REF: CS3/INC1900716I/R1903-1

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): Alice Low of INC Date/Time: 4/6/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJT 9452X Insured: SFG907B

at Workshop/s/h: My Car Consultant Tel: 88668632

of 53 Ubi Ave 1 #01-33

Policy No: Claim No: MT/1040130-002

Sum Insured: Excess:

Make of Veh (Client's Record): D.O.A 14/4/19

CA / REV / REP. / REV 24 HRS B.O.D. Endorsement:

Date/Time: 10:43am @ 23/4/19 Person Contacted: Hui Qin Vehicle IN / OUT

Date/Time	Action/Instruction (x) Estimate	
	SJT 9452X - NA / INC1900716I / Z1	DOA: 14/4/19
	SFG907B - NA / INC1900716I / Z9	DOA: 14/4/19
	Estimate: 24/4/2019	
	——— : 25/4/2019	
28/6/19	Submit US $4750, 6 days. (Rec $2950, 38%)	

28/6/2019

RECEIVED 28 JUN 2019

REF: INC

C
2960K
LOG EXPIRY: 2024/MAR

PRS

ASSIGNMENT

From Date: 23/4/19

Estimated Cost:

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

To Inspect Vehicle No: SJT 9452X

at Workshop m/s: My Car Consultant

of: 53 Ubi Ave 1 # 01-33

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

Eal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res : Yes or No

Lum Sum: % 3 Val : Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJT 9452X Yr Regn: 2009 / NOV

Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: TOYOTA WISH 2.0 A c.c 1987

Colour: WHITE A/C: Insured / Std / NI / NA

Sp.Reading: 94560 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDGJ20W60T0U1281

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Run / STD A/Rim or

Tyre Size: F: 195/65R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A	14/04/19	D.O.I.	23/04/19 3.45pm

Survey held at: My Car Consultancy.

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

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

Date / Time	Action / Instruction
	~~Repair Range = (4k - 7k) / 7 days~~

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Lump Sum / I.B.I: ($)

Days Of Repair:

Resurvey No. of Trip: 3

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

Survey Fee:
Transportation: 3 + RS 9
Photos
Others
TOTAL

Nivitha (LKK Auto)

From: Alice Low <alice.lowkc@income.com.sg>
Sent: Tuesday, 4 June 2019 9:45 AM
To: assignments@lkkauto.com
Subject: your ref: CS3/INC19007161/RIcd3
Attachments: SJT9452X sr.pdf; SJT9452X color.pdf

	Jared Liu	MT/1040130-002	SJT9452X (TP)	MY CAR CONSULTANT PTE LTD	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934	Kai Ling / 83300060	SFG907B	14/4/19

Attached TP survey report & colour photographs.
we await your complete survey report.

regards
Alice Low
Assistant Manager, Motor Insurance
T +65 6430 7932
www.income.com.sg

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made different

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Find out more at income.com.sg/careers

MNA110051412 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 22/04/2019 09:53
SUBMITTED BY: Jackson Ho Zhao Tian

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 22/04/2019 11:01

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 willful 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 aforesaid.

ACCIDENT STATEMENT	
Date Of Report	22/04/2019 09:53
Date Of Accident	14/04/2019 13:50
Exact Location Of Accident	JUNC MARINA BLVD & SHEARES AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT9452X
Insured/Policyholder	
Name Of Registered Owner	CAR FLEET AUTO LEASING
Co Reg No	53382960K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81331270
Alternative Phone No	OFFICE-81331270
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108385025
Cover Note Number	
Driver	
Name of Driver	ZULKARNAIN BIN JUNAIDI
NRIC No	S7112076G
Date Of Birth	03/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1994
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85887099
Fax Number	
Contact Number	OFFICE-85887099
EMail Address	NOEMAIL

Address	BLK 486A TAMPINES AVENUE 9 #03-110
Postcode	520486
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 - CHANGE/CROSS LANE
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?	YES
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: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 51 KILLINEY ROAD , **POSTCODE:** 239572 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7359999 - **FAX NO**: 67331934
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190417/2062.

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	SFG907B
Vehicle Make/Model/Colour	MAZDA 5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	COLIN PERERA

NRIC/Passport Number	S2006949Z
Contact Number	90126636
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ZULKARNAIN BIN JUNAIDI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT9452X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the sending of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me by virtue of delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

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

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(e) the information so collected under (d) above may be shared / disclosed:

(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or

(ii) for complying with requirements under any regulations, laws or court orders.

CAB FLEET LEASING PTE LTD

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report
I was driving my vehicle SJT9452X turning left to changes ave. Suddenly there's this vehicle ZFG9078 dash straight and hit my front left, he is at lane 3 which only can turn left.

DECLARATION

I/We declare that the particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 8am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-064692
Date of Request: 24/04/2019 Your Ref No: AR/2019/SJT9452X

A P LAW PRACTICE
50 Chin Swee Road
#07-01 Thong Chai Building
Singapore 169874

Dear Sir/Madam,

Your Search Criteria
Date of Accident: 14/04/2019
Place of Accident: MARINA BLVD & SHEARES AVE
Client Vehicle No: SJT9452X

DESCRIPTION	AMOUNT (S$)
e Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use
Date:
[X] GIRO [ ] Cash [ ] Cheque

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
Phone +65 6224 0010 Fax +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

SEARCH RESULTS

Our Ref No: GR-19-064692
Date of Request: 24/04/2019
Your Ref No: AP/2019/SJT9452X

A P LAW PRACTICE
50 Cho Swee Road
#07-01 Thong Chai Building
Singapore 169874

Dear Sir/Madam,

Your Search Criteria

Date of Accident: 14/04/2019
Place of Accident: MARINA BLVD & SHEARES AVE
Client Vehicle No: SJT9452X

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SFG907B	X Junction Marina Blvd & Shears Ave	14/04/2019 13:50

Thank You

This is a computer generated document and requires no signature.

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-054696
Date of Request: 24/04/2019 Your Ref No: AP/2019/SJT9462X

A P LAW PRACTICE
50 Chin Swee Road
#07-01 Thong Cha Building
Singapore 169874

Dear Sir/Madam,

Date of Accident: 14/04/2019
Vehicle No: SJT9452X
Place of Accident: JUNC MARINA BLVD & SHEARES AVE
Involving Vehicle No: SFG9079

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S$)	QTY	AMOUNT (S$)
... J907B	JUNC MARINA BLVD & SHEARES AVE	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You

This is a computer generated document and requires no signature

For GIARMC Official use:
Date:
[X] GIRO [ ] Cash [ ] Cheque

> Back to OneMotoring

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 22 Apr 2019 / 11:12:25
Receipt Date/Time : 22 Apr 2019 / 11:12:25

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190422-000943

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S$)	GST Amount (S$)	Amount After GST (S$)
	Result of Insurance Enquiry - SFG907B As at 14 Apr 2019/13:50:00 Insurance Co: NTUC INCOME INS CO-OP LTD			
1	Insurance Enquiry - SFG907B Enquiry Fee 20190422111122271523	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45

Paid By

xxxxxxxxxxxx9904	Credit Card: Visa/MasterCard	7.45
Total		7.45
Cash Change		0.00
Tendered Amount		7.45
Excess Refundable Amount		0.00

THANK YOU AND HAVE A NICE DAY!

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

WG APPRAISAL SERVICES

Blk 224B, Compassvalve Walk, #07-647.Singapore 542224
Email: Winsongkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

Our Ref: WG/TP/2019-166
Invoice No: TP/TWG/2019-166 Date 02 May 2019
Vehicle No: SJT9452X
Attn: CAR FLEET AUTO LEASING
Company: MY CAR CONSULTANT PTE LTD
Address: 53 Ubi Ave 1, #01-33, Paya Ubi Industrial Park . Singapore 408934

Invoice

Surveyor Fee:	S$310
Re-inspection Fee:	S$50
Transport:	S$50
Photographs:	S$71/- (@ $1 per photo, total 71 photos)
Total:	S$481

Surveyor: Winson Goh
Signature:
Date: 02 May 2019

WG APPRAISAL SERVICES

Blk 224B, Compassvalve Walk, #07-647. Singapore 542224
Email: winsongkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S CAR FLEET AUTO LEASING
C/O MY CAR CONSULTANT PTE LTD
53 Ubi Ave 1, #01-33, Paya Ubi Industrial Park
Singapore 408954

Date : 02 May 2019
Our Ref : WG/TP/2019-166

REFERENCE PARTICULARS

Date of Accident : 14 April 2019
Date of Inspection : 23 April 2019

Type of Inspection : Third Party Claim
Date of Re-Inspn : 25 April 2019

VEHICLE PARTICULARS

Registration No : SJT9452X
Make : TOYOTA
Model : WISH 2.0 AUTO
Year : 2009

Engine No : 3ZRA402883
Chassis No : JTDGJ20W605001281
Odometer : 94560km
Colour : White

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

	Make	Size	Thread Balance
Front Near side	: Nexen	195/65R15	5 mm
Front Off Side	: Nexen	195/65R15	5 mm
Rear Near Side	: Nexen	195/65R15	5 mm
Rear off Side	: Nexen	195/65R15	5 mm

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the front left side portion.
For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was **S$7,700.00** nett at lump sum basis (Subject to GST if applicable)
Under normal circumstances, estimated period required for repairs : Nine (09) working days.

