| Sunger: KOIVI) NUMMINI From (Poison): Crystabelle Ton | ASSIGNMENT (Office) Of JCS Date/Time | 30/7/1905 |
|--|--|---------------------|
| Estimated Cost: | Bill to: | |
| OD THE WS / TP RES / OD RES / E To Inspect Vehicle No: | SHB 8861Z Insured: GBC | 33612 |
| of 23 Chara | nier Automotive Tel: 6544 ai south Ave 2# 01-02 | 16689 |
| Policy No: | Claim No: DMGV 1900 | 0474/02/0 |
| Sum Insured: | Excess: | |
| Make of Veh; (Client's Record) | D.O.A | 2717/19 |
| CA / REV / REP. / REV 24 HRS Date/Time: 9:3320m() 31/7/10 | Person Contacted: Mr- Hew Vehicle | DOUL ndorsement; |
| | ohmuly C | |
| Date/Time Action/Instruction V | | |
| SHB 88612 - | × | 2001:8/1 |
| SHB 88612 - | | 2001:8/ |
| SHB 88612 - | × | Dua: 8/1 |

Nivitha (LKK Auto)

| From: Sent: | Crystabelle Tan Gek Peng (ECICS, Claims) < Crystabelle_Tan@ecics.com.sg > Tuesday, 30 July 2019 5:29 PM 'assignments' |
|--|---|
| To: Cc: | SUMMER |
| | RE: Re:RE: Pre-inspection/Accident involving between SHB8861Z& |
| Subject: | GBC3361Zon27.07.2019 - Ref : DMCV1900047H/02/CT |
| Attachments: | 30072019125455.pdf |
| WITHOUT PREJUDICE | |
| Dear LKK | |
| Please arrange survey. | |
| Best regards | |
| Crystabelle Tan | |
| Senior Associate Claims | |
| ECICS | |
| DID (65) 6303 0190 | Tel (65) 6337 4779 |
| Email crystabelle tan@ecics.com.sg W | eb www.ecics.com.sg |
| Address 10 Eunos Road 8, Singapore P | ost Centre, #09-04A, Singapore 408600. |
| From: SUMMER [mailto:hl.liew@ Sent: Tuesday, 30 July, 2019 5: | |
| To: Crystabelle Tan Gek Peng (E | CICS, Claims); ECICS Claims |
| | Accident involving between SHB8861Z& GBC3361Zon27.07.2019 - Ref: |
| DMCV1900047H/02/CT | |
| Dear Crystabelle, | |
| | |
| We would like to appoint "LI | KK Auto consultants Pte Ltd " as the SJE for this PRS. |
| | |
| *Vehicle available for survey* | |
| | |
| Kindly arrange for survey. | |
| | |
| Thank you. | |

| Regards |
|--|
| Liew Hai Leong |
| Operation Assistant |
| Premier Automotive Services Pte Ltd |
| Address: 23 Changi South Ave 2, #01-02 Singapore 486443 |
| Tel: 6214 8880 Ext 071 DID: 6544 6689 Fax: 6214 1511 |
| Visit us at: www.premiertaxi.com.sg |
| Confidentiality Notice This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential or proprietary information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, immediately contact the sender by reply e-mail and destroy all copies of the original message. |
| Please Consider Your Environmental Responsibility Before Printing This E-mail. SAVE OUR TREES and REDUCE POLLUTION |
| |
| WITHOUT PREJUDICE |
| Dear Hai Leong |
| Thank you for your email. |
| We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client's workshop. We propose to use one of the motor surveyors named in the list below to conduct the joint pre-repair survey as a single joint expert: |

1. LKK

| z. JP Knight | |
|--|---|
| 3. Formteam | |
| 4. Appraisal Associates | |
| 5. Autoprobe | |
| 6. Raleigh | |
| Please let us know within joint expert. | two (2) working days whether you agree to the appointment of any of these motor surveyors as a single |
| Best regards | |
| Crystabelle Tan | |
| Senior Associate Claim | ıs |
| ECICS | |
| DID (65) 6303 0190 | Tel (65) 6337 4779 |
| Email crystabelle_tan@ecics.c | om.sg Web www.ecics.com.sg |
| Address 10 Eunos Road 8, Sin | gapore Post Centre, #09-04A, Singapore 408600. |
| | |
| Sent: Tuesday, 30 Ju To: ECICS Claims | |
| Subject: Pre-inspect | ion/Accident involving between SHB8861Z& GBC3361Zon 27.07.2019 |
| Dear all, | |

We refer to the vehicles mentioned above.

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

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

| | ACCIDENT STATEMENT |
|---|--|
| Date Of Report | 29/07/2019 14:58 |
| Date Of Accident | 27/07/2019 12:00 |
| Exact Location Of Accident | PUNGGOL DRIVE C/PARK DRIVEWAY/RUBBISH CHUTE AREA |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SHB8861Z |
| Insured/Policyholder | |
| Name Of Registered Owner | PREMIER TAXIS PTE LTD |
| Co Reg No | 200304975H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62148880 |
| Vehicle Particulars | |
| Manufacturer | KIA |
| Model | OPTIMA-1.7 D (A) |
| Exact Purpose for which vehicle was being used time of accident | |
| Are you claiming under your own insurance poli for repair to your vehicle? | cy NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | TAXI |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | 5107202885 |
| Cover Note Number | |
| Driver | |
| Name of Driver | NG AH MUN |
| NRIC No | S6848897D |
| Date Of Birth | 29/12/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/03/1992 |
| Driving Experience | 27 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96576437 |
| Fax Number | |

NOEMAIL

Address

BLK 676 #05-565 HOUGANG AVE 8

Postcode

530678

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - SUPER RELIEF - ANG MO KIO

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD ON COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

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:

: CHOW JUN HENG - REAR SEAT

GENDER:

: MALE

Passenger 2

NAME:

: CHUA SWEE LIAN - REAR SEAT

GENDER:

: FEMALE

Passenger 3

NAME:

: CHOW JUN HENG - FRONT SEAT

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

VEH. A - 3 PAX VEH. B - NO PAX *REFER TO ATTACH 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

GBC3361Z

Vehicle Make/Model/Colour

NISSAN VAN

Details Of Properties

VEH. B

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MR HO

NRIC/Passport Number

Page 2 of 15

Contact Number

90923380

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NG AH MUN - DRIVER OF VEH, A

Approximate Age

Injuries Sustain

SEEK FOR MEDICAL TREATMENT @ CLINIC & HAD 3 DAYS MC

Injured person in which vehicle?

SHB8861Z

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.
- 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
- 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)
 - (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.

Policyholder's Signatu Date & Time:

Driver's Signature

(If driver is not the policyholder)

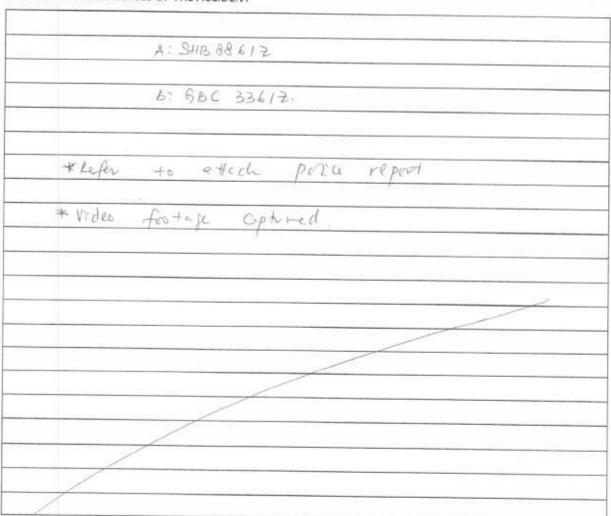
Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

29 JUL 2013

Sketch Plan Pg. 2 SKETCH PLAN C/p driveway

@ purpol Field. DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A: SHB 88 612



DECLARATION

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

2 9 JUL 2019

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time:

d 684889AD

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999 1 of 4 Report No., T/20190727/2090

REPORT OF A TRAFFIC ACCIDENT

| | Date/Time Report Made: 27/07/2019 14:48 | | Vide Report No.: Station Dia 105 | | |
|---|--|---------------------------|--|----------------------------|--|
| Informa | nt's Partic | ulars | | | |
| NG AH | | | Address: APT BLK 676 HOUGANG AVENUE 8 #05-565 SING/ 530676 | | |
| ID Type / ID No.: NRIC NO / S6848897D Nationality: SINGAPORE CITIZEN | | 97D | Contact No.: Home/Office: Mobile: 96576437 | | |
| | | EN | Email: | | |
| Sex: Male | Age: 50 | Date of Birth: 29/12/1968 | Type of Informant: | | |
| Race; Chinese | | | Language: | Institution / School Name: | |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3,4 | Date of Expiry: | |

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 27/07/2019 12:00 | Type of Location Car Park |
|---|------------------|-----------------------|---|--|
| Location: Along Road 1 PUNGGOL D AT THE OPE Weather: | | 612A PUNGGOL DRIVE | CLUSTER BESIDE TH | HE RUBBISH CHUTE |
| 100,000,000,000 | | Dry | | Road Speed Limit: |
| Clear Traffic Flow: Type of Collis | | | - | Road Speed Limit: Traffic Volume: No Traffic |

| Details of V | ehicle Invo | lved | Series Considered | Name and America | CH TRUE A CO. SCHOOLS | of the state of the state of the state of |
|--------------|-------------|--------|-------------------|------------------|-----------------------|---|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| GBC3361Z | Van | NISSAN | | White | Slightly | 0 |
| SHB8861Z | Car | KIA | OPTIMA | Silver | Slightly Slightly | 3 |
| | | | | | Damaged | |

| Details of Person Involved | |
|---------------------------------|--|
| Any Pedestrian Involved: No | THE CONTRACT OF THE PROPERTY O |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





Police Station Of Origin: Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999
CONTINUATION OF REPORT

2 of 4 Report No. T/20190727/2090

| Maria | | | | 100 Harry 10 | Street of the late | |
|---|--|---------------------------------|---|-----------------------------------|--|--|
| Name | НО | | | 201221529 | NIL | |
| Related Vehicle | GBC3361Z (Van) | | | ct No. | 90923380 | |
| Hospital/Clinic | NIL | | | of e & Date | Class: NIL Date of Expiry: NIL | |
| Date Treatment | | ischarge | NIL | | | |
| No. of Days gran | nted Medical Leave NIL | Degree | of Injury | | | |
| Passenger | | nest seem | or injury | Discours. | | |
| Name | CHOW JUN HENG | | ID No. | 100 | S9924239F | |
| Related Vehicle | SHB8861Z (Car) | | Contac | et No. | NIL | |
| Hospital/Clinic | NIL | Class of Driving Licence Expiry | e & | Class: NIL Date of Expiry: NIL | | |
| Date Treatment | NIL | ischarge | | | | |
| No. of Days gran | Date Disc | | | finjury NIL | | |
| Driver | | Degree | Of Hijury [| NIL | Maria Ma | |
| Name | NG AH MUN | | ID No. | all bearing | S6848897D | |
| | | | 1.00 | | 000400871 | |
| Related Vehicle | SHB8861Z (Car) | Contac | t No. | 96576437 | | |
| Hospital/Clinic | FINEST HEALTH MEDICAL C | Class o | | Class: 3,4 Date of Expiry: NIL | | |
| | | | Licence | | | |
| Date Treatment | 27/07/2019 | Date Di | Licence Expiry I | Date | 2019 | |
| Date Treatment No. of Days gran | 27/07/2019 led Medical Leave 03 | Date Di | Licence Expiry I | Date 27/07/ | 2019 | |
| Date Treatment No. of Days gran | ed Medical Leave 03 | Date Di | Licence Expiry I | Date 27/07/ | 2019 | |
| Date Treatment No. of Days gran Passenger Name | 27/07/2019 led Medical Leave 03 CHUA SWEE LIAN | Date Di Degree | Licence Expiry I | Date 27/07/ Slight | 2019 S1705661A | |
| Date Treatment No. of Days gran Passenger | ed Medical Leave 03 | Date Di Degree | Licence Expiry I scharge of Injury | Date 27/07/ Slight | S1705661A | |
| Date Treatment No. of Days gran Passenger Name Related Vehicle Hospital/Clinic | ed Medical Leave 03 CHUA SWEE LIAN | Date Di | Licence Expiry I scharge of Injury ID No. Contact Class of Driving Licence | Date 27/07/ Slight No. | S1705661A | |
| Date Treatment No. of Days gran Passenger Name Related Vehicle Hospital/Clinic | CHUA SWEE LIAN SHB8861Z (Car) | Degree | Licence Expiry I scharge of Injury ID No. Contact Class o Driving | Date 27/07/ Slight No. | S1705661A NIL Class: NIL | |





Police Station Of Origin: Toa Payoh N.P.C

3 of 4 Report No. T/20190727/2090

93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

| Passenger | | HE SERVICE AND | | | SALES OF | SAN CALL SA |
|------------------|-------------------|--|-----------|-----------------------------------|-----------|-----------------------------------|
| Name | CHOW TUCK WAH | | ID No | ١. | S2572767C | |
| Related Vehicle | SHB8861Z (Car) | | Conta | ct No. | 96483962 | |
| Hospital/Clinic | NIL | | | Class Drivin Licen Expin | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | hame | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | | | |

Brief Details.

On 27/7/19 at about 1200hrs, I was driving my taxi (SHB8861Z) and had parked head in at the open space of Blk 612A Punggol Drive cluster beside the rubbish chute to alight my 3 passengers. While one of the passenger was alighting from the right passenger door, suddenly one van (GBC3361Z) that was behind me started reversing and had hit onto the right centre portion of my taxi despite my horning. Luckily, my passenger that was alighting halfway managed to get back into my taxi on time and didn't get hit by the van.

After the collusion, I alighted my taxi and made a check and noticed my right centre portion of my taxi (SHB8861Z) was damaged, while his van (GBC3361Z) had suffered slight damage on his left rear bumper. At that time, I had asked my passengers and they informed that they were not injured. The van driver also informed that he wasn't injured. Hence, we exchange particulars and left the scene. No police or ambulance was activated to scene. No government property was damaged.

After the accident, I felt pain on my right hand, hence I visited Finest Health Medical Centre and was given 3 days MC.

ahead of





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

4 of 4 Report No. T/20190727/2090 A 100

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: E / Sgt 2 LIN XUETONG, TOM | Signature Of Informant: |
|---|-----------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 27/07/2019 14:48 |
| Officer In Charge Of Case: TP / AEIT / SINGAPORE SI ANG YI TING, STERRING POLICE FC E Contact No.: 65476414 | Classification Of Case: |
| Authentication Stamp NP168 SIGNATURE | |

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:

27 Mar 2014 / 09:56:07

Receipt No.:

AACCK001-AX239-140327-000017

Asset Type:

Vehicle

Transaction Amount:

\$71,081.00

Asset ID:

SHB8861Z

Channel:

AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type:

Business Transaction

01.02 Register New Vehicle (AA)

Reference No.:

20140327095607415957

Vehicle No.:

SHB8861Z

Vehicle Type:

H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1: Air-Con (Taxi)

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Scheme:

Taxi (Company)

First Registration Date: 27 Mar 2014

Original Registration

27 Mar 2014

KIA

Vehicle Make: Vehicle Model:

OPTIMA 1.7(A) DIESEL

Chassis No.:

KNAGM414ME5455191

Engine No.:

D4FDDH308955

Motor No.:

Trailer Chassis No.:

Propellant:

Diesel

Passenger Capacity:

4

Engine Capacity:

1685

Power Rating: Unladen Weight:

Maximum Laden

1584 2050

Weight:

Primary Color:

Silver

Secondary Color:

2013

Manufacturing Year: Open Market Value:

\$19,696.00

Minimum PARF

\$7,317.00

Benefit

PARF Eligibility:

No. of Transfer:

Effective Ownership

0

Date/Time:

27 Mar 2014 09:56:07 2014032701001184D

COE No .:

COE Expiry Date:

26 Mar 2022

COE Bid Category:

Actual QP/PQP Paid Amount:

