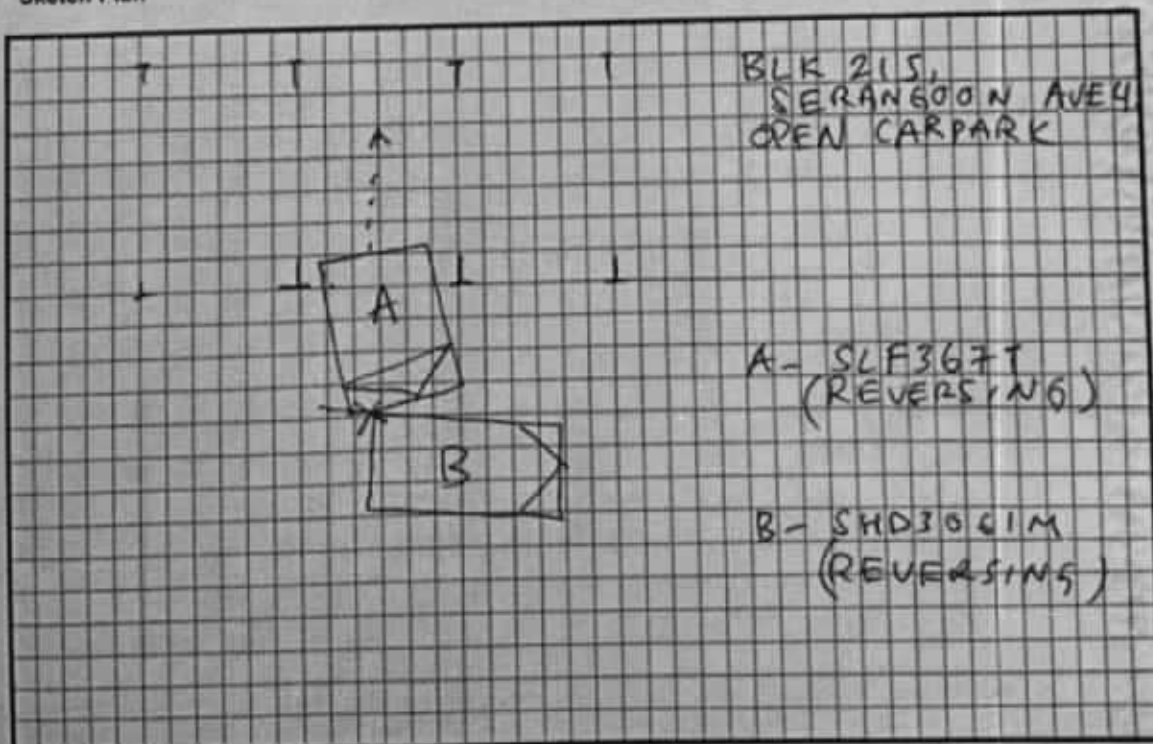
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohammad Azaly Bin Abdullah

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I saw an empty parking lot and was placing my vehicle so I could reverse in, upon reversing I had to look back so as to park my vehicle properly. Upon reversing slowly into the carpark, suddenly I felt an impact from the front.
I realised that a taxi had reverse onto my front right of my car.

Upon looking back onto my video , the taxi reverse while I was reversing and I was in clear sight.

No injury involved.

We exchange particulars.

We are in the discussion of private settling but I will convert to claim his insurance if our deal turn sour.

Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD AZALY BIN ABDULLAH



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

20 May 2019 at 10:37 AM

20 May 2019 at 10:37 AM

Elizabeth Lee

From: Desmond Mark Tham <desmark@gmail.com>
Sent: Tuesday, 21 May 2019 5:00 PM
To: Elizabeth Lee
Cc: group@ajaxmars.com
Subject: Re: Accident between SLF367T and SHD3061M on 19 May 2019
Attachments: image001.jpg

Hi Elizabeth

I would like to update you that I was unable to come to an agreement with the other driver on the damage claims. Thus, I would like to request to change to 3rd party insurance claim for this accident. I will be claiming against the other vehicle's insurance.

Could you assist to change please?

Thank you!

Best regards
Desmond Mark Tham

On Mon, 20 May 2019, 12:51 pm Elizabeth Lee, <elizabeth@ajaxmars.com> wrote:

Dear Desmond,

We acknowledged receipt of your email.

We will forward the video footages and photos to Insurance company for their perusal.

Please find attached for the GIA report.

Thank you.

Best Regards,

Elizabeth

email: elizabeth@ajaxmars.com

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



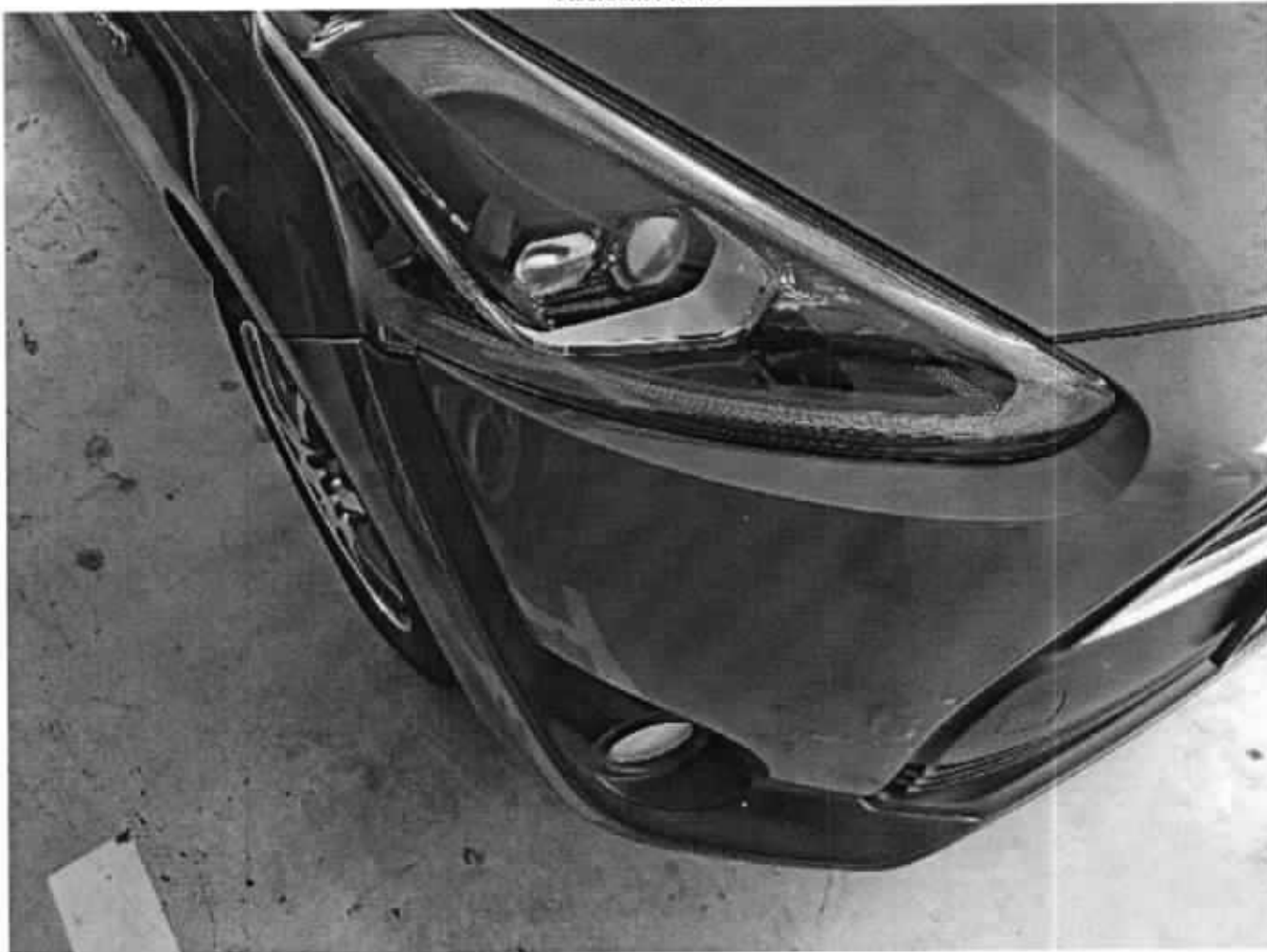
Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S81021581**


Name: **DESMOND MARK THAM**

Birth Date: **27 Jan 1981**


Valid Until: **19 Dec 2002**

 000041340H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S81021581



Name: **DESMOND MARK THAM**





Race: **CHINESE**

Date of birth: **27-01-1981**

Sex: **M**

Country/Place of birth: **SINGAPORE**





Identification Card

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

FASS DATE

19 Dec 2002

NP 428A



Licence No. S8102158I

6099706



NPIC No. S8102158I



Date of issue

10-01-2019

Address

57 PASIR RIS DRIVE 1
#08-06
SINGAPORE 519531

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH19064816 Vehicle Registration No: SLF367T
Name (as shown in NRIC) : DESMOND MARK THAM NRIC/FIN/Passport No : S8102158I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 91704010
Email Address : desmark@gmail.com
Date of Accident : 19/05/2019 Time of Accident : 13:05 HRS
Place of Accident : Blk 215 Serangoon Ave 4, Open Carpark BISE12
Insurance Company : AVIVA LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TO THIRD PARTY CLAIM.

Policyholder / Driver's Signature
Date:

Elizabeth

Reporting Centre Personnel's Signature
Name: Elizabeth
NRIC/FIN No.:
Date: 21/05/2019

MCS Garage

10 Kaki Bukit Road 2 #03-25, First East Centre Singapore 471868

Tel: 9270 0917 / 6538 4322

THH
Denise

Vehicle number: SLF367T

Vehicle Make & Model: TOYOTA SIENTA

Qty	List Items	Amount \$
1	Front bumper <i>torn</i>	1,266.31 ✓
1	Front bumper logo <i>new</i>	181.95 ✓
1	Front bumper CTR grille <i>cut</i>	388.95 ✓
1	Front bumper fog lamp - RH <i>new</i>	280.65 +
1	Front bumper fog lamp cover - RH <i>new</i>	141.65 +
1	Front bumper sponge <i>new</i>	210.43 +
1	Front bumper reinforcement <i>new</i>	591.60 +
2	Front bumper side retainers - L/R @ 64.43 <i>RH Dmg</i>	128.86 64.43
10	Front bumper clips @ 4.50 <i>new</i>	45.00 30
1	Front fender - RH <i>new</i>	3857.89 761.45 +
1	Front fender emblem <i>new</i>	2893.41 89.90 +
1	Front headlamp - RH <i>cracked</i>	1,956.25 ✓
1	Washer tank <i>new</i>	210.50 +
Sub-total		6,253.50
Less 25%		1,563.38
Total List		4,690.13

Labour charges

To check front electrical wiring

To respray undercoating

To respray painting and etc

Panel beating, cut, weld remove & replacing above parts

580 50.00 30
50.00 +
~~800.00~~ 250.
~~800.00~~ 300.

Total Labour 1,700.00

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

total: 3473.41
L/S: 2.7K
03 Days

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$ 6,390.13

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/III19008984/ATD3N2

Date: 23/07/2019

REFERENCE

Handling Insurer:	India International Insurance Pte Ltd	Policy No:	MCOM0015
Claimant Vehicle No :	SLF367T	Insured Vehicle No :	SHD3061M
Date of Loss:	19/05/2019	Nature of Claim:	TP
		Claim No:	MCT19050589

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLF367T	Engine No:	1NZR409779
Make & Model:	TOYOTA SIENTA, 1.5 HYBRID (A)	Chassis No:	NHP1707047530
Reg. Date:	11/08/2016 (Man. Year: 2016)	Odometer:	84999 km
Colour:	Red		
Engine Capacity:	1496 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	185/60R15	Rear Tyre Size:	185/60R15
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,690.12	2,915.92	1,774.20	37.83
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,700.00	580.00	1,120.00	65.88
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	6,390.12	3,495.92	2,894.20	45.29
Approved Total (Overridden) (\$\$)		2,700.00		
Nett Amount (\$\$)	6,390.12	2,700.00	3,690.12	57.75

INSPECTION

Date of Assignment:	22/05/2019	
Date Inspected:	10/06/2019	Inspected At:
		MCS GARAGE (HQ)
		10 KAKI BUKIT ROAD 2, #03-25 FIRST
		EAST CENTRE
		Singapore 417868
Estimated Period of Repair:	3.0 days	

Adjuster: ADRIAN LING

Manager: DENISE TAY KWEE CHENG

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

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 23 Jul 2019)
Parts:	M1-MPV	TOYOTA SIENTA 1.5 HYBRID (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLF367T)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page 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 No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Torn	1,266.31 FL	*1,266.31 FL
2	1		*FRONT BUMPER LOGO	Necessary	181.95 FL	*181.95 FL
3	1		*FRONT BUMPER CTR GRILLE	Cut	388.95 FL	*388.95 FL
4	1		*FRONT BUMPER FOG LAMP - RH	Not Necessary	280.65 FL	*- FL
5	1		*FRONT BUMPER FOG LAMP COVER - RH	Not Necessary	141.65 FL	*- FL
6	1		*FRONT BUMPER SPONGE	Not Necessary	210.43 FL	*- FL
7	1		*FRONT BUMPER REINFORCEMENT	Not Necessary	591.60 FL	*- FL
8	1		*FRONT BUMPER SIDE RETAINERS - L/R	O/S Damaged	128.86 FL	*64.43 FL
9	10		*FRONT BUMPER CLIPS	Necessary	45.00 FL	*30.00 FL
10	1		*FRONT FENDER - RH	Not Necessary	761.45 FL	*- FL
11	1		*FRONT FENDER EMBLEM	Not Necessary	89.90 FL	*- FL
12	1		*FRONT HEADLAMP - RH	Cracked	1,956.25 FL	*1,956.25 FL
13	1		*WASHER TANK	Not Necessary	210.50 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	6,253.50	3,887.89
- List Item Discount on L Items 25.00/25.00% (\$\$)	1,563.38	971.97
Total Parts (\$\$)	4,690.12	2,915.92

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO CHECK FRONT ELECTRICAL WIRING.	New	50.00	30.00
2	TO RESPRAY UNDERCOATING.	New	50.00	0.00
3	TO RESPRAY PAINTING AND ETC.	New	800.00	250.00
4	PANEL BEATING, CUT, WELD REMOVE & REPLACING ABOVE PARTS.	New	800.00	300.00
Gross Labour Cost (\$\$)			1,700.00	580.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >