

ASS. REC. BY:

REF:

CS/INC19013185/E+P⁰²

Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

Insured (Person): Theresa Virnala

of INC

Date/Time: 26/7/19 @ 9:52am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLX 1880B

Insured:

SLQ 5534L

at Workshop m/s:

Auto Insure

Tel:

9743 6363

of

6 months long term

Policy No:

Claim No:

MT/1054913-002

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

23/7/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9:54am @ 26/7/19

Person Contacted:

Sam

Vehicle:

IN / OUT

Date/Time

Action/Instruction

1 should ✓

SLX 1880B X

SLQ 5534L X.

lump sum confirm \$2650/- (Red: 6⁰9832; 69%)

Sten

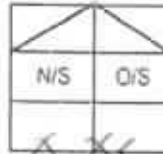
REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLX 1880B Yr Regn: 3/7/14
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Odyssey L.C. 2356
 Colour: White A/C Insured / Std / NI / NA
 Sp. Reading: 93780 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: RC 11027971
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 245/35ZR19
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook

Front _____ Rear _____
 R/Bal: 4 mm R/Bal: 4 mm
 L/Bal: 4 mm L/Bal: 4 mm
 D.O.A: 23/7/19 D.O.A: 26/7/19 11.53
 Survey held at Auto Insure

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

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

Date / Time Action / Instruction

MV-80K

RECEIVED 20 DEC 2019

Date/Time. File Pass to?

19/12 Typist

Date/Time. File Return to?

2.

Report Format :

Lump Sum / I.B.I. is

TP
2650/-

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Insp (\$)
☐ Wash-out (\$)

Survey Fee:

Transportation

1 S + R: 2

1 Photo

1 Index

2019

250

Nivitha (LKK Auto)

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Friday, 26 July 2019 9:52 AM
To: Admin-D (LKKAuto); assignments; SUR
Cc: Thio Tse Kiat; Hazalya Binte Ibrahim
Subject: RE: TP CASES FARMED OUT TO LKK ON 26/7/2019

Dear LKK,

Please assist to survey the following vehicles as per Mr Teng's instruction :-

SN	OIC	Claim No.	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	QI VEH	DOA	Additional Remarks
1	ALICE	MT/1054913-002	26/7/2019	SLX1880B	AUTO INSURE PTE LTD	6 MARSILING LANE	Sam Goh / 9743 6363		SLQ5534L	23/7	
2	MUHD AIRWA	MT/1054490-002	26/7/2019	SMH3312J	BORNEO MOTORS (S) PTE LTD	2 PANDAN CRESCENT SINGAPORE 128462	Thomas Pang / 9847 6171		FBN9549C	21/7	
3	HUEY HUEY	MT/1054768-001	26/7/2019	SMK3359J	BORNEO MOTORS (S) PTE LTD	2 PANDAN CRESCENT SINGAPORE 128462	WALLY / 9847 6178	10:00-12:00	FBF3981T	20/7	
4	CHARLOTTE	MT/1054229-002	26/7/2019	SMD3138S	BORNEO MOTORS (S) PTE LTD	2 PANDAN CRESCENT SINGAPORE 128462	WALLY / 9847 6178	10:00-12:00	SFB3770J	18/7	
5	AIRWAN	MT/1054924-001	26/7/2019	CB6055G	CONNECT 3	566 WOODLANDS ROAD (MANDAI ESTATE)	WINNIE CHAI / 98155098	10:00-12:00	SGY4843T	23/7	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
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. Find out more at income.com.sg/careers



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Denise Tay (LKKAuto)

From: AutoInsure (Claims) <claims01@autoinsure.com.sg>
Sent: Thursday, 19 December 2019 2:51 PM
To: Steve Chen (LKK Auto)
Cc: Denise Tay (LKKAuto)
Subject: Re: SLX 1880B / TP / DOA: 23/7/2019

WITHOUT PREJUDICE

Dear Steve,

We refer to the above matter and email below.

We confirm finalization amount at \$2650.00

Thank You.

Regards

Sam Goh
did: (65) 3157 2624 / 3157 2628
mobile: (65) 9743 6363
e: claims01@autoinsure.com.sg

Auto Insure Pte. Ltd.
201437380M
6 Marsiling Lane S739145

t: (65) 3157 2626
f: (65) 6368 0081
w: www.autoinsure.com.sg
g.e: claims@autoinsure.com.sg

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On Tue, Dec 17, 2019 at 6:46 PM Steve Chen (LKK Auto) <SteveChen@lkkauto.com> wrote:

Dear Sam,

Kindly refer our finalize \$2650 (L/S, before GST). 5 repair days.

[Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	788E
Vehicle Details	
Vehicle No.:	SLX1880B
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Jul 2019
Vehicle Make:	HONDA
Vehicle Model:	ODYSSEY ABSOLUTE 2.4 AUTO
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	K24W1025889
Chassis No.:	RC11027071
Maximum Power Output:	140.0 kW (187 bhp)
Open Market Value:	\$31,865.00
Original Registration Date:	03 Jul 2014
First Registration Date:	03 Jul 2014
Transfer Count:	1
Actual ARF Paid:	\$36,611.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Jul 2024
PARF Rebate Amount:	\$25,627.00
Intended COE Rebate Details	
COE Expiry Date:	02 Jul 2024
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$65,501.00
COE Rebate Amount:	\$32,312.00
Total Rebate Amount:	\$57,939.00

The information contained herein is correct as at 26 Jul 2019

OK

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	25/07/2019 09:37
Date Of Accident	23/07/2019 17:45
Exact Location Of Accident	DUNEARN RD TOWARDS NEWTON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1880B
Insured/Policyholder	
Name Of Registered Owner	MAH SIEW HSIUNG
NRIC No	S8208788E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81804646
Alternative Phone No	OTHERS-81804646

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY ABSOLUTE 2.4 AUTO
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10207691R00
Cover Note Number	

Driver

Name of Driver	TAN XUE YI
NRIC No	S8332343D
Date Of Birth	14/10/1983
Occupation	INDOOR
Date Of Driving Pass	11/05/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96230405
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 94 GEYLANG BAHRU #13-3114
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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

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)	4
Passenger 1	NAME: : PAX 1 GENDER: : MALE
Passenger 2	NAME: : PAX 2 GENDER: : FEMALE
Passenger 3	NAME: : PAX 3 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	KOLAM AYER NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	SLQ5534L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEY CHOON CHIANG
NRIC/Passport Number	S7084086C

Contact Number 98552891
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN XUE YI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLX1880B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

NOT TO BE FILLED IN

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 Authorized 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 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 GAA 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 lodging 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.

B. 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 claim 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 based 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.

Policyholder's Signature
Date & Time

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

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



Sketch Plan #2

54333740

Time (h)	V_{eff}	S_{eff}	cm_{eff}	H_{eff}/T
0	0.00	0.00	0.00	0.00
1	0.05	0.05	0.05	0.05
2	0.10	0.10	0.10	0.10
3	0.15	0.15	0.15	0.15
4	0.20	0.20	0.20	0.20
5	0.25	0.25	0.25	0.25
6	0.30	0.30	0.30	0.30
7	0.35	0.35	0.35	0.35
8	0.40	0.40	0.40	0.40
9	0.45	0.45	0.45	0.45
10	0.50	0.50	0.50	0.50
11	0.55	0.55	0.55	0.55
12	0.60	0.60	0.60	0.60
13	0.65	0.65	0.65	0.65
14	0.70	0.70	0.70	0.70
15	0.75	0.75	0.75	0.75
16	0.80	0.80	0.80	0.80
17	0.85	0.85	0.85	0.85
18	0.90	0.90	0.90	0.90
19	0.95	0.95	0.95	0.95
20	1.00	1.00	1.00	1.00

■ 雑誌誌名

8. *relaxing*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

Ref No. to Police Report

1 / મોજી બિઝનેસ / તા. ૩૦

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature _____

(If driver is not the policyholder)

Clutter & Turner

Reporting Centre Personnel's Signature _____

Häuser

2004/07/04 14:00



Accident Photo



**SINGAPORE
POLICE FORCE**



T/20190723/2138

1 of 3

Police Station Of Origin:
Kohlan Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2959999

Report No: T/20190723/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2019 18:36	Video Report No.:	Station Diary No.: 66
--	-------------------	--------------------------

Informant's Particulars

Name of Informant: TAN XUE YI			Address: APT BLK 94 GEYLANG BAHRU #13-3114 SINGAPORE 330094	
ID Type / ID No.: NRIC NO / S8332343D			Contact No.:	Mobile: 96230405
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 35	Date of Birth: 14/10/1983	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2019 17:45	Type of Location: Bend
Location: Along Road 1 DUNEARN ROAD				
Newton Road Round about				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SLQ5534L	Car				Slightly Damaged	0
SLX1880B	Car				Slightly Damaged	3

Details of Person Involved

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

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20190723/2138

2 of 3

Report No. T/20190723/2138

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

CONTINUATION OF REPORT

Driver			
Name	Tey Choon Chiang	ID No.	S7084086C
Related Vehicle	SLQ5534L (Car)	Contact No.	98552891
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN XUE YI	ID No.	S8332343D
Related Vehicle	SLX1880B (Car)	Contact No.	96230405
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the 23/07/2019 at about 1720hrs I drove my car(SLX1880B) from Bukit Timah towards Geylang Bahru to go home.

At about 1745hrs, my car was stopped at the slip road from Dunearn Road towards Newton Road as there was oncoming traffic. I then felt a large impact from behind and saw that a car(SLQ5534L) had collided into the back of my car. We then got out to exchange particulars and take pictures of the accident and I drove off.

As such I am lodging this report. I wish to state that I am feeling pain in my back and will be seeing a doctor.

Accident Photo



SINGAPORE
POLICE FORCE



T/20190723/2138

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

3 of 3

Report No: T/20190723/2138

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:

A /
Sgt 2 HENG CHENG SOON, DESMOND

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/07/2019 18:36

Officer In Charge Of Case:

TP / AEIT /
Insp NEO CHENG BEET, CECILIA
Contact No.: 65476069

Classification Of Case:

Authentication Stamp
N°158



Auto Insure Pte. Ltd.
6 Marsiling Lane
Singapore (739145)
E: claims01@autoinsure.com.sg
W: www.autoinsure.com.sg
T: 3157 2626 F: 6368 0081
GST No.: 201437380M

Page No.1

AUTOMOBILE ASSESSMENT REPORT

Our Ref: **SLX1880B**
Your Ref: **SLQ5534L**

Date: **24-Jul-19**

BY EMAIL ONLY
(claims01@autoinsure.com.sg)

ATTENTION: MOTOR CLAIMS DEPT
NTUC Income Insurance Co-operative Limited
email: MTCL@income.com.sg

1 Maritime Square
Harbourfront Centre
#10-01 Singapore 099253

Assessed Vehicle No : **SLX1880B**
Car Make and Model : **HONDA ODYSSEY ABSOLUTE 2.4 AUTO**
Date of Accident : **23-Jul-2019**
Date of Assessment : **24-Jul-2019**

We have carried out a physical assessment of SLX1880B at our workshop Auto Insure Pte Ltd sustained damages to the REAR portion of the vehicle.

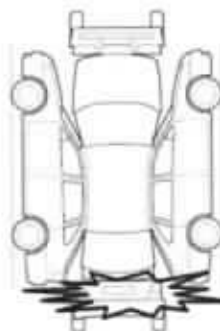
4. DESCRIPTION OF DAMAGE

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

Please see attached schedule for details.

Remarks: NIL

Estimated Amount : L/S
Adjusted Amount : **\$ 9,300.00**
Est. Repair Days : 7



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 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 of occurrence in which the assessed vehicle is involved.

No liability or responsibility whatever shall be held by
AUTO INSURE PTE. LTD. For any reliance on this report by any third party.

Our Ref: SLX1880B

Your Ref: SLQ5534L

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
PARTS REPLACEMENT - LIST ITEMS				
1	1	REAR BUMPER ASSY / CRU		\$ 1,055.00
2	1	REAR BUMPER RETAINER LH / OR		\$ 128.00
3	1	REAR BUMPER RETAINER RH / OR		\$ 128.00
4	1	REAR BUMPER REFLECTER LH X nn		\$ 142.00
5	1	REAR BUMPER REFLECTER RH X nn		\$ 142.00
6	1	BUMPER CHROME MOULDING LH X nn		\$ 178.00
7	1	BUMPER CHROME MOULDING RH X nn		\$ 178.00
8	1	TAILGATE ASSY / DO		\$ 1,550.00
9	1	TAILGATE CENTER GARNISSY ASSY X nn		\$ 430.40
10	1	TAILGATE CHROME MOULDING X nn		\$ 275.50
11	1	TAILGATE LAMP ASSY LH X nn		\$ 854.00
12	1	TAILGATE LAMP ASSY RH X nn		\$ 854.00
13	1	TAILGATE INNER TRIM BOARD X nn		\$ 306.30
14	1	TAILGATE HONDA LOGO EMBLEM X nn		\$ 86.30
15	1	TAILGATE LOCK ASSY / BT		\$ 285.40
16	1	END PANEL X R		\$ 853.00
17	1	END PANEL TOP GARNISH X nn		\$ 352.00
			SUB TOTAL	\$ 7,797.90
			LESS 20%	\$ 1,559.58
			TOTAL AMOUNT	\$ 6,238.32

2125.70
- 20%
1700.16

Our Ref: SLX1880B
Your Ref: SLQ5534L

S/NO	QTY	SPECIAL NETT ITEMS	ASSESSED CONDITION	EST. BY WORKSHOP
1	1	REAR BUMPER CLIPS / NPC		\$ 80.00
2	2	WINDSCREEN SEALANT / NPC		\$ 120.00
3	1	WINDSCREEN MOULDING / NPC		\$ 120.00
4	2	REVERSE SENSOR / SHW		\$ 250.00
			SUB TOTAL	\$ 570.00
			TOTAL PARTS COST	\$ 6,808.32

Our Ref: SLX1880B
Your Ref: SLQ5534L

S/NO	DESCRIPTION	EST. BY WORKSHOP
	LABOUR & PAINTWORK	
1	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS	\$ 800.00
2	TO REMOVE AND REFIT REAR WINDSCREEN	\$ 200.00
3	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS	\$ 120.00
4	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$ 800.00
5	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS	\$ 80.00
6	TO RESPRAY UNDERCOATING ON PARTS REPLACED	\$ 80.00
7	SUNDRIES (SAND PAPER, WELDING WIRE ETC.)	\$ 60.00
	TOTAL BEFORE GST	\$ 8,748.32
	GST 7%	\$ 612.38
	TOTAL (PARTS & LABOUR):	\$ 9,360.70

Adjustments / Recommendations

Our estimator have thoroughly inspected each and every item on the estimate against physical damage found on the vehicle and have listed the breakdown of our finding and recommendation.

Our Workshop has agreed to undertake the job at a sum of \$ 9,300.00 for lump sum with the third party insurance.

Yours Faithfully,

Jason Heng
Claims Director

Steve (LKK) with Arin L
8322 8813 26/7/19, 12.00pm
5 days
L/S
Ry AL spy

P- 1700-16
NI- 320
L- 1310
3330-16
L/S- 2664-12
= 2650

LKK Auto Co.
the Repairer
• To resurvey by
• To display damage
• Parts prices are
• Third party sur-
• No illegal modi-
• Supplementary
is subject to final

Acknowledged by
Signature:
Date:



Auto Insure Pte. Ltd.
 4 Marling Lane
 Singapore 7391451
 E: claims01@autoinsure.com.sg
 W: www.autoinsure.com.sg
 T: 3157 2626 F: 6368 0081
 GST No.: 201437380M

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Page No.1

AUTOMOBILE ASSESSMENT REPORT

Our Ref: SLX1880B
 Your Ref: SLQ5534L

Date: 24-Jul-19

BY EMAIL ONLY
 (claims01@autoinsure.com.sg)

ATTENTION: MOTOR CLAIMS DEPT
 NTUC Income Insurance Co-operative Limited
 email: MTC1@income.com.sg

1 Maritime Square
 Harbourfront Centre
 #10-01 Singapore 099253

Assessed Vehicle No : SLX1880B
 Car Make and Model : HONDA ODYSSEY ABSOLUTE 2.4 AUTO
 Chassis Number : RC11027071
 Engine Number : K24W1025889
 Tyre Size & Brand : 245/35 ZR19 HARBLEAD
 Date of Accident : 23-Jul-2019
 Date of Assessment : 24-Jul-2019

We have carried out a physical assessment of SLX1880B at our workshop Auto Insure Pte Ltd sustained damages to the REAR portion of the vehicle.

4. DESCRIPTION OF DAMAGE

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

Please see attached schedule for details.

Remarks: Nil

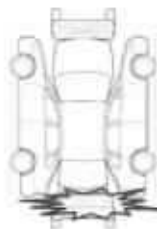
Estimated Amount:

L/S

Adjusted Amount:

Est. Repair Days

7



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 within 34 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 of occurrence in which the assessed vehicle is involved.

No liability or responsibility whatsoever shall be held by:

AUTO INSURE PTE. LTD. For any reliance on this report by any third party.

Our Ref: SLX1880B

Your Ref: SLQ5534L

S/NO	QTY	DESCRIPTIONS	ASSESSED CONDITION	EST. BY WORKSHOP
PARTS REPLACEMENT - LIST ITEMS				
1	1	REAR BUMPER ASSY / CRU		
2	1	REAR BUMPER RETAINER LH / OR		
3	1	REAR BUMPER RETAINER RH / OR		
4	1	REAR BUMPER REFLECTOR LH X		
5	1	REAR BUMPER REFLECTOR RH X		
6	1	BUMPER CHROME MOULDING LH X		
7	1	BUMPER CHROME MOULDING RH X		
8	1	TAILGATE ASSY / OR		
9	1	TAILGATE CENTER GARNISH ASSY ?		
10	1	TAILGATE CHROME MOULDING ?		
11	1	TAILGATE LAMP ASSY LH X		
12	1	TAILGATE LAMP ASSY RH X		
13	1	TAILGATE INNER TRIM BOARD X ?		
14	1	TAILGATE HONDA LOGO EMBLEM ?		
15	1	TAILGATE LOCK ASSY / OR		
16	1	END PANEL X R		
17	1	END PANEL TOP GARNISH X		
SUB TOTAL			\$	-
LESS 20%			\$	-
TOTAL AMOUNT			\$	-

29/7/19

HL April 26/7/19, 11:10 pm
 5 days
 L/S
 Ry AL sh

Our Ref: SLX1800B

Your Ref: SLQ5534L

S/NO	QTY	SPECIAL NETT ITEMS	ASSESSED CONDITION	EST. BY WORKSHOP
1	1	REAR BUMPER CLIPS		\$ 80.00
2	2	WINDSCREEN SEALANT		\$ 120.00
3	1	WINDSCREEN MOULDING		\$ 120.00
4	2	REVERSE SENSOR		\$ 250.00
			SUB TOTAL	\$ 570.00
			TOTAL PARTS COST	\$ 570.00

Our Ref: SLX1800B

Your Ref: SLQ5534L

S/NO	DESCRIPTION	EST. BY WORKSHOP
	LABOUR & PAINTWORK	
1	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS	\$ 800.00
2	TO REMOVE AND REFIT REAR WINDSCREEN	\$ 200.00
2	TO REMOVE / REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS	\$ 120.00
5	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED	\$ 800.00
6	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS	\$ 80.00
7	TO RESPRAY UNDERCOATING ON PARTS REPLACED	\$ 80.00
8	SUNDRIES (SAND PAPER, WELDING WIRE ETC.)	\$ 60.00
	TOTAL BEFORE GST	\$ 2,510.00
	GST 7%	\$ 175.70
	TOTAL (PARTS & LABOUR):	\$ 2,685.70

Adjustments / Recommendations

Our estimator have thoroughly inspected each and every item on the estimate against physical damage found on the vehicle and have listed the breakdown of our finding and recommendation.

Our Workshop has agreed to undertake the job at a sum of \$ 7,700.00 for lump sum with the third party insurance.

Yours Faithfully,

Jason Heng
Claims Director

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 ASSESSMENT REPORT

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: CS/INC19013185/Etf3n2

73 BRAS BASAH ROAD

Date: 24-12-2019

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556



ATTN: ALICE

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLQ 5534L	Veh. Inspected	SLX 1880B
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1054913-002	Excess (\$)	0.00
Assign From	THERESA VIMALA	Assign Date	26/07/2019

2. Vehicle Particulars & Condition

Make & Model	HONDA ODYSSEY	c.c	2356
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	RC11027071	Colour	WHITE
Odometer	93780 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	245/35 ZR19	HANKOOK	4 mm
L/H Front Tyre	245/35 ZR19	HANKOOK	4 mm
R/H Rear Tyre	245/35 ZR19	HANKOOK	4 mm
L/H Rear Tyre	245/35 ZR19	HANKOOK	4 mm

4. Description of Damages

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

Accident Date	23/07/2019	Inspect Date / Time	26/07/2019 (11:53 AM)
Survey held at	AUTO INSURE PTE LTD 6 MARSILING LANE S739145		

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

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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLX 1880B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER ASSY	CRUSHED	1,055.00	580.20
1	REAR BUMPER RETAINER LH	BROKEN	128.00	128.00
1	REAR BUMPER RETAINER RH	BROKEN	128.00	128.00
1	REAR BUMPER REFLECTOR LH	NOT NECESSARY	142.00	-
1	REAR BUMPER REFLECTOR RH	NOT NECESSARY	142.00	-
1	BUMPER CHROME MOULDING LH	NOT NECESSARY	178.00	-
1	BUMPER CHROME MOULDING RH	NOT NECESSARY	178.00	-
1	TAILGATE ASSY	DENTED	1,550.00	1,100.00
1	TAILGATE CENTER GARNISSY ASSY	NOT NECESSARY	430.40	-
1	TAILGATE CHROME MOULDING	NOT NECESSARY	275.50	-
1	TAILGATE LAMP ASSY LH	NOT NECESSARY	854.00	-
1	TAILGATE LAMP ASSY RH	NOT NECESSARY	854.00	-
1	TAILGATE INNER TRIM BOARD	NOT NECESSARY	306.30	-
1	TAILGATE HONDA LOGO EMBLEM	NOT NECESSARY	86.30	-
1	TAILGATE LOCK ASSY	BENT	285.40	189.00
1	END PANEL	TO REPAIR SEE LABOUR	853.00	-
1	END PANEL TOP GARNISH	NOT NECESSARY	352.00	-
	LESS 20% DISCOUNT		-1,559.58	-425.04
			6,238.32	1,700.16
SPECIAL NETT ITEMS				
1	REAR BUMPER CLIPS (SN)	NECESSARY	80.00	30.00
2	WINDSCREEN SEALANT (SN)	NECESSARY	120.00	40.00
1	WINDSCREEN MOULDING (SN)	NECESSARY	120.00	50.00
2	REVERSE SENSOR (SN)	SHORTED	250.00	200.00
			570.00	320.00
LABOUR				
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS;PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACED THE DAMAGED PARTS AND COMPONENTS.INCLUSIVE OF THE REPAIR OF END PANEL.		800.00	500.00

Report Ref No. CS/INC19013185/Etf3n2



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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REFIT REAR WINDSCREEN.		200.00	100.00
	TO REMOVE/REFIX WIRING SYSTEM AT ACCIDENT AND CHECK FOR PROPER FUNCTIONS.		120.00	30.00
	TO RESPRAY AND SUPPLY EXPANDABLE ITEMS & PUFFY ON PARTS REPLACED.		800.00	600.00
	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS.		80.00	30.00
	TO RESPRAY UNDERCOATING ON PARTS REPLACED.		80.00	30.00
	SUNDRIES (SAND PAPER,WELDING WIRE ETC).		60.00	20.00
			2,140.00	1,310.00
GRAND TOTAL			8,948.32	3,330.16
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,650.00

Report Ref No. CS/INC19013185/Etf3n2

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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