

20000000

ASS. REC. BY:

REF: CS3/IN(19016420/TIVD37)

serial instructions

Survey: Tauklich

ASSIGNMENT (Office)

From (Person): Motor Insurance

of INC

Date/Time:

25/07/2019

Estimated Cost:

Bill to:

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

to inspect Vehicle No:

SMA 941RK

Insured:

SGU 5286R

at Workshop in/s

AMA Automotive

Tel:

of

36 John Owen Rd East # 03-36

Policy No:

Claim No:

MP-1048323-001

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

8/6/2019

CA / REV / REP. / REV 24 HRS

Date/Time:

9:33am 12/6/19

Person Contacted:

Melvin

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction
	<u>Policy? X</u>
	<u>SMA 941RK - X</u>
	<u>SGU 5286R - X</u>
	<u>Demanded: 13/6/2019</u>
	<u>After repair: 13/6/2019.</u>

31/7/19 Submit 1/503300, 5 days
(Reel 2200, 4070)

RECEIVED 31 JUL 2019

Amir
30/7

(06/1/93)

ASS. REC. BY:

REF A7UC

ASSIGNMENT

From

Date:

12.6.2019

Estimated Cost:

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

To inspect Vehicle No: SMA 948K

at Workshop n/s AMA Autorare

at 36 Toh Guan Road East #03-36

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

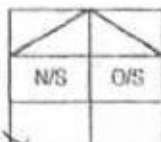
(Client's Record)

Make of Veh:

10.300 m

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GLA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMA 948K

Yr Regn:

2018 June

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Vozel

cc

1496

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

037655

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

R411302565.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / SRM / STD A/Rim or

Tyre Size:

F:

215/55 R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

12/6/19011a

Survey held at

AMA

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

Rear n/s

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

2

Add Fee:



Site Insp (\$



Interview (\$



Tech Insp (\$



Weekend (\$

Survey Fee:

Transportation:

\$ + RS, 3

Pinsion

Others

TOTAL

Report Format :

PRS

Lump Sum / I.B.I. (\$

Nivitha (LKK Auto)

From: do_not_reply@income.com.sg
Sent: Thursday, 25 July 2019 10:02 AM
To: assignments@lkkauto.com
Subject: MT/1048323-001 - Claim Involving SGU5286R / SMA9418K on 08 Jun 2019
Attachments: LOD2 2019-7-22.pdf.PDF; TP Survey Report.PDF;
EBGI-300002963-0000004877-1564014474916_EBAOGICLM_DLET_MT.pdf

Dear Sir / Madam,

We refer to the above claim.

Enclosed is the letter / document for your necessary attention.

Yours sincerely

Motor Insurance
Income

Note: This is a system generated email. Please do not reply to this email.

Your Ref: SMA9418K

Our Ref: MT/CA/TP/036/1048323-001/RD

25 Jul 2019

LKK AUTO CONSULTANTS PTE LTD
51 UBI AVENUE 1
#02-25 PAYA UBI INDUSTRIAL PARK
SINGAPORE 408933

**WITHOUT PREJUDICE
SAVE AS TO COSTS
BY FAX & POST**

Dear Sir/Madam

CLAIM NUMBER: MT/1048323-001

ACCIDENT INVOLVING SGU5286R / SMA9418K on 8 Jun 2019

We refer to the claim.

Please let us have your complete PRS report/recommendation.

If you have any queries, please contact Rajeswary Doraisamy at 6430 7934 or email us at rajeswary.doraisamy@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance

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	10/06/2019 10:06
Date Of Accident	08/06/2019 13:45
Exact Location Of Accident	SLE TOWARDS WOODLANDS (AFTER CTE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9418K
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHIM BIN SAMAD
NRIC No	S1619630D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90061063
Alternative Phone No	OFFICE-90061063

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101556231 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	ABDUL RAHIM BIN SAMAD
NRIC No	S1619630D
Date Of Birth	20/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/05/1990
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90061063
Fax Number	
Contact Number	OFFICE-90061063
Email Address	NOEMAIL

Address	290D BUKIT BATOK EAST AVE 3 #08-374
Postcode	S651290
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	2
Passenger 1	NAME: - GENDER: MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3, POSTCODE: 408865, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SENT TO INSURANCE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU5286R
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ABDUL RAHIM BIN SAMAD

Approximate Age

Injuries Sustain

REFER TO POLICE REPORT

Injured person in which vehicle?

SMA9418K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 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 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.

10 JUN 2019

IDAC DIGITAL
511 Bukit Timah Street 23
Singapore 656545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg



Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN

9945286R.

9945286R.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

to me Regms

DECLARATION: IDAC BUKIT BATOK BRANCH

same report

DECLARATION I/We declare the foregoing particulars are true in every respect.		IDAC BUKIT BATOK (VAC) 511 Bukit Batok Street 23 Singapore 659545 Tel: 6560 3312 Fax: 6569 0722 Email: vacbu@singnet.com.sg
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	

U-54

Date & Time:

(If driver is not the policyholder)

Date & Time:

70 JUN 2019

511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 5312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

Name: _____

NORM/IFN No.



**SINGAPORE
POLICE FORCE**



T/20190608/2081

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20190608/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2019 15:38	Vide Report No.	Station Diary No.: 92
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Informant's Particulars

Name of Informant: ABDUL RAHIM BIN SAMAD	Address: APT BLK 290D BUKIT BATOK EAST AVENUE 3 #08-374 SINGAPORE 651290		
ID Type / ID No.: NRIC NO / S1619630D	Contact No.: Home/Office: Mobile: 90061063		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 56	Date of Birth: 20/02/1963	Type of Informant: Driver
Race: Malay	Language: English	Institution / School Name:	
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/06/2019 13:45	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
SLE towards Woodlands, after CTE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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 Passenger
SGU5286R	Car	TOYOTA	VIOS	Blue		0
SMA9418K	Car	HONDA	VEZEL 1.5X CVT	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMA9418K	NTUC Income Insurance Co-Operative Limited	5101556231	22/06/2018	21/06/2019



**SINGAPORE
POLICE FORCE**



T/20190608/2081

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

2 of 3

Report No. T/20190608/2081

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL RAHIM BIN SAMAD	ID No.	S1619630D
Related Vehicle	SMA9418K (Car)	Contact No.	90061063
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/06/2019 at 1345hrs, I was driving my vehicle, SMA9418K, along SLE towards Woodlands. I had just entered SLE from CTE and I was driving along lane 3. The lane 3 and lane 4 were merging. After the lane had merged, I was at the extreme left lane. Suddenly, I felt an impact to the rear left side of my vehicle. I then saw in the side view mirror a blue colour car swerving to the left and sped off using the road shoulder. I then stopped my vehicle along the road shoulder to access my vehicle. The left rear side of my vehicle was dented. I then viewed the car camera footage and it showed a blue colour Toyota Vios, SGU5285R, hitting the rear portion of my vehicle and then driving away without stopping. I had 1 male passenger in my car. No one was injured at the point of the accident.



**SINGAPORE
POLICE FORCE**



T/20190608/2081

3 of 3

Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

Report No. T/20190608/2081

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

J /

Sr Staff Sgt MOHAMED NASRUDIN BIN
SHAHUL HAMEED

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

08/06/2019 15:38

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No: 65476902

Classification Of Case:

Authentication Stamp

NP168

Force



Traffic Police
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP168 No: T/20190608/2081	Name: Abdul Rahim Bin Samad
Accident Date/Time: 08/06/2019 @ 1345hrs	Address: B/290D Bukit Batok East Ave 3
Vehicle(s) Involved: SGU5286R	S(651290)
SMA9418K	
	NRIC No: S1619630D
	Tel No: 90061063
	Date: 10/06/2019 @ 1157hrs

Dear Sir / Madam

I wish to amend as follows

With reference to the traffic accident report reference, T/20190610/2081, I wish to amend on the following details:

I wish to add that I went to Starcare Clinic and Surgery Pte Ltd and I received 3 days of MC.

Yours faithfully

Cam: H08

S K AUTO CONSULTANTS

Invoice

Bill To: ABDUL RAHIM BIN SAMAD
C/o AMA Autocare Pte Ltd
Enterprise Hub #01-36
36 Toh Guan Road East
Singapore 608580

Invoice No:	2019221
Date:	17/6/2019
Our Ref	TP/019/0221SK

Description	Amount (S\$)
PARTICULARS	
Vehicle Registration No : SMA 9418K	380.00
Date of Accident : 08/06/2019	
Date of Inspection : 12/06/2019	
SERVICES:	
Assessment with report (inclusive of transport charges and photographs etc)	
Total	380.00
Balance Due	380.00

We would appreciate your cheque crossed and made payable to:
S K AUTO CONSULTANTS



Authorized Signature

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/019/0221SK
Your Reference: TBA

Date: 17/6/2019

TO: ABDUL RAHIM BIN SAMAD
C/o AMA Autocare Pte Ltd
Enterprise Hub #01-36
36 Toh Guan Road East
Singapore 608580

Assessment of Vehicle No : SMA 9418K
Date of Accident : 08/06/2019
Date of Inspection : 12/06/2019

We have carried out a physical assessment of SMA 9418K at AMA Autocare Pte Ltd according to your instructions on 12/06/2019 and are pleased to submit our report as follows;

1.VEHICLE PARTICULARS

Registration No.	:	SMA 9418K
Make & Model	:	HONDA VEZEL
Year of Registration	:	22/6/2018
Engine Capacity (cc)	:	1496
Chassis No.	:	RU11302565
Engine No.	:	L15B5552575
Colour	:	Black
Mileage (km)	:	37655

2.VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

3.TYRE PARTICULARS & CONDITION

Front

RH Make/Size	:	DUNLOP 215/60R16 - 70%
LH Make/Size	:	DUNLOP 215/60R16 - 70%

Rear

RH Make/Size	:	DUNLOP 215/60R16 - 70%
LH Make/Size	:	DUNLOP 215/60R16 - 70%

Note: % denotes the remaining percentage of the tyre

S K AUTO CONSULTANTS

Page No. 2

Our Reference TP/019/02215K
Vehicle No. SMA 9418K

4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the REAR portion

Please see attached schedule for details.



Estimated Amount : S\$8,467.60
Adjusted Amount : S\$5,500/-
Estimated Repair Days : 5 days

Pursuant to your instruction, we have NOT AUTHORIZED repair.
The assessment was conducted on a "Without Prejudice" basis.

If we are not notified of anything to the contrary within 14 Days from the date hereof, this report shall be treated as correct

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by S K AUTO CONSULTANTS for any reliance on this report by any third party.

S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/019/0221SK
Vehicle No. SMA 9418K

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)		OUR ASSESSMENT(S\$)	
	PARTS (LIST ITEMS)					
1	Tailgate	Repair/labour	1420.00		0.00	
1	Tailgate Honda emblem (badge)	Necessary	92.00		92.00	
1	Tailgate VEZEL emblem	Necessary	98.00		98.00	
1	Rear boot edge weatherstrip	Deformed	278.00		278.00	
1	Rear bumper	Deformed	1124.00	768.30	1124.00	
2	Rear bumper side retainers	Necessary	144.00		144.00	
1	LHS Taillamp	Edge grazed	982.00	480	982.00	
1	LHS side (corner) panel	Deformed	582.00	450.60	582.00	
1	LHS Wheel arch garnish	Deformed	272.00	150.20	272.00	
1	Rear end panel outer beam	Bent	172.00		172.00	
1	Rear end panel	Dented	762.00		762.00	Rx
1	Rear end panel top garnish	Refix	261.00		0.00	
1	LHS Rear fender	Distorted	678.00		678.00	Rx
1	LHS Rear fender air vent	Deformed	182.00		182.00	
		3015.10	7047.00		5366.00	
		2412.08 less	20%	1409.40	20%	1073.20
				5637.60		4292.80
	SPECIAL NETT ITEMS					
1 set	Rear Bumper clips	Necessary	60.00		40.00	30
1 set	Reverse sensor	Damaged	280.00		250.00	200
1	Rear end panel top garnish clips	Necessary	60.00		40.00	30
1set	LHS Wheel arch garnish clips	Necessary	60.00		40.00	20
	TOTAL PARTS		6097.60		4662.80	280

S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/019/0221SK

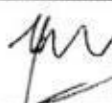

Vehicle No. SMA 9418K

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	1000.00	⁷⁰⁰ 800.00
2	To supply paint materials, expandable items & putty, respray paint on parts replaced	800.00	600.00
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	150.00	³⁰ 120.00
4	To remove and refix/replace rear trims, garnish and fittings so as to facilitate repairs at rear	180.00	⁶⁰ 150.00
6	To remove and replace reverse sensors and check for proper function	150.00	³⁰ 120.00
7	To provide anti-rust treatment on affected areas	90.00	³⁰ 60.00
Labour Total :		2370.00	1850.00
TOTAL (PARTS & LABOUR):		8467.60	6512.80

Note: (For Lump Sum Repair)

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements.

The final adjusted Lump Sum contract amount is S\$5,500/-



S. Kumanan
 Motor Surveyor

4/42.08
 4159 3300.
 5 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

Affiliated to Federation Internationale Des Experts En Automobile

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref : CS3/INC19010420/T1vd3s2-1

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date : 01-08-2019

189556

ATTN: RAJESWARY

Code : INC



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGU 5286R	Veh. Inspected	SMA 9418K
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1048323-001	Excess (\$)	0.00
Assign From	MOTOR INSURANCE	Assign Date	25/07/2019

2. Vehicle Particulars & Condition

Make & Model	HONDA VEZEL	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	RU11302565	Colour	BLUE
Odometer	037655	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/55R17	MICHELIN	6 mm
L/H Front Tyre	215/55R17	MICHELIN	6 mm
R/H Rear Tyre	215/55R17	MICHELIN	6 mm
L/H Rear Tyre	215/55R17	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	08/06/2019	Inspection Date	12/06/2019
Survey held at	AMA AUTOMOTIVE PTE. LTD. 36 TOH GUAN ROAD EAST #03-36 SINAGPORE 608580		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMA 9418K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILGATE	TO REPAIR SEE LABOUR	1,420.00	-
1	TAILGATE HONDA EMBLEM (BADGE)	NECESSARY	92.00	92.00
1	TAILGATE VEZEL EMBLEM	NECESSARY	98.00	98.00
1	REAR BOOT EDGE WEATHESTRIIP	DEFORMED	278.00	278.00
1	REAR BUMPER	DEFORMED	1,124.00	968.30
2	REAR BUMPER SIDE RETAINERS	NECESSARY	144.00	144.00
1	LHS TAILLAMP	EDGE GRAZED	982.00	480.00
1	LHS SIDE (CORNER) PANEL	DEFORMED	582.00	450.60
1	LHS WHEEL ARCH GARNISH	DEFORMED	272.00	150.20
1	REAR END PANEL OUTER BEAM	BENT	172.00	172.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	762.00	-
1	REAR END PANEL TOP GARNISH	REFIX	261.00	-
1	LHS REAR FENDER	TO REPAIR SEE LABOUR	678.00	-
1	LHS REAR FENDER AIR VENT	DEFORMED	182.00	182.00
	LESS 20% DISCOUNT		-1,409.40	-603.02
			5,637.60	2,412.08
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	60.00	30.00
1	SET REVERSE SENSOR (SN)	DAMAGED	280.00	200.00
1	REAR END PANEL TOP GARNISH CLIPS (SN)	NECESSARY	60.00	30.00
1	SET LHS WHEEL ARCH GARNISH CLIPS (SN)	NECESSARY	60.00	20.00
			460.00	280.00
<u>LABOUR</u>				
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; REPLACE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF TAILGATE, REAR END PANEL AND LHS REAR FENDER.		1,000.00	700.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED.		800.00	600.00
	TO REMOVE AND RE-FIX WIRING AND CHECK ALL ELECTRICAL COMPONENTS AT DAMAGED AREAS FOR PROPER FUNCTIONS.		150.00	30.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REFIX / REPLACE REAR ITEMS, GARNISH AND FITTINGS SO AS TO FACILITATE REPAIRS AT REAR.		180.00	60.00
	TO REMOVE AND REPLACE REVERSE SENSORS AND CHECK FOR PROPER FUNCTION.		150.00	30.00
	TO PROVIDE ANTI-RUST TREATMENT ON AFFECTED AREAS.		90.00	30.00
			2,370.00	1,450.00
GRAND TOTAL			8,467.60	4,142.08
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,300.00

Report Ref No. CS3/INC19010420/T1vd3s2-1

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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