22/03/2002 ASS. REC. BY: Special Instruction: SULVOYOT: ASSIGNMENT (Office) From (Person): Annie Koh Date/Time: 11/6 Estimated Cost: Bill to: OD/TP/WS/TP RES/OD RES/EVA/INV/MV/CS To Inspect Vehicle No: SMC 19860 Insured: SKS RODHM at Workshop m/s (Thiam Hong Huat 82636293 Stever of 176 2m # DS-1H MT 1047215 Policy No: Claim No: Sum Insured: Excess: Make of Veh: D.O.A. (Client's Record) CA / REV / REP. / REV 24 HRS H.O.D. Endorsement: Date/Time: Person Contacted: Vehicle IN OUT Date/Time Action/Instruction (Estimate SMC 1986D-X SKS 8224M-X 20/8/19@3. 76 M confirmed with steven LS \$ 2700, 4 days.

Gerenna Steve	REF:		
	A5516	WAIEAT.	1118
From		Veh No SMC 1986 D	Yi Rogn.
Estimated Cost		Type: M.Car M.Cycle / Bus / Van / Lorr	y / Taxi / Prime Mover /
OD I TP I WS I TP RES I OD RES I E	VA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:		Maka: Toyota Allis	c: 1598
at Workshop in/s		Colour While	A/C Insured / \$td / NI / N/
ol		Sp.Reading 26922	T/Radio: Insured / Std / NI / N.
Insured .		Eng/No:	
Policy No	· ·	CiNO: MR OSJ REH GOL	1584061
Claims No		Gen. Cond Good / Fair / Poor / Burnt	
Sum Insured:	Excess:	Steering Inorde / Jammed / Leaked / E	Burnt or .
(Client's Record)		Brake: (norder) Jammed / Leaked / 8	Burnt or
Make of Veh:		Modi: Nil S/RIm STD A/RIm or	
William Co. Trans.	e	Tyre Size: F: 215/45	R//
(D. II. O. William)		R; . (1	
(Policy Condition) Remark: The veh had commenced	its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA	MIC OHTSU / PIR / SUMI /
repair at the time of inspe		TOYO/YOKO or	
	LXXX	Fronl	Rear
Bal, or Market Value:	unsistent? : Yes or No	R/Bal. 7 nim	R/Bal. Z mri
IDAG ACCIDENT NJAM.	onsistent? : Yes or No	L/Bal. 7 mm	L/Bal. 7 Inii
GIA T TR. Sect.	Res.: Yes or No	D.O.A. (/6/19	D.O.I. 11/6/79 0454P
	3 Val.: Yes or No	Survey held at Thiam Hen	g Huat
Lum Sum: %	5 Val 100 St. 110	Des. of Damages : Frt (Rear) / O/S /	N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	Vehiclo: IN / OUT	Dos. of Ballages . Titl (Mass)	
Date: Person Cont		The U/C / Chassis frame / Body	Structure allected due to collisio
Dale / Time / Action / Instruction	ın.	· etc	A last
e 7	, , ,	•	Meran 1/0
	RECEIVED 2	1 AUG 2019	
		- · · · · · · · · · · · · · · · · · · ·	9/0/2/19
1 1	_		20/8/201/
		2	
•	, ,		1
Date/Tuno. File Pass to?	rell. Report	Days Of Repair: 4	
1121/8 project : FI	nal Report	Resurvey No. of Trip:	Survey Foe: 250
Date/Time, File Return to?			Fransportation
21	Add Fe) S - Rf. SI
7.	,	: Interview (\$) Photos
Report Format: (1		Tech Invs (\$) tologi.
Lump Sum / I.B (1)	100	: Weer and 15	250
Vasc		•	101 N 200

Celine Fong (LKKAuto)

From:

Daniel Koh <daniel.koh@income.com.sg>

Sent: To: Tuesday, 11 June 2019 10:04 AM assignments; Admin-D (LKKAuto)

Subject:

FW: TP CASES FARMED OUT TO LKK ON 11/06/2019

Hi LKK,

Resend

Daniel Koh
Senior Admin Assistant
Motor Insurance
T+65 6430 7901
www.income.com.sg











At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.





From: Annie Koh

Sent: Tuesday, 11 June 2019 9:45 AM

To: 'assignments@lkkauto.com' <assignments@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>; Daniel Koh

<daniel.koh@income.com.sg>

Cc: Thio Tse Kiat <tsekiat.thio@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>; Susan Ting

<susan.ting@income.com.sg>

Subject: RE: TP CASES FARMED OUT TO LKK ON 11/06/2019

Hi LKK,

Additional 1 more case

SN	OIC	Claim No.	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	OI VEH	DOA
					176 SIN			
					MING			
				THIAM	DRIVE #05-			
				HENG	14 SIN			
	Chryllis	MT/1047215-		HUAT PTE	MING	Steven /		
8	Quah	002	SMC1986D	LTD	AUTOCARE	82636295	SKS8224M	1/6/2019

Warmest Regards

Shiau Chan (LKKAuto)

From: Sent: To: Subject:	Thiam Heng Huat <thh176@yahoo.com> Tuesday, 20 August 2019 3:26 PM SUR; Shiau Chan (LKKAuto) Re: Estimate & GIA for SMC1986D</thh176@yahoo.com>	
Dear Shiau Chan,		
We confirm Lump s	sum \$2,700 (before GST) and 4 repair days.	
Warmest regards, Steven Thiam Heng Huat F 82636295	Pte Ltd	
On Friday, 2 August 20	019, 11:04:34 am GMT+8, Shiau Chan (LKKAuto) <siewsc@lkkauto.com> wro</siewsc@lkkauto.com>	ote:
Dear Steven,		
Re-send.		
WITHOUT PREJUDIC	E	
Offer Lump Sum \$2,70	0.00 and 4 repair days.	
Kindly check and confi	rm.	
Best Regards,		
Shiau Chan (Ms) Case	Handler	
LKK Auto Consultants	Pte Ltd	
Phone: 6256-3561 ema	il: siewsc@lkkauto.com fax: 6256-4315	
Blk 51, Paya Ubi Industri	al Park, Ubi Avenue 1, #02-25 S(408933)	

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SMC1986D		
Vehicle Type :	P10 - Passenger Motor Car		
Vehicle Attachment 1:	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		
Vehicle Model :	COROLLA ALTIS ELEGANCE AUTO		
Chassis No.:	MR053REH604584061		
Propellant:	Petrol		
Engine No.:	1ZR0B72039		
Engine Capacity:	1598 cc		
Maximum Power Output:	96.0 kW (128 bhp)		
Maximum Laden Weight:	1655 kg		
Unladen Weight:	1230 kg		
Year Of Manufacture:	2018		
Original Registration Date:	27 Jun 2018		
Lifespan Expiry Date :			
COE Category :	A - Car up to 1600cc & 97kW (130bhp)		
Quota Premium :	\$38,941.00		
COE Expiry Date :	26 Jun 2028		
Road Tax Expiry Date :	26 Dec 2019		
PARF Eligibility Expiry Date :	26 Jun 2028		
Inspection Due Date :	26 Jun 2021		
Intended Transfer Date :	20 Aug 2019		
CO2 Emission :	139.00 (g/km)		
CEV/VES Rebate Utilised Amount :	-		
CO Emission :	0.191310 (g/km)		
HC Emission :	0.033780 (g/km)		
NOx Emission :	0.006780 (g/km)		
PM Emission :			
Late renewal fee(s) will be impos	ed if road tax / lay-up has expired. Please use Enqu	ire Road Tax Payable for fee(s) pay	able.
Road tax, including Over Paymer Amount Payable	nt (if any), of a vehicle will follow the vehicle to the	new registered owner when its owr	iership is being transferred.
	Amount Before GST	GST Amount	Amount After GST
	(S\$)	(S\$)	(5\$
Transfer Fee :	25.00		25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK

Print

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/06/2019 19:43

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

410.000.0	
	ACCIDENT STATEMENT
Date Of Report	07/06/2019 18:30
Date Of Accident	01/06/2019 21:00
Exact Location Of Accident	PETIR ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC1986D
Insured/Policyholder	
Name Of Registered Owner	SHIRLEY LEONG CHOY KOW
Passport No/FIN	0
Email Address	SHIRLEY.LCK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83990008
Alternative Phone No	OFFICE-83990008
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2142979
Cover Note Number	
Driver	
Name of Driver	JOSEPH CHONG GIAP SHENG
NRIC No	S9828960G
Date Of Birth	10/09/1998
Occupation	INDOOR
Date Of Driving Pass	10/07/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82008245
Fax Number	
Contact Number	
English willing	IOOFFILIOLIONIO ACMAIL COM

JOSEPHCHONG1009@GMAIL.COM

Address

BLK 521 JELAPANG ROAD #11-157

Postcode

670521

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

NO

2

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident?

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)

4

Passenger 1

NAME:

: LEONG SOON HUAT

GENDER:

: MALE

Passenger 2

NAME:

: PIONG YEE FANG

GENDER:

: FEMALE

Passenger 3

NAME:

: LEONG SHUO PIN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

THOMSON NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 25 SIN MING ROAD, POSTCODE: 570025, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4529999 - FAX NO: 6 5535740

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS8224M

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 16

Vehicle Category

PRIVATE CAR

Name of Driver

MR LIM

NRIC/Passport Number

Contact Number

96655549

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

JOSEPH CHONG GIAP SHENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

YES

Was this 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (Iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, Investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

D

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.:

GIARMC SketchPlanform_V3

SKETCH PLAN	8 ×
	
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ESCRIBE CIRCUMSTANCES C	OCTUE ACCIDENT
	THE ACCIDENT
Was at the traffic lin	at along Petir Road slightly before Hillian Mall when the driver linto the rear of my vehicle. The traffic light was red at the
	The state of the s
of the other can bange	Linto the rear of my vehicle. The traffic light was replant the
point of the accident.	J
	•
THE PARTY OF THE P	
ECLARATION	
We declare the foregoing particula	ars are true in every respect.
	1,1,0
/	fresh have 7 6 19 @ South (of The
No. 4 old old of	and the state of t
olicyholder's Signature ate & Time:	Oriver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Warme:

Company Chop (if applicable)
GIARMC SketchPlanEdron_V3

Date & Time:

NRIC/FIN No.:

2

Sketch Plan #2 Pg. 1





Date of Expiry:

Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE

570025

Student

Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

T/20190603/2066	

Report No. T/20190603/2066

1 of 3

Vide Report No.: Station Diary No.: Date/Time Report Made: 13 03/06/2019 12:35 Informant's Particulars Address: Name of Informant: APT BLK 521 JELAPANG ROAD #11-157 SINGAPORE JOSEPH CHONG GIAP SHENG 670521 ID Type / ID No .: Contact No.: Mobile: 82008245 NRIC NO / S9828960G Home/Office: Nationality: Email: MALAYSIAN Type of informant: Sex: Age: Date of Birth: 10/09/1998 Driver Male Institution / School Name: Race: Language: SUTD Chinese English Driving Licence Information: Occupation:

Class: 3

General Informat	ion of the Accident					
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 01/06/2019 21:00)	Type of Location: Straight Road
Location: Along Road 1 PETIR ROAD along Petir Rd ne	ar to Hillion Mall					
Weather:	ar to rimorrivian	Road S	Surface:		Road	Speed Limit:
Clear		Dry	111			
Traffic Flow:	7	Traffic	Control:	•	Traff	ic Volume:
One Way	A.S. Milliand Co. Co.	Traffic	Light - Wor	king	Light	
Type of Collision: Between Moving Vehicles - Head To Rear						one conveyed by ulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKS8224M	Car				49 E	0
SMC1986D	Car				Slightly Damaged	3

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA			

Sketch Plan #2 Pg. 2



T/20190603/2066

2 of 3

Report No. T/20190603/2066

Police Station Of Origin:

Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

CONTINUATION OF REPORT

Driver						
Name	MR LIM			ID No	•	NIL
Related Vehicle	SKS8224M (Car)	***		Conta	ct No.	96655549
Hospital/Clinic	NIL	х	z.	Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disci	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	JOSEPH CHONG GI	AP SHENG		ID No.		S9828960G
Related Vehicle	SMC1986D (Car)			Conta	ct No.	82008245
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	02/06/2019		Date Disch	narge	02/06	3/2019
No. of Days granted Medical Leave 05 Degree of Injury Slight						

Brief Details.

On 01/06/2019 at about 2100hrs, I was driving a vehicle (SMC1986D) along Petir Rd.

At one point of time, I was waiting for the traffic light to turn green when I felt an impact coming from the rear of my vehicle. As such, I alighted from my vehicle and discovered a vehicle (SKS8224M) had collided onto the rear of my vehicle. My car suffered damage to the rear bumper causing my rear boot unable to close fully. My car was only equipped with a front in-car camera. Later, both of us decided to drive Hillion Mall which was nearby. Both of us exchanged our contact numbers and left the place.

On 02/06/2019, I went to send my vehicle to the workshop. I also felt pain on my neck area. As such, I went to Mount Alvernia Hospital and was given 5 days of MC. I am lodging the report for record and insurance claims purposes.

Sketch Plan #2 Pg. 3





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999 3 of 3 Report No. T/20190603/2066

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report

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 Informant:

E / Staff Sgt MUHAMMAD IKHSAN BIN SAID	Toghtong
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2019 12:35
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID	Classification Of Case: SIMGAPORE POLICE FORCE SN 070
Contact No.: 65476172 Authentication Stamp NP168	SIGNATURE

Thiam Heng Huat Pte Ltd

176 Sin Ming Drive #05-14 Sin Ming Autocare Singapore 575721 Mobile: 82636295 Email: thiamhenghuat@gmail.com

Make/Model: TOYOTA ALTIS 1.6A

Engine/Chassis No.: MR053REH604584061

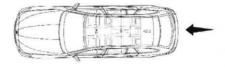
Date of accident:

Damaged area: Rear

Date: 11/6/2019

Claim Type: TP

VRN: SMC1986D



ist	tems					
s/N	Parts description	QTY	UN	IT PRICE	-	AMOUNT
1	Rear bumper / ()()	1	\$	695.00	\$	695.00
2	Rear bumper side retainer	2	\$ 10	140.00	\$	280.00
3	Rear bumper reinforcement / ()//	1	\$	495.00	\$	495.00
4	Bootlid / W	1	\$	1,065.00	\$	1,065.00
5	Bootlid lock	1	\$	385.00	\$	385.00
6	Bootlid hinge X XX	2	\$	125.00	\$	250.00
7	Bootlid chrome moulding / ///	1	\$	240.00	\$	240.00
8	Bootlid "TOYOTA" emblem /	1	\$	65.00	\$	65.00
9	Bootlid "COROLLA" emblem	1	\$	55.00	\$	55.00
10	Bootlid "ALTIS" emblem	1	\$	55.00	\$	55.00
11	Bootlid reflector lamp X MM	2	\$	469.00	\$	938.00
12	Taillamp X NN	2	\$	890.00	\$	1,780.00
13	Taillamp panel X ////	2	\$	117.00	\$	234.00
14	Truck lid weatherstrip X ////	1	\$	195.00	\$	195.00
15	End panel X	1	\$	590.00	\$	590.00
16	End panel top garnish	1	\$	263.00	\$	263.00
17	Spare tyre board / ////	1	\$	265.00	\$	265.00
18	Rear bumper outer retainers X	2	\$	110.00	\$	220.00
19	Rear reinforcement bracket X MI	2	\$	95.00	\$	190.00
				Subtotal	\$	8,260.00
			List	discount		25.00%
				Total	\$	6,195.00

No.	Parts description	QTY	U	NIT PRICE	A	MOUNT
1	Rear parking sensor	1	\$	280.00	\$	280.00
2	Rear bumper clips	10	\$	4.50	\$	45.00
3	Taillamp clips	6	\$	4.50	\$	27.00
4	Bootlid inner trim clips	10	\$	4.50	\$	45.00
5	Bootlid chrome moulding clips	6	\$	4.50	\$	27.00
6	End panel sealant	1	\$	100.00	\$	100.00
7	End panel top garnish clips	6	\$	4.50	\$	27.00

Repair Estimate

0.5555		· · · · · · · · · · · · · · · · · · ·	Total	\$ 1,206.00	200
10	Sundries	1	\$ 50.00	\$ 50.00	30/1
9	Reverse camera	1	\$ 550.00	\$ 550.00	X MILL
8	Rear licence plate & frame	1	\$ 55.00	\$ 55.00	X ////

Labo	Labour					
No.	Description	Work unit	CALC.	Amount		
1	To dismantle / renew the accident damaged portion. To panel beat, reshape, straighten, orientate and align repair / replacement parts.	6	\$	1,200.00		
2	To disconnect rear wire harness of electrical components to facilitate repairs, reconnect and check functions including taillamp lightings.	0.25	\$	50.00		
3	To remove, refit bootlid components and replace bootlid, check and re-adjust close gap, alignment and water seepage.	0.5	\$	100.00		
4	Supply spray paint material and necessary items to respray rear bumper, bootlid, end panel and other affected area / panel.	6	\$	1,200.00		
5	To rust proof all affected portions after repair.	0.5	\$	100.00		
		otal labour	\$	2,650.00		

Estimate Grand Total	\$ 10,051.00

Store (CKK) Wil Arindre
4 days
LIS
Resy AL Spy

LKK Auto Consultants hence notify

the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



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

		DAMAGE ASSES	SMENT REPOR	
NTU	IC INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref: CS/INC190	10356/Eqd3e2
		D UNION HOUSESINGAPORE	Date: 28-08-2019	
ATT	N: CHRYLLIS QUA	λΗ	Code: INC	
1.		Policy Particulars	:- THIRD PARTY C	LAIM
	Insured Veh.	SKS 8224M	Veh. Inspected	SMC 1986D
	Policy No.		Coverage (\$)	0.00
	Claim No.	MT/1047215-002	Excess (\$)	0.00
	Assign From	ANNIE KOH	Assign Date	11/06/2019
2.		Vehicle Parti	culars & Condition	
	Make & Model	TOYOTA ALTIS	c.c	1598
	Engine No.	HIDDEN	Year of Reg.	2018
	Chassis No.	MR053REH604584061	Colour	WHITE
	Odometer	26922 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Conditi	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	215/45 R17	MICHELIN	7 mm
	L/H Front Tyre	215/45 R17	MICHELIN	7 mm
	R/H Rear Tyre	215/45 R17	MICHELIN	7 mm
	L/H Rear Tyre	215/45 R17	MICHELIN	7 mm
4.		Descripti	on of Damages	

5.		General Information					
	Accident Date	01/06/2019	Inspect Date / Time	11/06/2019 (04:54 PM)			
	Survey held at	Survey held at THIAM HENG HUAT PTE LTD					
	176 SIN MING DRIVE #05-14 SINGAPORE 575721						
5a.			Remarks				
		ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS,					
5b.	Estimate Days of Repair						
		MAL PERIOD FOR REPAIR:	4 Working Days				



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMC 1986D

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DENTED	695.00	490.00
2	REAR BUMPER SIDE RETAINER @\$140.00	BROKEN	280.00	202.00
1	REAR BUMPER REINFORCEMENT	DENTED	495.00	397.00
1	BOOTLID	DENTED	1,065.00	606.00
1	BOOTLID LOCK	BENT	385.00	349.00
2	BOOTLID HINGE @\$125.00	NOT NECESSARY	250.00	:-
1	BOOTLID CHROME MOULDING	NOT NECESSARY	240.00	-
1	BOOTLID "TOYOTA" EMBLEM	NECESSARY	65.00	65.00
1	BOOTLID "COROLLA" EMBLEM	NECESSARY	55.00	55.00
1	BOOTLID "ALTIS" EMBLEM	NECESSARY	55.00	55.00
2	BOOTLID REFLECTOR LAMP @\$469.00	NOT NECESSARY	938.00	-
2	TAILLAMP @\$890.00	NOT NECESSARY	1,780.00	-
2	TAILLAMP PANEL @\$117.00	NOT NECESSARY	234.00	-
1	TRUCK LID WEATHERSTRIP	NOT NECESSARY	195.00	-
1	END PANEL	TO REPAIR SEE LABOUR	590.00	-
1	END PANEL TOP GARNISH	BROKEN	263.00	232.00
1	SPARE TYRE BOARD	NOT NECESSARY	265.00	-
2	REAR BUMPER OUTER RETAINERS @\$110.00	NOT NECESSARY	220.00	-
2	REAR REINFORCEMENT BRACKET @\$95.00	NOT NECESSARY	190.00	-
	LESS 25% DISCOUNT		-2,065.00	-612.75
			6,195.00	1,838.25
	SPECIAL NETT ITEMS			
1	REAR PARKING SENSOR (SN)	BROKEN	280.00	200.00
	REAR BUMPER CLIPS @\$4.50 (SN)	NECESSARY	45.00	30.00
	TAILLAMP CLIPS @\$4.50 (SN)	NOT NECESSARY	27.00	
	BOOTLID INNER TRIM CLIPS @\$4.50 (SN)	NECESSARY	45.00	20.00
	BOOTLID CHROME MOULDING CLIPS @\$4.50 (SN)	NECESSARY	27.00	10.00
	END PANEL SEALANT (SN)	NOT NECESSARY	100.00	-
	END PANEL TOP GARNISH CLIPS @\$4.50 (SN)	NECESSARY	27.00	10.00
1	REAR LICENCE PLATE & FRAME (SN)	NOT NECESSARY	55.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	REVERSE CAMERA (SN)	NOT NECESSARY	550.00	-
1	SUNDRIES (SN)	NECESSARY	50.00	30.00
			1,206.00	300.00
	LABOUR			
	TO DISMANTLE / RENEW THE ACCIDENT DAMAGED PORTION. TO PANEL BEAT, RESHAPE, STRAIGHTEN, ORIENTATE AND ALIGN REPAIR / REPLACEMENT PARTS. INCLUSIVE OF THE REPAIR OF END PANEL.		1,200.00	600.00
	TO DISCONNECT REAR WIRE HARNESS OF ELECTRICAL COMPONENTS TO FACILITATE REPAIRS, RECONNECT AND CHECK FUNCTIONS INCLUDING TAILLAMP LIGHTINGS.		50.00	30.00
	TO REMOVE, REFIT BOOTLID COMPONENTS AND REPLACE BOOTLID, CHECK AND RE-ADJUST CLOSE GAP, ALIGNMENT AND WATER SEEPAGE.		100.00	30.00
	SUPPLY SPRAY PAINT MATERIAL AND NECESSARY ITEMS TO RESPRAY REAR BUMPER, BOOTLID, END PANEL AND OTHER AFFECTED AREA / PANEL.		1,200.00	600.00
	TO RUST PROOF ALL AFFECTED PORTIONS AFTER REPAIR.	NOT NECESSARY	100.00	-
			2,650.00	1,260.00
	GRAND TOTAL		10,051.00	3,398.25

RECOMMENDED COST OF LUMP SUM REPAIRS	2,700.00
(TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	

Report Ref No. CS/INC19010356/Eqd3e2

CHEN TSUE YEE

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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