| To lead 1                                                                                          | Dete/Time: 16-10-19 8-44 m |
|----------------------------------------------------------------------------------------------------|----------------------------|
| ,                                                                                                  | Bill to:                   |
| Estimated Cost:  OD (TP) WS / TP RES / OD RES / EVA / INV / MV / To Inspect Vehicle No:  SLD 31225 | CS Insured: SFK 232        |
| at Workshop m/s Lion Cay Kenta                                                                     | Tel: 97422186              |
| of 60 Jalan Lam Huat # 04-357:                                                                     |                            |
| Policy No:                                                                                         | Claim No: SNM 19020 4938   |
| Sum Insured:                                                                                       | Eveess:                    |
| Make of Veh:                                                                                       | D.O.A. 22.9. 2019          |
| (Client's Record)  CA / REV / REP. / REV 24 HRS  Date/Time: 16-10-19 9.150-m Person Contacted      | H.O.D. Endarsement:        |
| Date/Time Action/Instruction ( V ) Estima                                                          | te                         |
| SFK 2224 CC6/AIG140184                                                                             | 26/Apm3q2 DoA: 25/09/2014  |
| SLD 37225: X                                                                                       |                            |
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| Date 16.10. 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Veh No: SLO 3722 S Yr Regn: 15/6/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| roeted Cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TP I WS I TP RES I OD RES I EVA I INV I MV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Truck / Trailer or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| respect Vehicle No: SUD 3773                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Make: Honda Vezel c.c 1496                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Torkshop mis Lion City Rental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Colour Glack A/G: Insured / Std / NI / NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 60 Jalan Lam Hua) = 04-65/36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Land County Coun |
| red.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Eng/No: RU       4148 .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| insured: Excess:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Steering: Inforder / Jammed / Leaked / Burnt or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| lient's Record)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Brake: In order / Jammed / Leaked / Burnt or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| e of Veh:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Modi: Nil / S/Righ / STD A/Rim or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| mark: The veh had commenced its N/S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| repair at the time of inspection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TOYOTYOKO OF ACHINIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| or Market Value:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Front Rear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| AC Accident Rport: Consistent? : Yes or No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | R/Bal. S mm R/Bal. S mi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| A / PR Seen: Consistent? : Yes or No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | L/Bal. 5 mm L/Bal. 5 m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| t. Repairs: Yes or No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D.O.A. 22/9/19 D.O.L. 16/19/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| im Sum: % 3 Val.: Yes or No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Survey held at Lin City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| my"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Des. of Damages Frt Rear / O/S NIS / U/C / Rooftop or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A / REV / REP. / 24 HRS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e: IN/OUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ate: Person Contacted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The U/C / Chassis frame / Body Structure affected due to collisi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Date / Time   Action / Instruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MV-62K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| PLS 1771 PLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12/19 Finally Con L \$734, 2 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| The second secon | Days Of Repair: 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| sis/Time, Filis Pass to? : Prell. Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TOPEN PRODUCT OF SHOPPING AND S |
| =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Resurvey No. of Trip: Survey Fee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| : Final Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Resurvey No. of Trip: Survey Fee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| : Final Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Resurvey No. of Trip: Survey Fee: Transportation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| : Final Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Resurvey No. of Trip:         Survey Fee:           Transportation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| : Final Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Resurvey No. of Trip:   Survey Fee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

### Summer Lee (LKK Auto)

| WITHOUT PREJUDICE |  |
|-------------------|--|
| Dear Sim,         |  |

We refer to your email dated 16.10.2019.

We will be assigning M/s LKK Auto Consultants to survey your client's vehicle on a without prejudice basis.

Wednesday, 16 October, 2019 8:46 AM

Siak Tong Sim; assignments

Tan Kah Leong < KahLeong. Tan@sg.cntaiping.com>

RE: OUR REF: SNM19D204838-SFK222Y-TKL- RE: 3rd party survey for SLD3722S

Aside to LKK,

From:

Sent:

Subject:

To:

Please refer to the email below & proceed to survey the third party vehicle.

Thank you.

Regards

### Tan Kah Leong

Assistant Executive Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6193 | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/

Disclaimer: This e-mail and any files transmitted with it is intended only for the named recipients and may contain confidential information. Any unauthorized disclosure, use or dissemination of this message, either in whole or partial, is prohibited. If you are not the intended recipient, please notify the sender immediately. Please delete the e-mail and any copies of it thereafter.

From: Siak Tong Sim [mailto:siaktong@lioncityrentals.com.sg]

Sent: Wednesday, October 16, 2019 7:32 AM

To: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>

Subject: Re: OUR REF: SNM19D204838-SFK222Y-TKL- RE: 3rd party survey for SLD3722S

Dear sir

We would like to engage LKK for this survey

Regards
S.T.Sim (65-97422188)
Manager
Accident Reporting Center
60 Jalan Lam Huat
#04-35/36 Carros Centre
Singapore 737869



On Tue, Oct 15, 2019 at 10:01 AM Tan Kah Leong < KahLeong. Tan@sg.cntaiping.com > wrote: Without Prejudice Dear Sirs, Please see attached and let us know if you agree with SJE. Thank you. Regards Tan Kah Leong Assistant Executive Claims Department China Taiping Insurance (Singapore) Pte. Ltd. 3 Anson Road #15-00 Springleaf Tower Singapore 079909 DID: (65) 6389 6193 | F: (65) 6222 1033 W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ Disclaimer: This e-mail and any files transmitted with it is intended only for the named recipients and may contain confidential information. Any unauthorized disclosure, use or dissemination of this message, either in whole or partial, is prohibited. If you are not the intended recipient, please notify the sender immediately. Please delete the e-mail and any copies of it thereafter. From: Claims Dept of CTI Sent: Tuesday, October 15, 2019 9:43 AM To: Siak Tong Sim < siaktong@lioncityrentals.com.sg>; Tan Kah Leong < KahLeong.Tan@sg.cntaiping.com >; Chee So

Dear Kah leong,

Chow < sochow.chee@sg.cntaiping.com >

Subject: OUR REF: SNM19D204838-SFK222Y-TKL- RE: 3rd party survey for SLD3722S

| Please conduct PRS for SLD3722S.                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Note: officer in charge – Kah Leong 6389193.                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                    |
| Regards,                                                                                                                                                                                                                                                                                                                                                                                           |
| Claims Department                                                                                                                                                                                                                                                                                                                                                                                  |
| China Taiping Insurance (Singapore) Pte. Ltd.                                                                                                                                                                                                                                                                                                                                                      |
| 3 Anson Road #15-00 Springleaf Tower Singapore 079909                                                                                                                                                                                                                                                                                                                                              |
| T: (65) 63896116   F: (65) 62247175                                                                                                                                                                                                                                                                                                                                                                |
| W: www.sg.cntaiping.com   FB: www.facebook.com/chinataipingsg/   WeChat: 太平獅城 Taiping SG                                                                                                                                                                                                                                                                                                           |
| Disclaimer: This e-mail and any files transmitted with it is intended only for the named recipients and may contain confidential information. Any unauthorized disclosure, use or dissemination of this message, either in whole or partial, is prohibited. If you are not the intended recipient, please notify the sender immediately. Please delete the e-mail and any copies of it thereafter. |
| From: Siak Tong Sim [mailto:siaktong@lioncityrentals.com.sg] Sent: Monday, 14 October, 2019 3:02 PM To: Claims Dept of CTI < claimsdept@sg.cntaiping.com > Subject: Fwd: 3rd party survey for SLD3722S                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                    |
| Dear sir                                                                                                                                                                                                                                                                                                                                                                                           |
| Please arrange 3rd party surveyor to survey the car                                                                                                                                                                                                                                                                                                                                                |

## Regards

S.T.Sim (65-97422188)

Manager

**Accident Reporting Center** 

| 60 Jalan Lam Huat                                                                |
|----------------------------------------------------------------------------------|
| #04-35/36 Carros Centre                                                          |
| Singapore 737869                                                                 |
| ×                                                                                |
|                                                                                  |
|                                                                                  |
|                                                                                  |
| Forwarded message                                                                |
| From: Siak Tong Sim < siaktong@lioncityrentals.com.sg>                           |
| Date: Fri, Oct 11, 2019 at 3:45 PM<br>Subject: Re: 3rd party survey for SLD3722S |
| To:<br>boonsen.chong@sg.cntaiping.com>                                           |
| Cc: Lion City Rentals ARC < lcrarc@lioncityrentals.com.sg >                      |
|                                                                                  |
| Dear sir                                                                         |
| Please arrange 3rd party survey for the following car                            |
| Our Insured: SLD3722S                                                            |
| your Insured: SFK222Y                                                            |
| Date of accident: 22/09/2019                                                     |
|                                                                                  |
| Regards                                                                          |
| S.T.Sim (65-97422188)                                                            |
| Manager                                                                          |
| Accident Reporting Center                                                        |
| 60 Jalan Lam Huat                                                                |
| #04-35/36 Carros Centre                                                          |
| Singapore 737869                                                                 |

x ===

| This email has been scanned by the Symantec Email Security.cloud service. For more information please visit <a href="http://www.symanteccloud.com">http://www.symanteccloud.com</a> |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                                                                                                     |  |  |
| This email has been scanned by the Symantec Email Security.cloud service. For more information please visit <a href="http://www.symanteccloud.com">http://www.symanteccloud.com</a> |  |  |

## Steve Chen (LKK Auto) Siak Tong Sim <siaktong@lioncityrentals.com.sg> From: Sent: Thursday, December 05, 2019 11:43 AM To: Steve Chen (LKK Auto) Subject: Re: Final bill: SLD3722S Steve Ok confirmed Part by Part \$734.00/2 days Regards S.T.Sim (65-97422188) Manager **Accident Reporting Center** 60 Jalan Lam Huat #04-35/36 Carros Centre Singapore 737869 × On Wed, Dec 4, 2019 at 6:41 PM Steve Chen (LKK Auto) < Steve Chen@lkkauto.com> wrote: Dear Mr Sim, Kindly refer our finalize \$734 (P/P, before GST). 2 repair days. Kindly confirm.

Thanks

Best Regards,

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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

| aforesaid.                                                                   |                                      |
|------------------------------------------------------------------------------|--------------------------------------|
|                                                                              | ACCIDENT STATEMENT                   |
| Date Of Report                                                               | 24/09/2019 12:09                     |
| Date Of Accident                                                             | 22/09/2019 18:45                     |
| Exact Location Of Accident                                                   | KALLANG WAVE CP                      |
| Country/State of Loss                                                        | SINGAPORE                            |
| DE                                                                           | ETAILS OF OWN VEHICLE                |
| Vehicle Registration Number                                                  | SLD3722S                             |
| Insured/Policyholder                                                         |                                      |
| Name Of Registered Owner                                                     | LION CITY RENTALS PTE LTD            |
| Co Reg No                                                                    | 201504621K                           |
| Email Address                                                                | RENTALS@LIONCITYRENTALS.COM.SG       |
| Mobile Phone No                                                              |                                      |
| Alternative Phone No                                                         | OFFICE-31381884                      |
| Vehicle Particulars                                                          |                                      |
| Manufacturer                                                                 | HONDA                                |
| Model                                                                        | VEZEL-1.5 (A)                        |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE HIRE                         |
| 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                                                    | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage                                                             | THIRD PARTY                          |
| Fleet Policy                                                                 | YES                                  |
| Policy Number                                                                | 19-MK000200-R00                      |
| Cover Note Number                                                            |                                      |

### Driver

Name of Driver LAM CHEE VOON S8038827F NRIC No 13/12/1980 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 11/05/2001 18 YEARS AND 4 MONTHS Driving Experience MALE Gender

+65-96983300 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

272C SENGKANG CENTRAL Address

#14-345

1

NO

SFK222Y

PRIVATE CAR

543272 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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? NO

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera?

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

#### Sketch Plan

### SKETCH PLAN

### PORTANT NOTICE

Please report couractly the delads of the stoldard to speed by the dailed or both

This Form must be commerced by the Policyholder endior the Authorsed Orbits.

independent provided must be as thirmful and securities appealed. Amount of miscropreservation or without ing of material facts may a fow insurance configures to republic policy liability.

The secent acceptance of the Form by insurance companies is not an admission of policy field to on the part of the incurance companies.

### ally false reporting may be referred to the Police for Investigation

The report will be forwarded by the inscreas of the GLA Persons Management Centre established by the Denaral Inscreas Association of Singapore (GLA) for ship long and that replies of the report will fix a fee on made evaluable upon explication by interested person.

By the lodgment of the report to the Housers, not because tolders to the orthoring of the report suffice testic and to copies of the report being much available aforest to

Convert upday the Personal Onto Protestion Act (FOPA)

LOUGHTEN, EST HOW ROLL EVILLE INSCOMENT THAT

- (a) My insurer, my windship and the General househor described of Emgestre ("Sib" Hospytes permitted in reduct, we firsted a polific structure by personal structure and the both in the Donat and any other express of common provided by me or greatested by my object contains the "Personal information" and discost and herefore that Personal information is an information on all insureries) and their entities of the contest of the monetal information in the interest of the personal information of the personal personal information of the personal information
  - appearance, handling and/or reading with the clumb including the requestion of the chinosond physicistics, investigations of terms to the claimer.
  - (iii) coursing the actions and/or my dame
  - Differentiating and most or decision with my environment responding to the encourage brane.
  - (No) estimates any risk standard implication and displacement operations, passessing, assessing the series of motion to the series of motion of the series of median on the series of envelopery mail parkeges to motion.
  - (v) complete with applicable law to extensions or obtainer, broking units obtaining with the status (collection) the Trapposes.
  - (5) of increasely) who have increased spherical involved in this excitent could be respect imaging forms, may be considered to collect, new obstore shalf or process my Personal Information For the primary of the above 5 increases, and
  - (c) TWP Extends information may fear be disclosed by any of the incurers and/or GIA to their most party seams included on a agents (including their lawyers) few from may be sited outside of Singspore, for one or more of the above Proposition.
  - (a) my Perronal Information will also be collected and used to sample opinis history for the purpose of liquid described investigation and management in present and All future dates.
  - (a) the information to collected under (a) shows that be shortd I clarifored
    - to all entracts and/or any other than parties that satisfy evaluating, when yearing to become an order graph using regulation, law enforcement and government against a general research by required for the exception and government.
    - the for complying with requirements under any regulations, lessour court orders.

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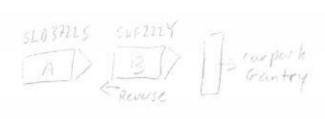
Semante Christian

Reporting Sentile Existential Soft Street

SHINA

### Sketch Plan #2

CHEPLEN



|                     | - A                                                                                                                                                                                 |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                     |                                                                                                                                                                                     |
|                     |                                                                                                                                                                                     |
|                     |                                                                                                                                                                                     |
|                     |                                                                                                                                                                                     |
|                     |                                                                                                                                                                                     |
|                     |                                                                                                                                                                                     |
|                     | Kuling Wave Mall Carper le                                                                                                                                                          |
|                     | I SLO 37775 (A) was doubt toward the exit of                                                                                                                                        |
|                     | the Carpark at Kallana Wave Mall Compark.                                                                                                                                           |
|                     | I SLO 37225 (A) was downed towards the exit of the Carpark at kallong wave Mall Compark.  I Stop behind SkF Z22 YB) near the Juntary.  SkF 222 Y Started to reverse and hit my Car. |
|                     | Skf 222? Started to reverse and hit my Car.                                                                                                                                         |
| -                   |                                                                                                                                                                                     |
| -                   |                                                                                                                                                                                     |
|                     |                                                                                                                                                                                     |
| DECLARA<br>Www.deck | ATHOM   #16<br>are the foregoing sprints are like to every mitted                                                                                                                   |
|                     | ( miles)                                                                                                                                                                            |

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| ehicle Owner Particulars                          | ALCON TEXT MACROS AN                 |
|---------------------------------------------------|--------------------------------------|
| wner ID Type:                                     | Company                              |
| wner ID:                                          | 621K                                 |
| ehicle Details                                    | YOUNG WARRANG                        |
| ehicle No.:                                       | SLD3722S                             |
| ehicle to be Exported:                            | No                                   |
| ntended Deregistration Date:                      | 16 Oct 2019                          |
| ehicle Make:                                      | HONDA                                |
| ehicle Model:                                     | VEZEL 1.5X A                         |
| rimary Colour:                                    | Black                                |
| Manufacturing Year:                               | 2016                                 |
| ngine No.:                                        | L15B4034253                          |
| hassis No.:                                       | RU11114248                           |
| Maximum Power Output:                             | 96.0 kW (128 bhp)                    |
| pen Market Value:                                 | \$20,124.00                          |
| Original Registration Date:                       | 15 Jun 2016                          |
| irst Registration Date:                           | 15 Jun 2016                          |
| ransfer Count:                                    | 2                                    |
| Actual ARF Paid:<br>ntended PARF Rebate Details   | \$10,174.00                          |
| ARF Eligibility:                                  | Yes                                  |
| ARF Eligibility Expiry Date:                      | 14 Jun 2026                          |
| PARF Rebate Amount:<br>ntended COE Rebate Details | \$7,630.00                           |
| COE Expiry Date:                                  | 14 Jun 2026                          |
| COE Category:                                     | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):                                | 10                                   |
| QP Paid:                                          | \$47,020.00                          |
| COE Rebate Amount:                                | \$31,327.00                          |
| Total Rebate Amount:                              | \$38,957.00                          |

The information contained herein is correct as at 16 Oct 2019

OK

# LCRF PTE LTD CARROS CENTER 60 JALAN LAM HUAT #04-01 S(737869) Main +65 62524991

Stere (LKK)

Ms: China Taiping Insurance (singapore) Pte Ltd

Date: 11/10/2019

Attn: MOTOR CLAIMS DEPT

**ESTIMATE** 

VEHICLE NO. SLD3722S CHASSIS NO: RU11114248

MAKE / MODEL : Honda Vezel 1.5 X CVT DATE OF ACCIDENT : 22/09/2019

YOUR INSURED VEHICLE NUMBER: SFK222Y

MILEAGE: 22135 km

2 chy, HS P/P Ry AL SM

|     | PARTS DeSCRIPTION                             | QTY | UNIT PRICE           | LIST PRICE |       |
|-----|-----------------------------------------------|-----|----------------------|------------|-------|
| 1   | Front bonnet X MM                             | 1PC | \$1,200.00           | \$1,200.00 | -60/  |
| 2   | Front centre grille complete / Pk ( 1304 g/k) | 1PC | \$1,590.00           | \$1,590.00 | 3807  |
| 3   | Front bumper 💢 🏌                              | 1PC | \$955.00             | \$955.00   | - 389 |
| 188 |                                               |     | LIST TOTAL S\$:      | \$3,745.00 |       |
|     |                                               |     | 20.00% DISCOUNT S\$: | \$749.00   | - 70% |
|     |                                               |     |                      | \$2,996.00 | 304   |

### SPECIAL NETT

| 1 | Front bumper clips | X | MM  |  |
|---|--------------------|---|-----|--|
| 2 | Front number plate | 1 | 141 |  |

1 SET

Special Nett Total S\$:

| \$80.00  | 75,000 |
|----------|--------|
| \$60.00  | 30     |
| \$140.00 |        |

### LABOUR CHARGES

To labour charge for removing front bumper out to facilitate replacement of damaged parts

2 To respray front bumper and front bonnet

| \$400.00 | 200 |
|----------|-----|
|          |     |

\$400.00 107

LABOUR TOTAL S\$: \$800.00

TOTAL S\$: \$3,936.00

7% GST \$275.52

GRAND TOTAL S\$: \$4,211.52 400

P- 304 N- 30 L- 490 734

# 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:

# ...CLAIM SUBFOLDER...(Pending for Survey Report)

| Case                            | FOLDER TRA                      | Est Submitted   | Adj Assigned                         | Adi Rpt                   |                                         | Adj Subr                | mitted                                                                                     | Ins Auth'ed  | Status                                      |            |         |  |
|---------------------------------|---------------------------------|-----------------|--------------------------------------|---------------------------|-----------------------------------------|-------------------------|--------------------------------------------------------------------------------------------|--------------|---------------------------------------------|------------|---------|--|
| Main                            | 15 Oct 2019                     | LSt Boommer     | 10 Dec 2019<br>17:06<br>Edit Adj Rpt | S\$734.00<br>Edit Estimat | es                                      | <b>S\$734.0</b> View Rp | 0004                                                                                       |              | Pending for Survey<br>Report<br>Cancel Case |            | y       |  |
|                                 | Main                            | Re              | ference                              |                           | laim C                                  | etails                  |                                                                                            | Docume       | nts                                         | Show       | w All   |  |
| CLAIM SI                        | JBFOLDER D                      | ETAILS          | Colonial Constitution                | Maritina Carlotta Attack  | ORNIA DE                                | ACCORDING NO.           | [Created                                                                                   | by insurer]  |                                             |            |         |  |
| Insured:                        | LIM YEO                         | W MENG, ID: S8  | 028228A                              |                           |                                         |                         |                                                                                            |              |                                             |            |         |  |
| Main<br>Claimant:               | LION CIT                        | Y RENTALS PTE   | LTD, Co. Reg.                        | No.: 2015046              | 521K                                    |                         |                                                                                            |              |                                             |            |         |  |
| Vehicle Re<br>No.:              |                                 |                 |                                      |                           | 17.71                                   | of Loss:                | 22/09/2019 18:00 - :59<br>[ <b>39</b> Months and <b>7</b> Days From LTA Reg Date (Man Yr)] |              |                                             |            |         |  |
| Claim Type                      | De: <b>TP</b> / SNM19D204838C02 |                 |                                      |                           |                                         | y/Cover<br>No.:         | DMPCSN30088319022                                                                          |              |                                             |            |         |  |
| Vehicle Re<br>No.<br>(Insured): | SFK222Y                         |                 |                                      |                           | 100000000000000000000000000000000000000 | y No.<br>mant):         |                                                                                            |              |                                             |            |         |  |
| (4.104.44)                      |                                 |                 |                                      |                           | Exce                                    |                         | \$\$3,500.00                                                                               |              |                                             |            |         |  |
| Repairer:                       |                                 | Rentals Pte Ltd |                                      |                           |                                         |                         |                                                                                            |              |                                             |            | _       |  |
| Handling<br>Insurer:            |                                 | iping Insurance |                                      |                           |                                         |                         |                                                                                            |              |                                             |            | 101     |  |
| Adjuster:                       | LKK Auto                        | Consultants Pte | Ltd (HQ) - Tel                       | 6256-3561 .               | [Han                                    | idled by (              | CHEN TSU                                                                                   | E YEE] [FIN  | ai Kpt due                                  | 19/12/20   | 119]    |  |
| ASSOCIA                         | TED MAIL R                      | ECEIVED         |                                      |                           |                                         |                         |                                                                                            |              | View All                                    | Compose Ca | se Mail |  |
| There are                       | no mail for thi                 | s case.         |                                      |                           |                                         |                         |                                                                                            |              |                                             |            |         |  |
|                                 |                                 |                 |                                      |                           |                                         |                         | Mary                                                                                       | Search Tasks | Create Ne                                   | w Tack   C | omplete |  |
| Due Da                          |                                 |                 | Group Sub                            | ject Hand                 | ller                                    | Assigr                  | View All<br>ned By                                                                         | Completed (  |                                             | ted On     | Done    |  |

### Claim Documents

\*SLD3722S (SNM19D204838C02) [SFK222Y] TP LION CITY RENTALS PTE LTD Sep 22 2019 6:00PM [LIM YEOW MENG] Lion City Rentals Pte Ltd

| Liel   | oad Documents Uplo | ad Photos   Compose New Letter    | View    | View in Brow | ser 🔻 |
|--------|--------------------|-----------------------------------|---------|--------------|-------|
|        | tos/Images         | ad Priocos                        | 3 per p | page 🔻       | •     |
| No     | Relabel/Reorder    | LKK Auto Consultants Pte Ltd (HQ) |         | Thumbnail    | Print |
| ı<br>L | 06/01/20 15:06     | General View                      | 0       | Load JPG     | •     |
| 2      | 06/01/20 15:06     | General View                      | 0       | Load JPG     | •     |
| 3      | 06/01/20 15:06     | General View                      | 0       | Load JPG     | •     |
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| 5      | 06/01/20 15:06     | General View                      | 0       | Load JPG     | •     |
| 7      | 06/01/20 15:06     | General View                      | 0       | Load JPG     | •     |
| 8      | 06/01/20 15:06     | General View                      | 0       | Load JPG     | •     |
| 9      | 06/01/20 15:06     | General View                      | 0       | Load JPG     | •     |
| 10     | 06/01/20 15:06     | General View                      | 0       | Load JPG     | •     |
| 11     | 06/01/20 15:06     | General View                      | 0       | Load JPG     | •     |
| 12     | 06/01/20 15:06     | General View                      | 0       | Load JPG     | •     |
| 13     | 06/01/20 15:06     | General View                      | 0       | Load JPG     | •     |
| 14     | 06/01/20 15:06     | General View                      | 0       | Load JPG     | 8     |
| 15     | 06/01/20 15:06     | General View                      | 0       | Load JPG     | •     |
| 16     | 06/01/20 15:06     | General View                      | 0       | Load JPG     | 2     |
| 17     | 06/01/20 15:06     | General View                      | 0       | Load JPG     |       |
| 18     | 06/01/20 15:06     | General View                      | 0       | Load JPG     |       |
| 19     | 06/01/20 15:06     | General View                      | 0       | Load JPG     | ~     |
| 20     | 06/01/20 15:08     | Reinspection Photo                | 0       | Load JPG     | •     |
| 21     | 06/01/20 15:08     | Reinspection Photo                | 0       | Load JPG     | 4     |
| 22     | 06/01/20 15:08     | Reinspection Photo                | 0       | Load JPG     | •     |

### **Documents Checklist**

| DOCUMENTS CHECKLIST                                                                              | Reset Save Print |
|--------------------------------------------------------------------------------------------------|------------------|
| re are no document checklists configured.                                                        |                  |
| Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)                                        |                  |
| Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties. |                  |

### 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/CTI19018232/EQF3S2

Date:

06/01/2020

REFERENCE

Handling Insurer:

China Taiping Insurance (Singapore) Pte. Ltd.

Policy No:

DMPCSN30088319022

Claimant Vehicle

SLD3722S

Insured Vehicle No:

SFK222Y

Date of Loss:

No:

22/09/2019

Nature of Claim:

TP

Claim No:

SNM19D204838C02

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

**SLD3722S** 

Make & Model: Reg. Date:

HONDA VEZEL, 1.5 1.5X CVT (A) 15/06/2016 (Man. Year: 2016)

Chassis No: Odometer:

Engine No:

L15B4034253 RU11114248

221351 km

Colour:

Black 1496 cc

Engine Capacity:

N/A

Market Value/New Car Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good

Steering (Serviceable):

Footbrake (Serviceable): Pre-accident Condition:

Yes

Handbrake (Serviceable):

CONDITION OF TYRES

Yes

Engine Modification:

Front Tyre Size: Front Left Side:

215/60 R16 Achilles 5 mm Rear Tyre Size: Rear Left Side: Rear Right Side: 215/60 R16 Achilles 5 mm Achilles 5 mm

Achilles 5 mm Front Right Side: The above values represent the remaining tyre treads depth

| Repairer's | Adjuster's                                           | Difference                                                                                                 | Diff %                                                                                 |
|------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 3,136.00   | 334.00                                               | 2,802.00                                                                                                   | 89.35                                                                                  |
| 0.00       | 0.00                                                 | 0.00                                                                                                       |                                                                                        |
| 800.00     | 400.00                                               | 400.00                                                                                                     | 50.00                                                                                  |
| 0.00       | 0.00                                                 | 0.00                                                                                                       |                                                                                        |
| 0.00       | 0.00                                                 | 0.00                                                                                                       |                                                                                        |
| 3,936.00   | 734.00                                               | 3,202.00                                                                                                   | 81.35                                                                                  |
| 275.52     | 51.38                                                | 224.14                                                                                                     | 81.35                                                                                  |
| 4,211.52   | 785.38                                               | 3,426.14                                                                                                   | 81.35                                                                                  |
|            | 0.00<br>800.00<br>0.00<br>0.00<br>3,936.00<br>275.52 | 3,136.00 334.00<br>0.00 0.00<br>800.00 400.00<br>0.00 0.00<br>0.00 0.00<br>3,936.00 734.00<br>275.52 51.38 | 3,136.00 334.00 2,802.00 0.00 0.00 0.00  800.00 400.00 400.00 0.00 0.00 0.00 0.00 0.00 |

INSPECTION

Date Inspected:

Date of Assignment:

10/12/2019

16/10/2019

Inspected At:

Lion City Rentals Pte Ltd 60 JALAN LAM HUAT #04-39

SINGAPORE 737869

Estimated Period of Repair:

2.0 days

CHEN TSUE YEE Adjuster:

Manager:

SHIAU CHAN

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 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: 06 Jan 2020)

Parts:

M1-SUV

HONDA VEZEL 1.5 1.5X CVT (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SLD3722S)

Validity:

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

| Recommend | ed | Parts |
|-----------|----|-------|
|-----------|----|-------|

|         |               | Particulars                                  | Condition                                | Repairer's                                                                                                                                                                                                                                                                                 | Amount        |
|---------|---------------|----------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1       |               | *ERONT RONNET                                | Not Necessary                            | 1,200.00 FL                                                                                                                                                                                                                                                                                | *-FL          |
| 1       |               | *FRONT CENTRE GRILLE COMPLETE (LOWER GRILLE) | Broken                                   | 1,590.00 FL                                                                                                                                                                                                                                                                                | *380.00 FL    |
| 1       |               |                                              | Repair                                   | 955.00 FL                                                                                                                                                                                                                                                                                  | *-FL          |
| 1       |               |                                              | Not Necessary                            | 80.00 FS                                                                                                                                                                                                                                                                                   | *-FS          |
| 1       |               | *FRONT NUMBER PLATE                          | Cut                                      | 60.00 FS                                                                                                                                                                                                                                                                                   | *30.00 FS     |
| inchise | part. S=Spc   | Nett. L=ListItemDisc.                        | Sub Total (S\$)                          | 3,885.00                                                                                                                                                                                                                                                                                   | 410.00        |
|         |               | - List Item Discount on L Items              |                                          | 749.00                                                                                                                                                                                                                                                                                     | 76.00         |
|         |               |                                              | Total Parts (S\$)                        | 3,136.00                                                                                                                                                                                                                                                                                   | 334.00        |
|         | 1 1 1 1 1 1 1 | 1<br>1<br>1<br>1                             | anchise part. S=SpcNett. L=ListItemDisc. | 1 *FRONT BONNET Not Necessary 1 *FRONT CENTRE GRILLE COMPLETE (LOWER GRILLE) Broken 1 *FRONT BUMPER Repair 1 *SET FRONT BUMPER CLIPS Not Necessary 1 *FRONT NUMBER PLATE Cut  anchise part. S=SpcNett. L=ListItemDisc.  Sub Total (S\$) - List Item Discount on L Items 20.00/20.00% (S\$) | *FRONT BONNET |

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

| Recomm  | handad  | lahour |
|---------|---------|--------|
| RECOILI | ieilueu | Laboul |

| No  | Particulars                                                                                | Lab.Type        | Repairer's | Amount |
|-----|--------------------------------------------------------------------------------------------|-----------------|------------|--------|
| Lab | our Items                                                                                  |                 |            |        |
| 1   | TO LABOUR CHARGE FOR REMOVING FRONT BUMPER OUT TO FACILITATE REPLACEMENT OF DAMAGED PARTS. | New             | 400.00     | 200.00 |
| 2   | TO RESPRAY FRONT BUMPER AND FRONT BONNET.                                                  | New             | 400.00     | 200.00 |
|     | Gross Lab                                                                                  | oour Cost (S\$) | 800.00     | 400.00 |
|     | Report was unsubmitted during t                                                            | his print-out.  |            |        |

< END OF ESTIMATES >