Enclosed Seventy-one (71) photographs depicting damage to the vehicle.

Inspection conducted at : MY CAR CONSULTANT PTE LTD
53 Ubi Ave 1, #01-33, Paya Ubi Industrial Park . Singapore 408934

In accordance to your instruction, we have **not authorise** repairs and inspection was conducted strictly on a "**WITHOUT PREJUDICE BASIS**".

VEHICLE NO : SJT9452X
MODEL :WISH 2.0 AUTO

Our Ref : WG/TP/2019-166

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

	SPARE PARTS	QTY PC/SET	ASSESSED CONDITION		ORIGINAL QUOTATION		REVISED QUOTATION
1	FRONT BUMPER	1	CRACKED	$	592.40	$	592.40
2	FRONT BUMPER RETAINER	2	NECESSARY	$	120.50	$	120.50
3	FRONT BUMPER REINFORCMENT	1	NOT NECESSARY	$	285.34	$	-
4	FRONT BUMPER SPONGE	1	CRACKED	$	115.60	$	115.60
5	FRONT BUMPER SIDE GRILLE LH	1	CRACKED	$	75.30	$	75.30
6	FRONT GRILLE	1	CRACKED	$	395.57	$	395.57
7	FRONT LH HEADLAMP	1	CRACKED	$	1,150.93	$	1,150.93
8	FRONT FOG LAMP LH	1	CRACKED	$	470.90	$	470.90
9	FRONT FOG LAMP COVER	1	CRACKED	$	248.90	$	248.90
10	FRONT SUPPORT PANEL R	1	DENTED	$	1,295.00	$	1,295.00 Repair
11	FRONT WHEELHOUSE LH R	1	DENTED	$	649.40	$	649.40 repair
12	FRONT LH FENDER	1	DENTED	$	955.32	$	955.32
13	FRONT LH FENDER INNER SHIELD	1	DEFORMED	$	165.93	$	165.93
14	FRONT LH SIGNAL LAMP	1	NOT NECESSARY	$	75.00	$	-
15	BONNET	1	REPAIR	$	810.54	$	-
16	FRONT LH KNUCKLE ARM	1	BENT	$	580.57	$	580.57
17	FRONT LH KNUCKLE ARN BEARING	1	JAMMED	$	185.01	$	185.01
18	FRONT LH LOWER ARM	1	BENT	$	592.40	$	592.40
19	FRONT LH SHOCK ABSORBER	1	BENT	$	601.93	$	601.93 X SVC
				$	9,366.54	$	8,195.66
			Less 25%	$	2,341.63	$	2,048.91
				$	7,024.91	$	6,146.75

5649.33
25%
4236.99

	S/NETT ITEM						
20	FRONT BUMPER CLIP	1 SET	NECESSARY	$	40.00	$	30.00
21	FRONT LH FENDER INNER SHIELD	1 SET	NECESSARY	$	30.00	$	20.00
22	RIM	1	GRAZED	$	700.00	$	~~500.00~~ 300
23	COOLANT	1 BOT	NECESSARY	$	60.00	$	50.00 X
24	BRAKE FUILD	1 BOT	NECESSARY	$	60.00	$	50.00 X
				$	890.00	$	650.00
			Parts Total :	$	7,914.91	$	6,796.75

350

	LABOUR CHARGES & MISC				
25	CHECK FRONT WIRING AND LIGHTNING SYSTEM	$	70.00	$	~~60.00~~ 30
26	REMOVE, REFIT CONDENSER AND TOP UP GAS	$	150.00	$	130.00 X
27	REMOVE, REFIT RADIATOR AND TOP UP COOLANT	$	150.00	$	130.00 X
28	COMPUTERISED AND CHECK FRONT WHEEL ALIGNMENT	$	250.00	$	~~200.00~~ 60
29	REMOVE AND REPLACE FRONT UNDERCARRIAGE PARTS	$	200.00	$	~~150.00~~ 100
30	PANEL BEATING ON AFFECTED AREAS	$	1,200.00	$	~~1,000.00~~ 500
31	SPRAY PAINTING AFFECTED AREAS	$	1,200.00	$	~~1,000.00~~ 600
32	APPLY ANTI RUST ON AFFECTED AREAS	$	150.00	$	~~130.00~~ 60
	Labour Total :	$	3,370.00	$	2,830.00
	Total Parts and Laboure :	$	11,284.91	$	9,626.75

1350

FINAL LUMP SUM ADJUSTMENT $ 7,700.00

4236.99
350.00
1350.00
5936.99
20%
4749.59
L/S - 4750

6 days

POINT OF IMPACT

The impact was confined to the front left portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair the vehicle at a lump sum basis of **$7,700.00 nett** corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully
WG APPRAISAL SERVICES

WG APPRAISAL SERVICE

Winson Goh
Automotive Appraiser

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933
TEL: 6256 3561 FAX: 6256 4315
Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref : CS3/INC19007161/R1qd3s2-1

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 Date : 01-07-2019

ATTN: JARED LIU Code : INC

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SFG 907B	**Veh. Inspected**	SJT 9452X
	Policy No.		**Coverage ($)**	0.00
	Claim No.	MT/1040130-002	**Excess ($)**	0.00
	Assign From	ALICE LOW	**Assign Date**	04/06/2019

2. Vehicle Particulars & Condition

	Make & Model	TOYOTA WISH 2.0 A	**c.c**	1987
	Engine No.	HIDDEN	**Year of Reg.**	2009
	Chassis No.	JTDGJ20W605001281	**Colour**	WHITE
	Odometer	94560	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	FAIR		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	195/65R15	NEXEN	6 mm
	L/H Front Tyre	195/65R15	NEXEN	6 mm
	R/H Rear Tyre	195/65R15	NEXEN	6 mm
	L/H Rear Tyre	195/65R15	NEXEN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	14/04/2019	**Inspection Date**	23/04/2019
	Survey held at	MY CAR CONSULTANT PTE LTD 53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **6 Working Days**

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJT 9452X

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	CRACKED	592.40	592.40
2	FRONT BUMPER RETAINER	NECESSARY	120.50	120.50
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	285.34	-
1	FRONT BUMPER SPONGE	CRACKED	115.60	115.60
1	FRONT BUMPER SIDE GRILLE LH	CRACKED	75.30	75.30
1	FRONT GRILLE	CRACKED	395.57	395.57
1	FRONT LH HEADLAMP	CRACKED	1,150.93	1,150.93
1	FRONT FOG LAMP LH	CRACKED	470.90	470.90
1	FRONT FOG LAMP COVER	CRACKED	248.90	248.90
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	1,295.00	-
1	FRONT WHEELHOUSE LH	TO REPAIR SEE LABOUR	649.40	-
1	FRONT LH FENDER	DENTED	955.32	955.32
1	FRONT LH FENDER INNER SHIELD	DEFORMED	165.93	165.93
1	FRONT LH SIGNAL LAMP	NOT NECESSARY	75.00	-
1	BONNET	TO REPAIR SEE LABOUR	810.54	-
1	FRONT LH KNUCKLE ARM	BENT	580.57	580.57
1	FRONT LH KNUCKLE ARM BEARING	JAMMED	185.01	185.01
1	FRONT LH LOWER ARM	BENT	592.40	592.40
1	FRONT LH SHOCK ABSORBER	SERVICEABLE	601.93	-
	LESS 25% DISCOUNT		-2,341.63	-1,412.33
			7,024.91	4,237.00
	SPECIAL NETT ITEMS			
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	40.00	30.00
1	SET FRONT LH FENDER INNER SHIELD (SN)	NECESSARY	30.00	20.00
1	RIM (SN)	GRAZED	700.00	300.00
1	BOT COOLANT (SN)	NOT NECESSARY	60.00	-
1	BOT BRAKE FUILD (SN)	NOT NECESSARY	60.00	-
			890.00	350.00
	LABOUR			
	CHECK FRONT WIRING AND LIGHTING SYSTEM.		70.00	30.00
	REMOVE, REFIT CONDENSER AND TOP UP GAS.	NOT NECESSARY	150.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REMOVE, REFIT RADIATOR AND TOP UP COOLANT.	NOT NECESSARY	150.00	-
	COMPUTERISED AND CHECK FRONT WHEEL ALIGNMENT.		250.00	60.00
	REMOVE AND REPLACE FRONT UNDERCARRIAGE PARTS.		200.00	100.00
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF FRONT SUPPORT PANEL, FRONT WHEELHOUSE LH AND BONNET.		1,200.00	500.00
	SPRAY PAINTING AFFECTED AREAS.		1,200.00	600.00
	APPLY ANTI RUST ON AFFECTED AREAS.		150.00	60.00
			3,370.00	1,350.00
	GRAND TOTAL		**11,284.91**	**5,937.00**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**4,750.00**

Report Ref No. CS3/INC19007161/R1qd3s2-1

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser