

ASS. REC. BY:

REF:

CS/CTI/19019G35/Kyd302

Special Instruction:

Assigner:

ASSIGNMENT (Office)

From (Person):

Irene Tay

of

CTI

Date/Time:

6/11/19 @ 12:06pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC 8474H

Insured:

SLJ 6285K

at Workshop m/s

Chew Goon Motor

Tel:

6484 1626

of

10 Amk Ind. Park 2A Ave 5 # 01-15

Policy No:

DMHCSN/689 5118022

Claim No:

SNM19D205068

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23/10/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12:17pm @ 6/11/19

Person Contacted:

Mrs. Chew

Vehicle

IN/OUT

Date/Time	Action/Instruction	Initials
	PC8474H - CS3/CTI/19019137 / T/cf3	DOA: 23/10/2019
	SLJ 6285K - CS3/CTI/19019137 / T/cf3	DOA: 23/10/2019

ASS. REC. BY:

REF: C71/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PC 847414 Yr Regn: 07, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toy Hiace c.c. 2734

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 33384 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GDH 223 2001688

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/80R15

R: _____

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

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 23/10/19

Survey held at _____

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

O/S Rear body

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

Date / Time Action / Instruction

1 File pass to

14/11 P/P \$2635-87 confirm by Kelly (Red \$6320-38, 70%)

RECEIVED 15 NOV 2019

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

14/11/19 Typist

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

220

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

Report Format :

Lump Sum / I.B.I. (\$) :

P/P \$2635-87

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	06 Nov 2019		06 Nov 2019 12:08 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:									
Main Claimant: ZMR TRANSPORT									
Vehicle Reg. No.:		PC8474H	Date of Loss:	23/10/2019 00:00 - :59					
Claim Type:		TP / SNM19D205068C02	Policy/Cover Note No.:	DMHCSN16895118022					
Vehicle Reg. No. (Insured):		SLJ6285K	Policy No. (Claimant):						
		Excess:	S\$0.00						
Repairer: Chew Goon Motor (AMK) Blk 10 Ang Mo Kio Industrial Park 2A, #01-15/16 & 17, AMK Autopoint, 568047 Ang Mo Kio - Tel: 64841626									
Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 15/11/2019]									
Adj Asg. Remarks: PLEASE SURVEY AND REVERT									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Nivitha (LKK Auto)

From: Irene Tay <irene.tay@sg.cntaiping.com>
Sent: Wednesday, 6 November 2019 12:06 PM
To: Chew Goon Motor(ad3); Admin A; assignments
Subject: FW: OUR REF: SNM19D205068-SLJ6285K-THP- RE: Our Ref: PC8474H; Your Ref: SLJ6285K; Acc Date: 23/10/19
Attachments: PC8474H.pdf

Dear Sir/Mdm (LKK),

We refer to the above matter.

Please get your surveyor to liaise with CHEW GOON to conduct survey.

Regards,

Irene Tay
Executive
Claims Department (Motor Division)

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 63896192 | F:(65) 62247478/62247175

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: Chew Goon Motor(ad3) [mailto:ad3@chewgoonmotor.com.sg]
Sent: Wednesday, November 6, 2019 11:55 AM
To: Irene Tay <irene.tay@sg.cntaiping.com>
Cc: chewgoon@singnet.com.sg; Eric <eric@chewgoonmotor.com.sg>
Subject: OUR REF: SNM19D205068-SLJ6285K-THP- RE: Our Ref: PC8474H; Your Ref: SLJ6285K; Acc Date: 23/10/19

Dear Irene,

Kindly refer to the attached GIA report.

Thanks & Regards,
Kelly

Chew Goon Motor
Blk 10, Ang Mo Kio Ind Park 2A,
Ave 5 #01-15, 16 & 17,
Ang Mo Kio Autopoint
Singapore 568047
Tel : 6484 1626
Fax : 6484 0465

Sent from Mail for Windows 10

From: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Sent: Tuesday, November 5, 2019 5:07:16 PM
To: Chew Goon Motor(ad3) <ad3@chewgoonmotor.com.sg>; Irene Tay <irene.tay@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>
Cc: chewgoon@singnet.com.sg <chewgoon@singnet.com.sg>; Eric <eric@chewgoonmotor.com.sg>
Subject: OUR REF: SNM19D205068-SLJ6285K-THP- RE: Our Ref: PC8474H; Your Ref: SLJ6285K; Acc Date: 23/10/19

Dear Irene,

Please conduct PRS for PC8474H.

Note: officer in charge – Irene Tay 63896192.

Thank you

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 63896116 | F: (65) 62247175

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: Chew Goon Motor(ad3) [<mailto:ad3@chewgoonmotor.com.sg>]
Sent: Tuesday, November 05, 2019 12:19 PM
To: Claims Dept of CTI
Cc: Irene Tay; chewgoon@singnet.com.sg; Eric; Joel Goh
Subject: Our Ref: PC8474H; Your Ref: SLJ6285K; Acc Date: 23/10/19

Dear Sir / Mdm,

Vehicle PC8474H is at our workshop, we have to arrange surveyor.
Could you provide us with a list of 10 surveyors name.

Please advise.

Thanks & Regards,
Kelly

Chew Goon Motor

Blk 10, Ang Mo Kio Ind Park 2A,
Ave 5 #01-15 , 16 & 17,
Ang Mo Kio Autopoint
Singapore 568047
Tel : 6484 1626
Fax : 6484 0465

Sent from Mail for Windows 10

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For more information please visit <http://www.symanteccloud.com>

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

Owner ID Type:	Business
Owner ID:	042J

Vehicle Details

Vehicle No.:	PC8474H
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Oct 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 2.8 AUTO
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	1GD8409182
Chassis No.:	GDH2232001688
Maximum Power Output:	-
Open Market Value:	\$43,956.00
Original Registration Date:	15 Jul 2019
First Registration Date:	15 Jul 2019
Transfer Count:	0
Actual ARF Paid:	\$2,198.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	14 Jul 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$25,089.00
COE Rebate Amount:	\$24,374.00
Total Rebate Amount:	\$24,374.00

The information contained herein is correct as at 26 Oct 2019

OK



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	24/10/2019 11:28
Date Of Accident	23/10/2019 16:05
Exact Location Of Accident	KAMPONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8474H
Insured/Policyholder	
Name Of Registered Owner	ZMR TRANSPORT
Co Reg No	53289042J
Email Address	ZULKARNAENRASOL.ZR@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-85032524

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 2.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3053751900
Cover Note Number	15/07/19 - 14/07/20

Driver

Name of Driver	ZULKARNAEN BIN MOHAMED RASOL
NRIC No	S8235591Z
Date Of Birth	12/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2005
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85032524
Fax Number	
Contact Number	
Email Address	ZULKARNAENRASOL.ZR@GMAIL.COM

Address BLK 742 WOODLANDS CIRCLE #07-445
Postcode 730742
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 7
Passenger 1
NAME: : BUS ATTENDANT
GENDER: : FEMALE
Passenger 2
NAME: : STUDENT
GENDER: : FEMALE
Passenger 3
NAME: : STUDENT
GENDER: : MALE
Passenger 4
NAME: : STUDENT
GENDER: : MALE
Passenger 5
NAME: : STUDENT
GENDER: : MALE
Passenger 6
NAME: : STUDENT
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER ATTACHED. (REPAIR BY OTHER WORKSHOP)

Attachment(s)

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLJ6285K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

EKSTEEN MICHAEL CASPARUS

NRIC/Passport Number

G3273021W

Contact Number

96457646

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: PC84744
INSURER: Chiao Teeping
DATE & TIME: 23/10/19 16:05

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with any instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN

Kampeng
Bahru
Road

ATPC8474H
B. 41.30285K
Ekstein Michael Christopher
Q3273021W
MO. 9645 7646

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Tas Chua Taping Vol. No: PC8474H 20A: 23/10/19 16.05

While driving along Kampeng Bahru Rd I suddenly hear a loud 'bang' sound & I stop my bus at nearby bus stop I get down from my bus & saw rear right of my bus rear tyre has been knock due to accident. All student including my bus attendant has no injury I exchange particulars & continue sending student home.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OO/TP at other workshop ()

趙源摩哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint: Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 04E5
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

To: China Taiping Insurance (S) Pte Ltd

Accident Date : 23.10.2019

Not Withheld
Money After Pairs
5 days

82635.87

Policy No: _____

Date: 06.11.2019

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货名 DESCRIPTION	单价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to "Toyota Hiace" Reg. No. PC8474H Claiming Against Your Insured Veh. No. SLJ6285K		
1pc	Rear Wheel Bearing		<i>nn</i> 345.00 <i>2</i>
1pc	Rear Wheel Hub - with shaft		<i>nn</i> 834.50 <i>415.00</i> <i>2</i>
1pc	Rear Shock Absorber		<i>nn</i> 310.00 <i>X</i>
1pc	Side Body Panel RH		<i>nn</i> 4,650.00 <i>X</i>
1pc	Taillamp RH		<i>nn</i> 320.00 <i>—</i>
1pc	Taillamp Gasket RH		<i>nn</i> 55.00 <i>—</i>
			6,095.00
	Less 25%		1,523.75
			4,571.25
1pc	Rear Wheel Cap		<i>cm</i> 180.00 SN <i>—</i>
1pc	Rear Wheel Rim		<i>nn</i> 550.00 SN <i>X</i>
1pc	Side Body Panel Sticker RH (Excursion Bus)		<i>nn</i> 45.00 SN <i>300</i>
1pc	Side Body Panel Glass Sealant FH		<i>nn</i> 150.00 SN <i>X</i>
1pc	Side Body Panel Glass Fastener RH		<i>nn</i> 150.00 SN <i>X</i>
	To Dismantle / Rfit Roof Lining		<i>nn</i> 200.00 <i>X</i>
	To Dismantle / Refit Interior Seats, Floor Carpet		300.00 <i>100</i>
	To Dismantle / Replace Rear Under Carriage		150.00 <i>100</i>
	To Conduct Computerize Wheel Alignment Test		80.00 <i>60</i>
	To Supply Rear Body Panel Joint Sealant		<i>nn</i> 80.00 <i>X</i>
	To Reseal Tuff Coating Treatment:		<i>nn</i> 150.00 <i>X</i>
	To Dismantle / Refit 3x Panel Glasses to Facilitate Repair		<i>nn</i> 350.00 <i>X</i>
	Labour Charge - Panel Beating, Repairing Of Rear Inner Panel, Fender Arch, End Weld Replace, Rear Body Panel etc. Parts Replacement		1,300.00 <i>600</i>
	To Respray Affected Areas		<i>400</i> 700.00
	Total :		8,956.25
			<i>9270.87</i>

趙 源 摩 哆 Chew Goon Motor

Blk 10, Ang Mo Kio Industrial Park 2A, Avenue 5
#01-15, 16, 17 & #03-05, AMK Autopoint Singapore 568047
Tel: 6484 1626 (24Hrs) Fax: 6484 0465
Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

Not Withheld
Money After Rain
5 days

To: China Taiping Insurance (S) Pte Ltd

Policy No: _____ Third Party

Date: 06.11.2019

Accident Date : 23.10.2019

Specialised in Car Painting, Welding,
Panel-Beating and Insurance Claim.

ESTIMATE

承接汽车烧焊喷漆及
代理各种车辆赔偿

数量 Quantity	货 名 DESCRIPTION	单 价 Unit Price	银 Amount 额 \$ cts.
	Estimate Cost of Repair to "Toyota Hiace" Reg. No. PC8474H Claiming Against Your Insured Veh. No. SLJ6285K		
1pc	Rear Wheel Bearing		345.00 ?
1pc	Rear Wheel Hub		415.00 ?
1pc	Rear Shock Absorber		310.00 ?
1pc	Side Body Panel RH		4,650.00 X
1pc	Taillamp RH		320.00 —
1pc	Taillamp Gasket RH		55.00 —
			6,095.00
	Less 25%		1,523.75
			4,571.25
1pc	Rear Wheel Cap		CM 180.00 SN —
1pc	Rear Wheel Rim		550.00 SN 2
1pc	Side Body Panel Sticker RH (Excursion Bus)		45.00 SN 300
1pc	Side Body Panel Glass Sealant RH		150.00 SN X
1pc	Side Body Panel Glass Fastener RH		150.00 SN X
	To Dismantle / Rfit Roof Lining		200.00 X
	To Dismantle / Refit Interior Seats, Floor Carpet		300.00 1000
	To Dismantle / Replace Rear Under Carriage		150.00 ?
	To Conduct Computerize Wheel Alignment Test		80.00 600
	To Supply Rear Body Panel Joint Sealant		80.00 X
	To Reseal Tuff Coating Treatment		150.00 X
	To Dismantle / Refit 3x Panel Glasses to Facilitate Repair		350.00 X
	Labour Charge - Panel Beating, Repairing Of Rear Inner Panel, Fender Arch, End Weld Replace, Rear Body Panel etc. Parts Replacement		1,300.00 600
	To Respray Affected Areas		700.00 400
			8,956.25
		Total :	8,956.25

LKK Auto Consultants hence notify
the Repairer of the following:
• To resurvey before/after spray painting
• To display damaged part(s) during resurvey
• Parts prices are subject to confirmation
• Third party survey is on a "Without Prejudice" basis
• No illegal modification(s) is allowed
• Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

LKK Auto Consultants Pte Ltd (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/CTI19019635/KYD3N2

Date: 19/11/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMHCSN16895118022	
Claimant Vehicle No :	PC8474H	Insured Vehicle No :	SLJ6285K	
Date of Loss:	23/10/2019	Nature of Claim:	TP	Claim No: SNM19D205068C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	PC8474H	Engine No:	1GD8409182
Make & Model:	TOYOTA HIACE, 2.8 D GL (A)	Chassis No:	GDH2232001688
Reg. Date:	15/07/2019 (Man. Year: 2019)	Odometer:	33384 km
Colour:	White		
Engine Capacity:	2754 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	195/80R15	Rear Tyre Size:	195/80R15
Front Left Side:	Dunlop 6 mm	Rear Left Side:	Dunlop 6 mm
Front Right Side:	Dunlop 6 mm	Rear Right Side:	Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	5,960.87	1,375.87	4,585.00	76.92
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,310.00	1,260.00	2,050.00	61.93
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	9,270.87	2,635.87	6,635.00	71.57
+ GST 7.00/7.00% (\$\$)	648.96	184.51	464.45	71.57
Nett Amount (\$\$)	9,919.83	2,820.38	7,099.45	71.57

INSPECTION

Date of Assignment:	06/11/2019	
Date Inspected:	06/11/2019 Inspected At:	Chew Goon Motor (AMK) Blk 10 Ang Mo Kio Industrial Park 2A, #01-15/16 & 17, AMK Autopoint Singapore 568047

Estimated Period of Repair: 5.0 days**Adjuster:** KENNETH KONG**Manager:** YVONNE WONG YIN CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our 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: 19 Nov 2019)
Parts: 213	TOYOTA HIACE 2.8 D GL (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for PC8474H)	
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 *

Recommended Parts

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*REAR WHEEL BEARING	Necessary	345.00 FL	*345.00 FL
2	1	*REAR WHEEL HUB-WITH SHAFT	Bent	834.50 FL	*834.50 FL
3	1	*REAR SHOCK ABSORBER	Serviceable	310.00 FL	*- FL
4	1	*SIDE BODY PANEL RH	Repair	4,650.00 FL	*- FL
5	1	*TAILLAMP RH	Cut	320.00 FL	*320.00 FL
6	1	*TAILLAMP GASKET RH	Necessary	55.00 FL	*55.00 FL
7	1	*REAR WHEEL CAP	Cracked	180.00 FS	*180.00 FS
8	1	*REAR WHEEL RIM	Serviceable	550.00 FS	*- FS
9	1	*SIDE BODY PANEL STICKER RH (EXCURSION BUS)	Necessary	45.00 FS	*30.00 FS
10	1	*SIDE BODY PANEL GLASS SEALANT RH	Not Necessary	150.00 FS	*- FS
11	1	*SIDE BODY PANEL GLASS FASTENER RH	Not Necessary	150.00 FS	*- FS
Sub Total (S\$)				7,589.50	1,764.50
- List Item Discount on L Items 25.00/25.00% (S\$)				1,628.63	388.63
Total Parts (S\$)				5,960.87	1,375.87

F=Franchise part. S=SpcNett. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO DISMANTLE/REFIT ROOF LINING	New	200.00	0.00
2	TO DISMANTLE/REFIT INTERIOR SEATS,FLOOR CARPET	New	300.00	100.00
3	TO DISMANTLE/REPLACE REAR UNDER CARRIAGE	New	150.00	100.00
4	TO CONDUCT COMPUTERIZE WHEEL ALIGNMENT TEST	New	80.00	60.00
5	TO SUPPLY REAR BODY PANEL JOINT SEALANT	New	80.00	0.00
6	TO RESEAL TUFF COATING TREATMENT	New	150.00	0.00
7	TO DISMANTLE/REFIT 3X PANEL GLASSES TO FACILITATE REPAIR	New	350.00	0.00
8	LABOUR CHARGE-PANEL BEATING,REPAIRING OF REAR INNER PANEL,FENDER ARCH,END WELD REPLACE,REAR BODY PANEL ETC,PARTS REPLACEMENT	New	1,300.00	600.00
9	TO RESPRAY AFFECTED AREAS	New	700.00	400.00
Gross Labour Cost (S\$)			3,310.00	1,260.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >