ASS. REC. BY: | REF: CS/INC/9017732/Kdc3 | Special Instruction:

Salesman: Kenneth

ASSIGNMENT (Office)

From (Person): Theresa Vimala of INC Date/Time: 8/10/2019 @ 10.04am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMH 465X Insured: SJQ 914BR

at Workshop m/s Cartimes Autolution Tel: 64715111

of 160 Sin Ming Drive #0204

Policy No: Claim No: MT/1065646-002

Sum Insured: Excess:

Make of Veh: D.O.A. 1/10/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 10.13am @ 8/10/19 Person Contacted: Yuki Vehicle IN / OUT

Date/Time	Action/Instruction
	SMH 465X - X
	SJQ 914BR - X
17/10	C/Ltr @ 2750 email & confirmed
	($ 5,275.00 Red - 66%)

ASS. REC. BY: Kenneth | REF: INC/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Ca Tmy

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMH 4965X Yr Regn: 01, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon

Make: Toy Noah c.c 1797

Colour M.P.White A/C: Insured / Std / NI / NA

Sp.Reading 62888 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR80 - 0340673

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/65R15

R: GY

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Kumho

Front		Rear	
R/Bal.	7 mm	R/Bal.	5 mm
L/Bal.	7 mm	L/Bal.	5 mm
D.O.A.	1/10/19	D.O.I.	8/10/19

Survey held at _____ 11.05am

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
1	File pass To

RECEIVED 17 OCT 2019

Date/Time, File Pass to?
17/10/19
1) Tyas
Date/Time, File Return to?
2) _____

☐ : Prell. Report
☑ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ Tech Invs ($ _____)
☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ 2,750/- 4S)

Survey Fee:	
Transportation: $ - RS ___ SI	
Parts	
Others	
TOTAL	250

Nivitha (LKK Auto)

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Tuesday, 8 October 2019 11:55 AM
To: Admin-D (LKKAuto); assignments
Cc: SUR; Theresa Vimala D/O Balagangadharan
Subject: RE: TP CASES FARMED OUT TO LKK ON 08/10/2019

Hi LKK, here is the list of the OIC details etc....

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Tuesday, 8 October 2019 11:02 AM
To: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>; assignments <assignments@lkkauto.com>
Cc: Teng Ken Leong <kenleong.teng@income.com.sg>; Thio Tse Kiat <tsekiat.thio@income.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: TP CASES FARMED OUT TO LKK ON 08/10/2019

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards

G.NIVITHA
LKK Auto Consultants Pte Ltd
Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Theresa Vimala D/O Balagangadharan [mailto:thrsvim.bala@income.com.sg]
Sent: Tuesday, 8 October 2019 10:04 AM
To: assignments <assignments@lkkauto.com>; Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Cc: Teng Ken Leong <kenleong.teng@income.com.sg>; Thio Tse Kiat <tsekiat.thio@income.com.sg>; Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Subject: RE: TP CASES FARMED OUT TO LKK ON 08/10/2019

Dear LKK,

Please assist to survey the following vehicles as per Tse Kiat's instruction :-

SN	OIC	Claim No.	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
1	CHRYLLIS	MT/1065646-002	8/10/2019	SMH465X	CAR TIMES AUTOLUTION PTE LTD	160 SIN MING DRIVE #02-04 AUTOCITY	Yuki Peck / 64715111		SJQ9148R	1/10	
2	CYNDIIE YONG	MT/1065698-001	8/10/2019	SMK2182H	COMPLETE VMS PTE LTD	176 SIN MING DRIVE #03-14 SIN MING AUTOCARE SINGAPORE 575721	Chiu S. L. / 6455 0012		YP8220Z	6/10	
3	JEFF LIN	MT/1065519-002	8/10/2019	SLL8018S	EM-1 AUTO PTE. LTD.	BLK 8 #01-68 SIN MING INDUSTRIAL EST SECTOR C SINGAPORE 575643	Chia Sin Muk / 9666 6556		SJV7242M	5/10	

4	JARED	MT/1065564-002	8/10/2019	SCQ95B	LEONG AUTO PTE LTD	160 SIN MING DRIVE #02-13 SIN MING AUTOCITY	Daniel Tan/Cady Lee / 9692 4113		SGV8018Z	5/10	
5	HELENA TAN	MT/1065715-001	8/10/2019	SJZ1046G	TEAM AUTOPRO PTE LTD	BLK 160 SIN MING DRIVE #01-14 SINGAPORE 575722	Eric Lee / 8269 9999		SGV9761D	5/10	

Please contact workshops.

Please revert to officer-in-charge after survey.

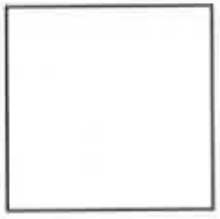
Thank you.

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.



Disclaimer

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	634W
Vehicle Details	
Vehicle No.:	SMH465X
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Oct 2019
Vehicle Make:	TOYOTA
Vehicle Model:	NOAH HYBRID 1.8X CVT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	2ZR0C24696
Chassis No.:	ZWR800340673
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	$31,836.00
Original Registration Date:	09 Jan 2019
First Registration Date:	09 Jan 2019
Transfer Count:	0
Actual ARF Paid:	$26,571.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Jan 2029
PARF Rebate Amount:	$19,928.00
Intended COE Rebate Details	
COE Expiry Date:	08 Jan 2029
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	$31,809.00
COE Rebate Amount:	$28,659.00
Total Rebate Amount:	**$48,587.00**

The information contained herein is correct as at 10 Oct 2019

OK

MCTA19130692 / Car Times Autolution Pte Ltd - HQ
ENTRY DATE & TIME: 02/10/2019 17:23
SUBMITTED BY: Lim Cai Cheng

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	02/10/2019 17:23
Date Of Accident	01/10/2019 21:20
Exact Location Of Accident	AIRPORT BOULEVARD TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH465X
Insured/Policyholder	
Name Of Registered Owner	CARTIMES AUTO-RENT PTE LTD
Co Reg No	201633634W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81862985
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH HYBRID-1.8 X CVT (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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V11070/VPZ/R00
Cover Note Number	
Driver	
Name of Driver	MOHAMED ALI S/O KADER MEERA
NRIC No	S8538390F
Date Of Birth	05/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2007
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81862985
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 724 WOODLANDS AVENUE 6 #08-50
Postcode	730724
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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)	2
Passenger 1	NAME: : UNKNOW GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 109 TAMPINES STREET 11 #01-261 , **POSTCODE:** 521109 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7819999 - **FAX NO**: 67832722
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO RECORD IS TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ9148R
Vehicle Make/Model/Colour	
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	MOHAMED ALI S/O KADER MEERA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
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. 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 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 by virtue 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.

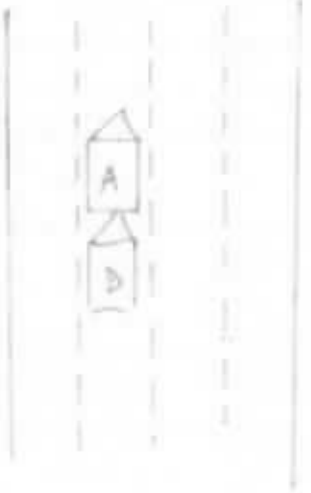
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Yuen
NRIC/Fin No.: S8121265D

Sketch Plan #2

SKETCH PLAN AIRPORT BOULEVARD TOWARDS CHANGI AIRPORT



A – SMH A65X

B – SJQ 9148R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

I/We declare that the [illegible] particulars are true in every respect.

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name: Yan Li
NRIC/FIN No: S6124205F

SINGAPORE POLICE FORCE

T2219100202/2/55

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-251
SINGAPORE 521109
Tel No.: 1800-7819999

Report No: T2219100202/2/55

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No:	Station Diary No.:
02/10/2019 14:53		14

Informant's Particulars

Name of Informant:			Address:
MOHAMED ALI S/O KADER MEERA			APT BLK 724 WOODLANDS AVENUE 6 #08-510 SINGAPORE 730724
ID Type / ID No.:			Contact No.:
NRIC NO / S8536330F			Home/Office: Mobile: 8185 2985
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	33	05/12/1985	Driver
Race:			Language: / Institution / School Name:
Indian			English
Occupation:			Driving Licence Information:
PRIVATE HIRE VEHICLE DRIVER			Class: 2B,2A,2,3,4 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury:	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	01/10/2019 21:30	Straight Road

Location:
Along Road 1:
AIRPORT BOULEVARD

Along Airport Boulevard Towards Changi Airport

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	60 Km/h
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	Moderate
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		No

Details of Vehicle Involved

Vehicle No.	Type:	Make:	Model:	Color:	Condition:	No of Passenger:
SJG6148R	Car	HONDA	ODYSSEY	Purple		0
SMH4353A	Car	TOYOTA	NOAH	White	Slightly Damaged	1

Details of Person Involved

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

SINGAPORE POLICE FORCE

T2019100220089

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-281
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

Driver			
Name	ZHANG LANYING	ID No	G2380934R
Related Vehicle	SJQ9148R (Car)	Contact No	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: N.L
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Nil

Driver			
Name	MOHAMED ALI S/O KADER MEERA	ID No	S8536590F
Related Vehicle	SMI1466X (Car)	Contact No	8186 2985
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	02/10/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 01/10/2019 at about 2130hrs, I was driving my car along lane two along Airport Boulevard on my way to Changi Airport Terminal. Just as I was driving, the car in front of me applied his brakes. As soon as I saw this, I applied my brakes too. I was slowing down and would eventually come to a stop. However, I felt an impact on the rear of my car. The collision caused a 'whiplash' effect. I alighted from my vehicle when it was safe to see what had happened. Apparently, the car behind might not have kept a safe distance and eventually did not manage to stop in time when I applied my brakes then. Hence, that caused the collision to happen.

We took pictures of the accident and the damages to our vehicles. We exchanged our details and subsequently drove off. The next day on 02/10/2019, I woke up feeling pain on the back of my neck and lower back. I also felt numbness on both my legs and hands. I sought medical treatment at Y M Chang Clinic & Surgery and was given three (3) days of medical leave from 02/10/2019 to 04/10/2019.

I have yet to send my car to the workshop to assess the extent of the damage to my vehicle but the damage is mostly at the rear portion of my vehicle.

SINGAPORE POLICE FORCE

Police Station Of Origin
Changkat NPP
109 Tampines Street 11 #01-251
SINGAPORE 521109
Tel No: 1800-7819999

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 65474085 stating the **report number** as reference

Signature Of Officer Recording The Report O / Staff Sgt MUZAINAH BINTE LATIFF	Signature Of Informant
Signature Of Interpreter Not applicable	Date/Time 22/10/2019 14:53
Officer In Charge Of Case: TP / G A / Staff Sgt WONG SIEU LUI Contact No: 65476151	Classification Of Case

Authentication Stamp
NP159

Not Authorised
I/Sup 82750h
Reserve After Paint
4- days

AUTOLUTION
CARTIMES
CarTimes Autolution Pte Ltd
160 Sin Ming Drive AutoCity
#02-04 Singapore 575722
Tel 6471 5111
Email : claims@cartimes.com.sg

Vehicle No. SMH465X **Car Model : TOYOTA NOAH**

DESCRIPTION		REPAIRER ESTIMATE(S$)
LIST ITEM		
REAR TAILGATE 1712-85		$ 2,055.00
REAR TAILGATE INNER TRIM		$ 751.00
REAR BUMPER		$ 751.00
REAR BUMPER SIDE RETAINNER LH		$ 180.00
REAR BUMPER SIDE RETAINNER RH		$ 180.00
REAR END PANEL		$ 955.00
REAR END PANEL TOP GARNISH		$ 245.00
REAR SPARE TYRE PANEL		$ 855.00
SPARE PANEL TOP COVER		$ 1,088.00
		$ 7,060.00
	25%	$ 1,765.00
		$ 5,295.00
Special Nett items		
REVERSE SENSOR		$ 200.00
REVERSE CAMERA		$ 380.00
REAR BUMPER CLIP		$ 60.00
REAR TAILGATE INNER TRIM CLIP		$ 30.00
REAR WINDSCREEN SEALANT		$ 30.00
		$ 700.00
		$ 5,995.00

LKK Auto Consultancy hence notify the Repairer of the following:
- To resurvey if shoulder 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 work/modification(s) is allowed
- Suspension/any item(s) must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer
Signature
Date

Vehicle No. SMH465H **Car Model : TOYOTA NOAH**

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S$)	
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	$ 1,000.00	50%
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	$ 800.00	60%
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	$ 50.00	20%
4	To remove & replace reverse camera reverse sensor check for proper function	$ 60.00	50%
5	To remove and refix rear windscreen	$ 120.00	✓
	Labour Total :	**$ 2,030.00**	
	TOTAL (PARTS & LABOUR):	8,025	

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
73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

ATTN: CHRYLLIS

Ref: CS/INC19017732/Ksd3n2

Date: 18-10-2019

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJQ 9148R	**Veh. Inspected**	SMH 465X
	Policy No.		**Coverage ($)**	0.00
	Claim No.	MT/1065646-002	**Excess ($)**	0.00
	Assign From	THERESA VIMALA	**Assign Date**	08/10/2019

2. Vehicle Particulars & Condition

	Make & Model	TOYOTA NOAH	**c.c**	1797
	Engine No.	HIDDEN	**Year of Reg.**	2019
	Chassis No.	ZWR800340673	**Colour**	METALLIC PEARL WHITE
	Odometer	62889 KM	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	STANDARD ALLOY RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	195/65 R15	KUMHO	7 mm
	L/H Front Tyre	195/65 R15	KUMHO	7 mm
	R/H Rear Tyre	195/65 R15	GOODYEAR	5 mm
	L/H Rear Tyre	195/65 R15	GOODYEAR	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	01/10/2019	**Inspect Date / Time**	08/10/2019 (11:05 AM)
	Survey held at	160 SIN MING DRIVE# 02-04		
	Repairer	CAR TIMES AUTOLUTION PTE LTD		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **4 Working 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMH 465X

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR TAILGATE	BENT	2,055.00	1,712.85
1	REAR TAILGATE INNER TRIM	SERVICEABLE	751.00	-
1	REAR BUMPER	BUCKLED	751.00	751.00
1	REAR BUMPER SIDE RETAINNER LH	SERVICEABLE	180.00	-
1	REAR BUMPER SIDE RETAINNER RH	SERVICEABLE	180.00	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	955.00	-
1	REAR END PANEL TOP GARNISH	SERVICEABLE	245.00	-
1	REAR SPARE TYRE PANEL	TO REPAIR SEE LABOUR	855.00	-
1	SPARE TYRE TOP COVER	SERVICEABLE	1,088.00	-
	LESS 25% DISCOUNT		-1,765.00	-615.96
			5,295.00	1,847.89
	SPECIAL NETT ITEMS			
1	REVERSE SENSOR (SN)	DENTED	200.00	200.00
1	REVERSE CAMERA (SN)	SERVICEABLE	380.00	-
1	REAR BUMPER CLIP (SN)	NECESSARY	60.00	60.00
1	REAR TAILGATE INNER TRIM CLIP (SN)	NOT NECESSARY	30.00	-
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	30.00	30.00
			700.00	290.00
	LABOUR			
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS;REPLACE DAMAGED PARTS AND COMPONENTS.INCLUSIVE OF THE REPAIR OF REAR END PANEL AND REAR SPARE TYRE PANEL.		1,000.00	500.00
	TO SUPPLY PAINT MATERIALS,EXPANDABLE ITEMS & PUTTY,RESPRAY PAINT ON PARTS REPLACED & REPAIRED.		800.00	600.00
	TO REMOVE AND RE-FIX WIRING AND CHECK ALL ELECTRICAL COMPONENTS AT DAMAGED AREAS FOR PROPER FUNCTIONS.		50.00	20.00
	TO REMOVE & REPLACE REVERSE CAMERA REVERSE SENSOR CHECK FOR PROPER FUNCTION.		60.00	50.00

Report Ref No. CS/INC19017732/Ksd3n2

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Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	TO REMOVE AND REFIX REAR WINDSCREEN.		120.00	120.00
			2,030.00	1,290.00
	GRAND TOTAL		**8,025.00**	**3,427.89**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			**2,750.00**

Report Ref No. CS/INC19017732/Ksd3n2

KONG SENG CHEONG

Licensed Appraiser

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser