Surveyor Ko	Ivy Rabila	ASSIG of	NMENT (Office) AG1	D	Oate/Time; 3.9.19). Wp.m
Estimated Cost: OD TP WS / To Inspect Vehi	TPRES/ODRES cle No: S	W 5451	<u> </u>		sks 4615 91018302
Policy No: Sum Insured: Make of Veh: (Client's Record)		(rup')	Excess:		D.O.A. 31. 8. 2019 H.O.D. Endorsement:
Date/Time: 2	.9.19 1.5xp.m	Person Con		(v	Chicle IN OUT
Date/Time	SLIV 5451 K	_×			
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Estimated Cost:	Veh No: SLW 54516 Yr Regn: 02, 18
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To Inspect Vehicle No:	Truck / Traller or
at Workshop m/s EM	- Mare XV cc 179
of U/M	Colour M. P. Whit AVC: Insured / Std / NI / NA
Insured:	Sp.Reading 38010 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	GAR CONT TIETGT TKL5JG 02838
Sum Insured: Excess:	Och. Cond. Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder/ Jammed / Leaked / Burnt or
Make of Veh;	Brake: Inorder / Jammed / Leaked / Burnt or
The state of the s	Modi: NII / S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 225/55R18
Plemark: The veh had commenced Its N/S O/S	R:
repair at the time of inspection.	VOSTOUNTEXNOVATGY / FS / LIZA / MIC / OHTSU / PIR / SILMI /
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IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5
GIA / PR Seen: Consistent? ; Yes or No	mm K/8a/.) mm
Est. Repairs: O9 days Res.: Yes or No	004 2/10/19 USal. 3 mm
Lum Sum: 20 % 3 Val.: Yes or No)////
7504076 E0077 N	Survey held at
Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Person Contacted	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
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7) Add Foot	Transportation
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Lump(Sum / I.B.I: (S 2250	Tech Invs (\$) Others
2550	Weekend (S
	107AL 250

REF: A16-/

ASS. REC. BY:

Catherine Chong (LKK Auto)

From:

Ivy Ratilla <ivy.r@budgetdirect.com.sg>

Sent:

Tuesday, 3 September, 2019 1:42 PM

To:

Admin-D (LKKAuto)

Cc:

sur@lkkauto.com; Julie Mangubat; Loganathan Agoram

Subject:

TPPD Survey: Claim ref:C10003890/JM || OI- SKS6761S (Gold) TP- SLW5451K ||

Est:0.00 || E M Solution

Importance:

High

Hi Team,

We would like to arrange TP PRS for SLW5451K. They have chosen Mr. Kenneth Kong to survey the vehicle.

Venue

E M SOLUTION PTE LTD

160, Sin Ming Drive, #03-18/19, Sin Ming Autocity,

Singapore 575722

Contact

Mr. Bernard (Tel.: 6456-0226 / 9101-8302)

Please confirm.

Regards,

Ivy Ratilla Executive, Claims Admin

T +65 6540 2185 F +65 6725 0853

E ivy.r@budgetdirect.com.sg



Trusted Service Award

Customer Care +65 6221 2111 Claims +65 6221 2199 Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01 Singapore Shopping Centre Singapore 239924 budgetdirect.com.sq

auto 🗞 general

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From: Sally Chong <sallychong@visionlawllc.com>

Sent: Tuesday, 3 September 2019 12:02 PM

To: Ivy Ratilla <ivy.r@budgetdirect.com.sg>; Claims <claims@budgetdirect.com.sg>; Albert Hong

<albert.hong@budgetdirect.com.sg>; Justin Wong <justin.wong@budgetdirect.com.sg>

Cc: 'EM Solution Pte Ltd' <emautosolution@singnet.com.sg>; 'Judy Soh' <judysoh@visionlawllc.com>;

derekkeh@singnet.com.sg; Tanvin13@yahoo.com.sg

Subject: OUR REF.: E21-MISC.19 (SLW 5451K @ 31.08.2019) AUTO & GENERAL INS REF.: SKS 6761S | C10003890

Importance: High

URGENT

Dear Ivy,

NOTICE TO INSURERS TO CONDUCT PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

CLAIMANT: CHEW BOON CHANG

ACCIDENT INVOLVING SLW 5451K & SKS 6761S ON 31 AUG 2019 AT BLK 13, JOO SENG ROAD CARPARK LOT 315 AT ABOUT 09:00 HRS

We refer to your email of even date below and your list of surveyors therein.

Our client now confirms the appointment of <u>KENNETH KONG-LKK Auto Consultants Pte Ltd</u> as the Single Joint Expert for this matter.

Please be informed that the said vehicle can be inspected at :

Venue

E M SOLUTION PTE LTD

160, Sin Ming Drive, #03-18/19, Sin Ming Autocity,

Singapore 575722

Contact

Mr. Bernard (Tel.: 6456-0226 / 9101-8302)

If you fail to conduct the pre-repair survey within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Thank you.

Sally Chong

(Secretary)
VISION LAW LLC
133 NEW BRIDGE ROAD,
#18-01/02, CHINATOWN POINT,
SINGAPORE 059413

TEL.: 6534-2811 (ext 115)

FAX: 6535-6802

From: Sally Chong <sallychong@visionlawllc.com> Sent: Tuesday, 3 September 2019 10:30 AM

To: Claims <claims@budgetdirect.com.sg>; Albert Hong <albert.hong@budgetdirect.com.sg>; Justin Wong

<justin.wong@budgetdirect.com.sg>

Cc: EM Solution Pte Ltd <emautosolution@singnet.com.sg>; 'Judy Soh' <judysoh@visionlawllc.com>;

derekkeh@singnet.com.sg; Tanvin13@yahoo.com.sg

Subject: OUR REF.: E21-MISC.19 (SLW 5451K @ 31.08.2019) AUTO & GENERAL INS REF.: SKS 6761S

VERY URGENT

Dear Sir,

NOTICE TO INSURERS TO CONDUCT PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

CLAIMANT: CHEW BOON CHANG

ACCIDENT INVOLVING SLW 5451K & SKS 6761S ON 31 AUG 2019 AT BLK 13, JOO SENG ROAD CARPARK LOT 315 AT ABOUT 09:00 HRS

We are instructed by CHEW BOON CHANG to notify you of a road traffic accident ON 31 AUG 2019 AT BLK 13, JOO SENG ROAD CARPARK LOT 315 AT ABOUT 09:00 HRS involving our client's vehicle registration number SLW 5451K and vehicle registration number SKS 6761S driven by you/your insured at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurers would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without reference to you.

Thank you.

Sally Chong

(Secretary)
VISION LAW LLC
133 NEW BRIDGE ROAD,
#18-01/02, CHINATOWN POINT,
SINGAPORE 059413

TEL.: 6534-2811 (ext 115)

FAX: 6535-6802

C.c.: VEHICLE OWNER OF SKS 6761S

LOH TZE CHONG WILFRED

21 Lorong Paya Lebar, Singapore 536319

VISION LAW LLC

Advocates & Solicitors

(Incorporated with limited liability)

Unique Entity No. 200721148H

Head Office: 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413 Branch: 490 Lorong 6 Toa Payoh #03-11 HDB Hub (Biz 3 Lobby 1), Singapore 310490

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VISION LAW LLC

Advocates & Solicitors (Incorporated with limited liability) Unique Entity No. 200721148H

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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.

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

Part Translation (DES)	ACCIDENT STATEMENT
Date Of Report	03/09/2019 14:42
Date Of Accident	31/08/2019 09:00
Exact Location Of Accident	BLK 13 JOO SENG ROAD LOT NO. 315
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW5451K
Insured/Policyholder	
Name Of Registered Owner	CHEW BOON CHANG
NRIC No	S1130449D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96172721
Alternative Phone No	OFFICE-96172721
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV-2.0 I-S EYESIGHT AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	Address of the Control of the Contro
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPG19001307
Cover Note Number	
Driver	
Name of Driver	CHEW BOON CHANG
NRIC No	S1130449D
Date Of Birth	18/09/1955
Occupation	INDOOR
Date Of Driving Pass	24/06/1976
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96172721
Fax Number	
41.4144 DANG GEORGE GEORGE (1997)	OFFICE 00470704

OFFICE-96172721

NOEMAIL

Address

BLK 13 JOO SENG ROAD #08-67

Postcode

360013

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

OWNER

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)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

0

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

PLEASE REFER TO SKETCH PLAN.

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

SKS6761S

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NORA

NRIC/Passport Number

Contact Number

92767293

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
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- 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)

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:
 - 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:
 - 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

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

Policyholder's Signature

Date & Time: 03/09/19@1.10

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ETCH PLAN	
	
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DECLARATION /We declare the foregoing particulars are true in every respect.	
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7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	Reporting Centre Personnel's Signature Name:

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A) Time of Accident: 09 : 00 (24-HR-FORMAT) Date of Accident: 31 / 08/2019 (dd/mm/yy) Vehicle No. : SLW 5451K Vehicle Make & Model: Subaru XV 2-0 Private Hire: (Y/N) Exact location of Accident: BIK13, Joo Song Road Policyholder's Name / IC No.: Chora Boon Chang Driver's Name / IC No.: Driver's Contact No. : 96172731 Company Contact No (Company Veh Only): Driver's Address: BIK 13, I so Seng Road, #08-67, Singapore 3 60013 Insurance Company: Email address: Relationship between Owner & Driver: (Please CIRCLE one only) Owner Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Occupation (nature of job) Indoor/ Outdoor Was being used at time of accident? *No. of Passengers (Including Driver): Private use / Work purpose Gender: Male / Female *Passanger Name: Gender: Male / Female *Passanger Name: __ Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes No Anv Injuries: Yes / No (If YES) Injured Person' Name: Injured Person in Which Vehicle: Injuries Sustain: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: Vehicle No: SKS 676LS 1. Driver's Name / IC No: Nora 92767293 Insurance Company:____ 2. Driver's Name / IC No (If Any): Driver's Contact No: _____Insurance Company : ___ *Independent Witness (If Any): Contact No: Preferred Workshop Name:

SKETCH PLAN

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 - 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:
 - 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.

(Regist /

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.:

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Policyholder's Signature Date & Time:

SKETCH PLAN

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

E M SOLUTION PTE LTD

160, Sin Ming Drive, #03-18/19, Sin Ming Autocity, Singapore 575722 Fax: 64584500 64560226

Registration No: 201016308K

Chew Boon Chang

03.09.2019 Not Northorn CIEmy & 3350h Russmy After Paint

IXE! A	IR ESTIMATE FOR SUBARU XV 2.0 - SL	Mh cm -
1 pc. 1 pc. 2 pcs 2 pcs 2 pcs 1 pc.	front bumper front bumper diffuser front bumper side garnish front bumper fog lamps front bumper fog lamp grilles front bumper tow hood cover	015 th 86.00 172.00 4 015 th 136.00 272.00 4 67.50 135.00 X
1 pc. 1 pc. 1 pc.	front bumper RH nozzle cover front bumper RH nozzle front bumper nozzle motor	108.00 × 108.00 × 108.00 ×
2 pcs 1 pc. 2 pcs	[12] 전 [11] 전 [12] 전 [12] 전 [13] 전 [12] T [1	00 11 32.50 65.00 LT 1 372.80 X 47.30 1 94.60 X
1 pc. 1 pc. 1 pc.	front bumper inner foam front bumper center lower grille front grille	135.00 X 5 95.00 X 6 185.00 X
1 pc. 1 pc. 1 pc.	front grille chrome front grille emblem RH headlamp assy 2520.00	Mg = M 3,053.10
1 pc. 1 pc. 1 pc.	RH front fender RH front fender inner shield RH front fender arch garnish	Bn 263.70 n 98.40 K Bn 186.00 6,660.90

1 set 1 set 1 pc	front bumper clips RH front fender inner shield clips front number plate	n	45.00 30.00 60.00	SN -
1)	Check electrical wirings and headlam	p focus	60.00	201
3)	Repair accident damages and renew		780.00	4001
4)	Spray paint on affected portions. (Pea		780.00	
5)	Rust proofing on affected portions.	LKK Auto Consultants hence notifi	40.00	301

LKK Auto Consultants hence notify
the Repairer of the following: \$ 7,123.72

• To resurvey before directory painting
• To display damaged part(s) during resurvey

Less 20% 1,332.18 5,328.72

- · 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:



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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI19015554/Ktf3n2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE

239924

Date: 19-09-2019



	B03		Code: AGI	
		Policy Particula	ars :- THIRD PARTY CLA	IM
100 100	Insured Veh.	SKS 6761S	Veh. Inspected	SLW 5451K
-	Policy No.		Coverage (\$)	0.00
_	Claim No.	C10003890/JM	Excess (\$)	0.00
	Assign From	IVY RATILLA	Assign Date	03/09/2019
	a de para de la constante	Vehicle P	articulars & Condition	
	Make & Model	SUBARU XV (A)	c.c	1995
	Engine No.	HIDDEN	Year of Reg.	2018
_	Chassis No.	JF1GT7KL5JG028386	Colour	METALLIC PEARL WHITE
	Odometer	38010	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
_	General	GOOD		
3.	Ochicia:	Cor	nditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	225/55 R18	BRIDGESTONE	5 mm
_	L/H Front Tyre	225/55 R18	BRIDGESTONE	5 mm
_	R/H Rear Tyre	225/55 R18	BRIDGESTONE	3 mm
	L/H Rear Tyre	225/55 R18	BRIDGESTONE	3 mm
4.		Desc	ription of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT TH	E O/S FRONT PORTION.	
	DAMAGES SEE D	DETAILS.		
5.	D/WW/OLO OLL I		neral Information	
	Accident Date	31/08/2019	Inspection Date	03/09/2019
	Survey held at	EM SOLUTION PTE LTD		
		160 SIN MING DRIVE #03 SIN MING AUTOCITY SINGAPORE 575722	-18/19	
5a.	Alexander Septiment		Remarks	
	A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A	NS, WE HAVE NOT AUTHOR	ASIS. RISED REPAIRS.
5b.			mate Days of Repair	
	ESTIMATED NO	RMAL PERIOD FOR REPAIR	4 Working D	Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLW 5451K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			200000000000000000000000000000000000000
1	FRONT BUMPER	MTG CRACKED	552.00	552.00
- 0	FRONT BUMPER DIFFUSER	DENTED / CUT	286.00	286.00
	FRONT BUMPER SIDE GARNISH @\$86.00	O/S CUT	172.00	86.00
	FRONT BUMPER FOG LAMPS @\$136.00	O/S MTG CRACKED	272.00	136.00
	FRONT BUMPER FOG LAMP GRILLES @\$67.50	SERVICEABLE	135.00	-
	FRONT BUMPER TOW HOOD COVER	SERVICEABLE	30.00	-
	FRONT BUMPER RH NOZZLE COVER	SERVICEABLE	68.00	-
	FRONT BUMPER RH NOZZLE	SERVICEABLE	108.00	-
	FRONT BUMPER NOZZLE MOTOR	SERVICEABLE	252.00	100000000
	FRONT BUMPER SIDE RETAINERS @\$32.50	O/S DISTORTED	65.00	32.50
	FRONT BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	372.80	-
2	FRONT BUMPER BRACKETS @\$47.30	TO REPAIR SEE LABOUR	94.60	
- 8	FRONT BUMPER INNER FOAM	SERVICEABLE	135.00	
	1 FRONT BUMPER CENTER LOWER GRILLE	SERVICEABLE	95.00	0
	1 FRONT GRILLE	SERVICEABLE	185.0	o l
	1 FRONT GRILLE CHROME	SERVICEABLE	172.5	0
	1 FRONT GRILLE EMBLEM	SERVICEABLE	64.8	0
	1 RH HEADLAMP ASSY	MTG CRACKED	3,053.1	0 2,520.0
	1 RH FRONT FENDER	BUCKLED	263.7	0 263.7
	1 RH FRONT FENDER INNER SHIELD	SERVICEABLE	98.4	0
	1 RH FRONT FENDER ARCH GARNISH	BUCKLED	186.0	0 186.0
	LESS 20% DISCOUNT		-1,332.1	8 -812.4
	2000 2000 01000000000000000000000000000		5,328.7	2 3,249.7
	SPECIAL NETT ITEMS			45.0
	1 SET FRONT BUMPER CLIPS (SN)	NECESSARY	45.0	
	1 SET RH FRONT FENDER INNER SHIELD CLIPS (SN)	NECESSARY	30.0	
	1 FRONT NUMBER PLATE (SN)	SERVICEABLE	135.0	10.10
			135.0	75.0
	LABOUR		60.0	20.0
	CHECK ELECTRICAL WIRINGS AND HEADLAMP FOCUS.		1	



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPAIR ACCIDENT DAMAGES AND RENEW ABOVE PARTS.INCLUSIVE OF THE REPAIR OF FRONT BUMPER REINFORCEMENT AND FRONT BUMPER BRACKETS.		780.00	400.00
	SPRAY PAINT ON AFFECTED PORTIONS (PEARL WHITE). RUST PROOFING ON AFFECTED PORTIONS.		780.00	440.00
			40.00	30.00
	ROST PROOFING ON AT LOTED TO SKITCH		1,660.00	890.00
	GRAND TOTAL		7,123.72	4,214.76
	With the transfer of the trans			

3,350.00

Report Ref No. CS/AGI19015554/Ktf3n2

KONG SENG CHEONG

Licensed Appraiser

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