

ASS. REC. BY:

REF:

CS/FCI/9019733/K+cd30k

Special Instruction:

Surveyor: Kenneth

CWS

ASSIGNMENT (Office)

From (Person):

Monirachia

of

RI

Date/Time: 5:43pm @ 6/11/9

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLM 7360D

Insured:

SHA 9189E

at Workshop m/s

Esteem Performance

Tel:

87990066

of

385 Sin Ming Drive

Policy No:

Claim No:

D1900310IMFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

8/5/2019

CA / REV / REP. / REV 24 HRS

(DS)

H.O.D. Endorsement:

Date/Time: 9:32am @ 7/11/19

Person Contacted:

Carmen

Vehicle IN/OUT

| Date/Time | Action/Instruction |
|----------------|-------------------------------------|
| | Estimate ✓ |
| | SLM 7360D - X |
| | SHA 9189E - NA / AIG / 5020016 / r3 |
| | Don: 24/11/2015 |
| 26/11 @ 2:29pm | Revised via email preli advise. |

ASS. REC. BY:

REF: 1-02/

Kenneth

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.

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 / File pass to

21/2 @ 1320-07 Confirm (Red: 5294.81; 80%)
date of Accident 8/5/2019

RECEIVED 26 FEB 2020

Date/Time, File Pass to?

☐

: Prell. Report

1) 25/2 Typist

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Report Format :

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

1320-07

Veh No:

Sim 7360p

Yr Regn:

04, 17

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

Truck / Trailer or

Make:

Toy Pro

c.c

1798

Colour:

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

172730

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKBJF-U503555068

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

9/5/19

Rear

R/Bal.

8

mm

L/Bal.

8

mm

D.O.I.

25/11/19

Survey held at

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

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

| |
|-----|
| 145 |
| 50 |
| 50 |
| 14 |
| 269 |

MOTOR SURVEY ASSIGNMENT

| | | |
|---------------------------|------------------------------------|--------------------------------------|
| Date | 10-05-2019 | Our Ref No. D19003101MFSH |
| Accident Date | 08-05-2019 | Claim Type. Third Party |
| Insured Vehicle | SHA9189E | Third Party Vehicle. SLM7360D |
| Survey Location | 385, SIN MING DRIVE (INSIDE VICOM) | |
| Contact Person. | SERENCE CHEE | |
| Contact No. | 65662112/ 87990066 | Fax No. 62593326 |
| Survey Type | DIRECT SETTLEMENT: | |
| Appointed Surveyor | LKK AUTO CONSULTANTS PTE LTD | |
| Contact Person | NA | Fax No. 68416315 |
| Contact Number. | NA | |

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

| | | |
|--------------------------|----------------------------------|--------------------------------|
| Cc : Workshop | ESTEEM PERFORMANCE PTE LTD | Attention. NIL |
| Cc : TP Solicitor | NA | TP Solicitor Fax No. NA |
| Officer Incharge | MERINA CHIA SAN SAN | |

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
 This is a computer generated letter, no signature required.

Denise Tay (LKKAUTO)

From: Denise Tay (LKKAUTO)
Sent: Tuesday, 26 November 2019 2:27 PM
To: Admin-D (LKKAUTO); 'CWS Motor Claims'; assignments
Cc: 'Merina Chia'; SUR
Subject: RE: SURVEY ASSESSMENT - D19003101MFSH/1
Attachments: PRELI ADVISED OF SLM 7360D.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SJM 7360D**
Number of days (estimated) : 2 days

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO) <admin-d@lkkauto.com>
Sent: Thursday, 7 November 2019 9:33 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Merina Chia' <MerinaChia@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19003101MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Wednesday, 6 November 2019 5:43 PM
To: ASSIGNMENTS@LKKAUTO.COM



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19003101MFSH

Date: 26/11/2019

Our Ref: CS/FCI19019733/Ktd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

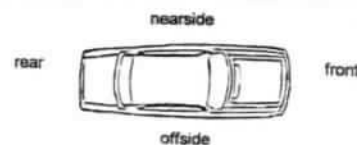
INITIAL INSPECTION REPORT OF VEHICLE NO. SLM 7360D

Please be informed that we had conducted the inspection of the abovementioned vehicle 25/11/2019 at the premises of M/s Esteem Performance have the following to report: -

| | |
|--------------------------|-------------------------|
| Workshop Estimate Amount | : S\$ <u>6,614.88</u> |
| Revised Estimate Amount | : S\$ <u>1,600.10</u> |
| "Check" Items Amount | : S\$ <u>0.00</u> |
| Market Value | : S\$ <u> </u> |
| LTA Reimbursement Value | : S\$ <u> </u> |
| Nett Value | : S\$ <u> </u> |

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Kenneth Kong
Automotive Assessor

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 | 10/05/2019 10:27 |
| Date Of Accident | 09/05/2019 10:30 |
| Exact Location Of Accident | SLIP ROAD OF TANJUNG KATONG INTO ECP TOWARDS CITY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLM7360D |
| Insured/Policyholder | |
| Name Of Registered Owner | GRAB RENTALS PTE LTD |
| Co Reg No | 201617200G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-66550005 |

Vehicle Particulars

| | |
|--|----------------------|
| Manufacturer | TOYOTA |
| Model | PRIUS HYBRID 1.8 CVT |
| Exact Purpose for which vehicle was being used at time of accident | HIRE AND REWARD |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | A29114756MKF |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHIA SIM YEE |
| NRIC No | S7773589E |
| Date Of Birth | 04/06/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/07/2000 |
| Driving Experience | 18 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82189323 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|---------------|
| Address | NIL |
| 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

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | 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) | 1 |

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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID SLIP ROAD, ENTERING ECP, WHEN I SAW AN ANIMAL DASHED ACROSS MY VEHICLE ON TOWARDS MY FRONT LEFT TYRE. I THEN APPLIED MY BRAKES TO AVOID HITTING IT AND THAT WAS WHEN VEHICLE B HIT THE REAR OF MY VEHICLE. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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 | SHA9189E |
| Vehicle Make/Model/Colour | TOYOTA PRIUS HYBRID 1.8 CVT YELLOW |
| Details Of Properties | NA |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHAN WEE KOK |
| NRIC/Passport Number | S2558419H |
| Contact Number | 98327161 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me 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/are 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.

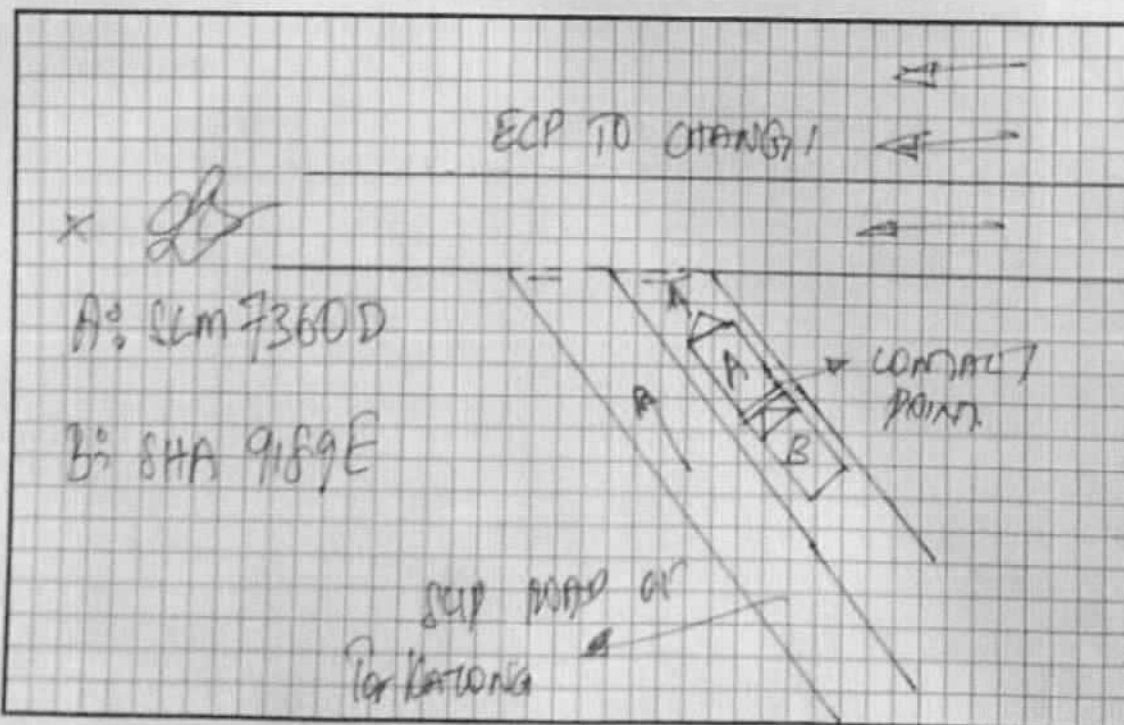
VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kamari

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID SLIP ROAD, ENTERING ECP, WHEN I SAW AN ANIMAL DASHED ACROSS MY VEHICLE ON TOWARDS MY FRONT LEFT TYRE. I THEN APPLIED MY BRAKES TO AVOID HITTING IT AND THAT WAS WHEN VEHICLE B HIT THE REAR OF MY VEHICLE. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

9 May 2019 at 12:27 PM

Date/Time:

9 May 2019 at 12:28 PM



ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Repair Estimates

SLM 7360 D

Not Authorized

| | | | |
|-------------------------|-----------------------------|-----------|-----------------|
| Parts | (a) Cost / List Price Items | \$ | 2,819.90 |
| | Plus/Less 25% | \$ | 704.98 |
| | Total of Cost / List | \$ | 3,524.88 |
| | (b) Nett Price Items | | |
| | Less | | |
| | Total of Nett Item | | |
| | (c) Special Nett Items | \$ | 200.00 |
| Total Parts Cost | | \$ | 3,724.88 |
| Labour | | \$ | 2,890.00 |
| Total | | \$ | 6,614.88 |

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:

The above total will be subjected to 7% G.S.T.

| | | |
|----------------------------|---|-----------------------------------|
| Name of Surveyor | : | <u>Kenneth</u> |
| Company | : | <u>LKK</u> |
| Survey conducted on | : | <u>25/11/19</u> at _____ |
| <u>Remarks By Surveyor</u> | | |
| (a) | The repair of this vehicle is <u>authorized</u> / is not authorized until further notice. | |
| (b) | Recommended Days of Repair | : <u>02</u> day(s) |
| (c) | Resurvey | : Required / <u>Not Required</u> |
| (d) | Excess | :\$ _____ |
| (e) | Signature of surveyor | : <u>Pe</u> Date: <u>25/11/19</u> |



ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Spare Parts

Vehicle No. : **SLM 7360 D**
Make & Model : **TOYOTA PRIUS**
Chassis No : **JTDKB3FU503555068**

Submit By : **SERENCE**
Year Manufacture : **2017**
Engine No. :

Cost / List

| S/No. | Part Description | Qty | Unit Price | Price | Disposition by Surveyor |
|-------|--|-----|------------|-------|-------------------------|
| 1 | Reverse sensor <i>Sn</i> | 1 | \$200.00 | S.N | X |
| 2 | Rear bumper <i>Bu</i> | 1 | \$497.50 | | ✓ |
| 3 | Rear bumper clip <i>na</i> | 10 | \$40.00 | | ✓ |
| 4 | Rear bumper side retainer LH <i>Sn</i> | 1 | \$112.70 | | X |
| 5 | Rear bumper side retainer RH <i>Sn</i> | 1 | \$112.70 | | X |
| 6 | Rear bumper reinforcement <i>R</i> | 1 | \$398.90 | | X |
| 7 | Rear bumper lower garnish centre <i>not by</i> | 1 | \$582.60 | | ✓ |
| 8 | Rear bumper lower garnish LH <i>Sn</i> | 1 | \$149.70 | | X |
| 9 | Rear bumper lower garnish RH <i>Sn</i> | 1 | \$149.70 | | X |
| 10 | Rear bumper tow cover <i>Sn</i> | 1 | \$31.70 | | X |
| 11 | Rear bumper under cover <i>Sn</i> | 1 | \$355.20 | | X |
| 12 | Rear bumper under cover LH <i>Bu</i> | 1 | \$187.60 | | X |
| 13 | Rear bumper under cover RH <i>Sn</i> | 1 | \$187.60 | | X |
| 14 | Rear bumper under cover clip <i>na</i> | 4 | \$14.00 | | X |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.



ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Labour

Vehicle No. : SLM 7360 D Submit By : Carmen Lim
Make & Model : TOYOTA PRIUS Year of Manufacture : 2017

| S/No | Labour Description | Estimated Price | Adjusted Price |
|------|---|-----------------|----------------|
| 1 | TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (REAR BUMPER, TAILDOOR, END PANEL, TAILDOOR PLATE GARNISH, SPARE TYRE COMPARTMENT) | \$1,200.00 | 2001 |
| 2 | TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (REAR BUMPER, TAILDOOR, END PANEL, TAILDOOR PLATE GARNISH, SPARE TYRE COMPARTMENT) | \$1,200.00 | 2201 |
| 3 | To check wiring | \$50.00 | 101 |
| 4 | To tuff coat. <i>nn</i> | \$50.00 | X |
| 5 | To conduct water leakage tests to ensure proper air and sealing <i>nn</i> | \$120.00 | X |
| 6 | To remove & refit spare tyre, spare tyre board, carpet trim to assist work load. <i>nn</i> | \$150.00 | X |
| 7 | To remove & refit reverse sensor | \$120.00 | 501 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

| Affiliated to Federation Internationale Des Experts En Automobile | | | | |
|--|----------------------------|-----------------|-----------------------------|---|
| MS FIRST CAPITAL INSURANCE LTD | | | Ref : CS/FCI19019733/Ktd3e2 | |
| 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | | Date : 27-02-2020 |  |
| | | | Code : FCI2 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHA 9189E | Veh. Inspected | SLM 7360D | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | D19003101MFSH | Excess (\$) | 0.00 | |
| Assign From | MERINA CHIA | Assign Date | 06/11/2019 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | TOYOTA PRIUS (A) | c.c | 1798 | |
| Engine No. | HIDDEN | Year of Reg. | 2017 | |
| Chassis No. | JTDKB3FU503555068 | Colour | METALLIC SILVER | |
| Odometer | 172730 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 195/65 R15 | PIRELLI | 8 mm | |
| L/H Front Tyre | 195/65 R15 | PIRELLI | 8 mm | |
| R/H Rear Tyre | 195/65 R15 | PIRELLI | 8 mm | |
| L/H Rear Tyre | 195/65 R15 | PIRELLI | 8 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 08/05/2019 | Inspection Date | 25/11/2019 | |
| Survey held at | 385 SIN MING DRIVE | | | |
| Repairer | ESTEEM PERFORMANCE PTE LTD | | | |
| 5a. Remarks | | | | |
| A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. | | | | |
| 5b. Estimate Days of Repair | | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | 2 Working Days | | |



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLM 7360D

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|--|----------------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | REAR BUMPER (WCP) | BUCKLED | 497.50 | 497.50 |
| 10 | REAR BUMPER CLIP (WCP) | NECESSARY | 40.00 | 40.00 |
| 1 | REAR BUMPER SIDE RETAINER LH (WCP) | SERVICEABLE | 112.70 | - |
| 1 | REAR BUMPER SIDE RETAINER RH (WCP) | SERVICEABLE | 112.70 | - |
| 1 | REAR BUMPER REINFORCEMENT (WCP) | TO REPAIR SEE LABOUR | 398.90 | - |
| 1 | REAR BUMPER LOWER GARNISH CENTRE (WCP) | DENTED / CUT | 582.60 | 582.60 |
| 1 | REAR BUMPER LOWER GARNISH LH (WCP) | SERVICEABLE | 149.70 | - |
| 1 | REAR BUMPER LOWER GARNISH RH (WCP) | SERVICEABLE | 149.70 | - |
| 1 | REAR BUMPER TOW COVER (WCP) | SERVICEABLE | 31.70 | - |
| 1 | REAR BUMPER UNDER COVER (WCP) | SERVICEABLE | 355.20 | - |
| 1 | REAR BUMPER UNDER COVER LH (WCP) | SERVICEABLE | 187.60 | - |
| 1 | REAR BUMPER UNDER COVER RH (WCP) | SERVICEABLE | 187.60 | - |
| 4 | REAR BUMPER UNDER COVER CLIP (WCP) | NOT NECESSARY | 14.00 | - |
| | LESS 25% DISCOUNT | | - | -280.03 |
| | COST PLUS 25% | | 704.98 | - |
| | | | 3,524.88 | 840.07 |
| | <u>SPECIAL NETT ITEMS</u> | | | |
| 1 | REVERSE SENSOR (SN) | SERVICEABLE | 200.00 | - |
| | | | 200.00 | - |
| | <u>LABOUR</u> | | | |
| | TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA.(REAR BUMPER,TAILDOOR,END PANEL,TAILDOOR PLATE GARNISH,SPARE TYRE COMPARTMENT).INCLUSIVE OF THE REPAIR OF REAR BUMPER REINFORCEMENT. | | 1,200.00 | 200.00 |
| | TO PUTTY,RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA...(REAR BUMPER,TAILDOOR,END PANEL,TAILDOOR PLATE GARNISH,SPARE TYRE COMPARTMENT). | | 1,200.00 | 220.00 |
| | TO CHECK WIRING. | | 50.00 | 10.00 |
| | TO TUFF COAT. | NOT NECESSARY | 50.00 | - |

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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-------------|--|---------------|---------------------------|-------------------|
| | TO CONDUCT WATER LEAKAGE TESTS TO ENSURE PROPER AIR AND SEALING. | NOT NECESSARY | 120.00 | - |
| | TO REMOVE & REFIT SPARE TYRE, SPARE TYRE BOARD, CARPET TRIM TO ASSIST WORK LOAD. | NOT NECESSARY | 150.00 | - |
| | TO REMOVE & REFIT REVERSE SENSOR. | | 120.00 | 50.00 |
| | | | 2,890.00 | 480.00 |
| GRAND TOTAL | | | 6,614.88 | 1,320.07 |

| | | | | |
|-----------------------------|--|--|--|----------|
| RECOMMENDED COST OF REPAIRS | | | | 1,320.07 |
|-----------------------------|--|--|--|----------|

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KONG SENG CHEONG

Licensed Appraiser

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