\$58,745.00

Lifespan Expiry Date: 26 Mar 2022

Owner ID Type:

Company

CASH SALE/WORK ORDER

No:Z 3939



PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717 TEL: 6743 1987 (3 LINES) FAX: 6743 0013 Reg No: 200415052W

| ally 4.6 | Premier | Date, 57/7/19 |
|--|---|---|
| 實 號 Messrs; | renger | → CAS SANS CARREST T X = CS I NO SANS CONT. THE SANS CONT. — — — — — — — — — — — — — — — — — — |
| 車號 Vehicle No: 4B8 | 861 Z * 型 Model No: 443, AME AL | Opting |
| 由 From: | 443, AME AL | 'e 10 |
| 到 To: | Oprian 1-1 | |
| 其他 Cey I pcs Remark: | | |
| 時 間 3:05-03 | | AMOUNT: \$ |
| 注 意:本公司對所能之卓納、在進行中。 NOTE: Vehicle is towed at owner's risk. The ovehicle whilst being towed | A. 女化 1- 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | |
| 艇手人 Authorised by: | 7 收貨人 Received by: | Res |

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511 CO. REG:200707743D GST REG:200707743D

31-Jul-19

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8861 Z

| 1 pc | Front o/s door X145 | \$ | 791.00 |
|--------|--|------------|--------------------|
| 1 pc | Rear o/s door / RM | | |
| | The second secon | \$ \$ | 765.00 1,556.00 |
| | Less 10% | S | 155.60 |
| | 2035 1076 | \$ | |
| S/NETT | LKK Auto Consultants hence notify the Repairer of the following: To resurvey before/after spray painting To display damaged partis) during resurvey To display damaged partis) during resurvey Parts prices are subject to confirmer on Subject to final approval from insurance Company is subject to final approval from insurance Company | | 1,400.40 |
| 1 set | o/s door sticker Acknowledged by Repairer Signature: | s | 100.00 |
| 1 pc | o/s rocker panel garnish clips Ka kir (lle) | \$ | 28.00 |
| | Sundry nec | \$ | 50.00 20 |
| | Towing fee | s | 50.00 |
| | To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs. | (s | 180.00 50 |
| | To dismantle and refit the front & rear o/s door inner component into new shell door | \$ | 300.00 50 |
| | To labour charge for dismantle and renew the accident damaged parts. To cut/weld and heat on the Including knock-out, straighten, repair, reshape and adjust of the same o/s door centre pillar, front o/s door etc | \$ | 300.00 |
| | To putty and spray painting on rear o/s door, front o/s door, o/s rocker panel garnish, o/s door centre pillar | s | 800.00 |
| | To apply rustproofing on the repaired and replaced panels. | \$ | 150.00 50 |
| | (ALL THE REPAIR COSTS ARE SUBJECTED TO GST) | \$ | 3,858.40 |

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/ICS19013439/K1TD3N2

Date:

11/09/2019

REFERENCE

Handling Insurer:

ECICS Limited

Policy No:

Claimant Vehicle No :

SHB8861Z

Insured Vehicle No:

GBC3361Z

TP

Date of Loss:

27/07/2019

Nature of Claim:

Claim No:

DMCV1900047H/02/CT

664572 km

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHB8861Z

Make & Model:

KIA OPTIMA, 1.7 D (A)

Engine No: Chassis No: Odometer: D4FDDH900222

KNAGM414ME5455191

Reg. Date: Colour:

Price:

27/03/2014 (Man. Year: 2013) Silver

acity: 16

1685 cc

N/A

Engine Capacity: Market Value/New Car

r

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes Engine Modification:

No Pre-accident Condition:

res

CONDITION OF TYRES

Front Tyre Size:

205/65R16

Rear Tyre Size:

205/65R16

Front Left Side:

Hankook 7 mm

Rear Left Side: Rear Right Side:

Hankook 7 mm Hankook 7 mm

Front Right Side: Hankook 7 mm
The above values represent the remaining tyre treads depth

| COST OF CL | AIMS | Repairer's | Adjuster's | Difference | Diff % |
|---------------|-----------------------------------|------------|------------|-----------------------|-------------|
| Parts | | 1,578.40 | 808.50 | 769.90 | 48.78 |
| Miscellaneous | Items | 0.00 | 0.00 | 0.00 | |
| Labour | | 2,280.00 | 810.00 | 1,470.00 | 64.47 |
| Paintwork Lab | our | 0.00 | 0.00 | 0.00 | 20 CO.S.E. |
| Towing | | 0.00 | 0.00 | 0.00 | |
| | Calculated Gross Total (S\$) | 3,858.40 | 1,618.50 | 2,239.90 | 58.05 |
| | Approved Total (Overridden) (S\$) | | 1,300.00 | (0.17)(A)(A, A)(A)(A) | (T)(E6,74%) |
| | (S\$) | 3,858.40 | 1,300.00 | 2,558.40 | 66.31 |
| | + GST 7.00/7.00% (S\$) | 270.09 | 91.00 | 179.09 | 66.31 |
| | Nett Amount (S\$) | 4,128.49 | 1,391.00 | 2,737.49 | 66.31 |

INSPECTION

Date of Assignment:

30/07/2019

Date Inspected:

31/07/2019 Inspected At:

Premier Automotive Services Pte Ltd

(HQ)

23 Changi South Ave 2, #01-02

Singapore 486443

Estimated Period of Repair:

3.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=g... 11/9/2019

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 11 Sep 2019)

KIA OPTIMA 1.7 D (A) (Catalogue:Merimen Singapore 1.0) Parts: 143

(Price-denominated Standard List) Labour: Repairer's

Print Code: (Unsubmitted, no print-code for SHB8861Z)

These estimates are valid only if they contain the print code (above) on all estimate pages, running page Validity:

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

| Recom | meno | led | Parts |
|---------|--------|-----|-------|
| LICCOLL | HIGHIC | Cu | ulto |

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|------|---------|--------------|---------------------------------|--|----------------------------|------------|
| 1 | 1 | | *FRONT O/S DOOR | Repair | 791.00 FL | *-FL |
| 2 | 1 | | *REAR O/S DOOR | Buckled | 765.00 FL | *765.00 FL |
| 3 | 1 | | *SET O/S DOOR STICKER | Necessary | 100.00 FS | *100.00 FS |
| 4 | 1 | | *O/S ROCKER PANEL GARNISH CLIPS | Not Necessary | 28.00 FS | *- FS |
| 5 | 1 | | *SUNDRY | Necessary | 50.00 FS | *20.00 FS |
| H=Hn | anchise | part. S=SpcN | ett. L=ListItemDisc. | a | | 0.00000000 |
| | | | | Sub Total (S\$) | 1,734.00 | 885.00 |
| | | | - List Item Discount on L Item | Sub Total (S\$) ms 10.00/10.00% (S\$) | 1,73 4.00 155.60 | 76.50 |

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

| D | Labour |
|-------------|--------|
| Recommended | Labour |

| No | Particulars | Lab.Type | Repairer's | Amount |
|------|--|----------------------|------------|--------|
| Labo | our Items | | | 0.00 |
| 1 | TOWING FEE | New | 50.00 | 0.00 |
| 2 | TO DISMANTLE/REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS | New | 180.00 | 50.00 |
| 3 | TO DISMANTLE AND REFIT THE FRONT & REAR O/S DOOR INNER COMPONENT INTO NEW SHELL DOOR | New | 300.00 | 50.00 |
| 4 | TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS.TO CUT/WELD AND HEAT ON THE INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE SAME O/S DOOR CENTRE PILLAR, FRONT O/S DOOR ETC | New | 800.00 | 300.00 |
| 5 | TO PUTTY AND SPRAY PAINTING ON REAR O/S DOOR,FRONT O/S DOOR,O/S ROCKER PANEL GARNISH,O/S DOOR CENTRE PILLAR | New | 800.00 | 360.00 |
| 6 | TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS | New | 150.00 | 50.00 |
| | Gross Labo | ur Cost (S\$) | 2,280.00 | 810.00 |
| | Report was unsubmitted du | ring this print-out. | | |

< END OF ESTIMATES >