

ANS. REC. BY:

Surveyor: Kenneth W

REF: es/c1120000738/ Ksd3 | ⁿ² | Spect

Special Instructions:

ASSIGNMENT (Office)

From (Person): Tan Kiah Leong of CTI

Date/Time: 13/01/2020 @ 10:42am

Estimated Cost: Bill to:

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

To inspect Vehicle No: SKG 2315L

Insured: SMP 3521E

nt Workshop m/s Yee Auto

Tel: 6457 5768

of 160 Sin Ming Drive #02-17

Policy No:

Claim No: SNM20D200142/SMP352IE/TKL

Sum insured:

Excentric

Make of Veh:

D.O.A 28/12/2019

(Client's Record)

6452 2624 MS. Ten

H.O.D. Endogenous:

CA / REV / REP. / REV 24 HRS

Date/Time: 10-54 am (2) 13/01/2020

Person Contacted:

mr-chan

Vehicle IN/OUT

[illegible]

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:

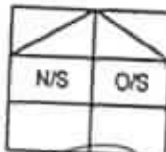
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKG 2315L

Yr Regn:

08, 12.

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

Truck / Trailer or

Make:

Toy Camry

cc

2494

Colour

M. Beige

AC:

Insured / Std / NI / NA

Sp. Reading

211350

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053AK 5004002091

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/55R17

R:

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

Dayton

Front

Rear

R/Bal.

2

mm

R/Bal.

5

mm

L/Bal.

7

mm

L/Bal.

5

mm

D.O.A.

78/12/19

D.O.A.

20/1/2020

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

21/1 11:00 BPSd email to confirm

RECEIVED 2 JAN 2020

Date/Time, File Pass to?

23/01/20

1)

24/01/20

Date/Time, File Return to?



: Prel. Report



: Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S - RS - SI

Fuel

Others

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format:

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

950/- 45

TOTAL

220

Nivitha (LKK Auto)

From: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>
Sent: Monday, 13 January 2020 10:42 AM
To: bonnie kwok; 'assignments'
Subject: RE: OUR REF: SNM20D200142/SMP3521E/TKL & YOUR REF: SKG2315L -: PRI - Acc Inv: SKG 2315 L & SMP 3521 E ON 28 DECEMBER 2019

WITHOUT PREJUDICE

Dear June,

We refer to your email below.

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

Aside to LKK,

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/

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From: bonnie kwok [mailto:litigation@bonniekwok.com]
Sent: Monday, January 13, 2020 9:50 AM
To: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>
Subject: Re: OUR REF: SNM20D200142/SMP3521E/TKL & YOUR REF: SKG2315L -: PRI - Acc Inv: SKG 2315 L & SMP 3521 E ON 28 DECEMBER 2019

Daer Sir,

We refer to your email dated 10 January 2020.

Our client has no objection of appointing the motor surveyor Kenneth Kong stated in your said list to conduct the joint pre-repair survey as a single joint expert.

Regards,

June

On Fri, 10 Jan 2020 at 15:40, Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com> wrote:

Without Prejudice

Dear June,

We refer to your email below.

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/

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From: Claims Dept of CTI

Sent: Friday, January 10, 2020 3:37 PM

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

Subject: OUR REF: SNM20D200142/SMP3521E/TKL & YOUR REF: SKG2315L -: PRI - Acc Inv: SKG 2315 L & SMP 3521 E ON 28 DECEMBER 2019

Dear Kah Leong,

Please conduct PRS –SKG2315L soonest possible and our Insured has not filed SAS Report.

officer in charge. Tang Kah Leong -DID 6389 6193

Dear June,

**** kindly quote our reference number when replying ****

Regards

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

Fax (65) 6224 7175 / 6224 7478

Email : claimsdept@sg.cntaiping.com

Website: www.sg.cntaiping.com

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From: bonnie kwok [mailto:litigation@bonniekwok.com]
Sent: Friday, 10 January, 2020 2:08 PM
To: Claims Dept of CTI
Subject: PRI - Acc Inv: SKG 2315 L & SMP 3521 E ON 28 DECEMBER 2019

Dear Sir,

We refer to the above matter.

We hereby give you 2 days' notice to conduct a pre-repair inspection of vehicle SKG 2315 L at M/s Yee Auto Pte Ltd, 160 Sin Ming Drive #02-17 Sin Ming Autocity Singapore 575722. Contact number 6457 5768 /6457 2625.

Regards,
June

BONNIE KWOK LLC

Advocates & Solicitors

101A Upper Cross Street

#08-12 People's Park Centre

Singapore 058358

TEL: 6536 6026

FAX: 6536 2279

email : litigation@bonniekwok.com

GST Reg. No.: 201203547Z

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BONNIE KWOK LLC

Advocates & Solicitors
101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358
TEL: 6536 6026
FAX: 6536 2279
email : litigation@bonniekwok.com
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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	30/12/2019 16:31
Date Of Accident	28/12/2019 20:30
Exact Location Of Accident	PETAIR ROAD TOWARDS SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2315L
Insured/Policyholder	
Name Of Registered Owner	TAY WEE KOON
NRIC No	SXXXX955B
Email Address	EDWINTWK18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85184747
Alternative Phone No	OTHERS-85184747

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.5 AUTO

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05022202
Cover Note Number	03/03/2019 TO 02/03/2020

Driver

Name of Driver	TAY WEE KOON
NRIC No	SXXXX955B
Date Of Birth	31/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1996
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85184747
Fax Number	
Contact Number	OTHERS-85184747
Email Address	EDWINTWK18@GMAIL.COM

Address	APT BLK 183C WOODLANDS ST 13 #20-603 (S) 733183
Postcode	
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NPP
Police Station Address	ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with attach police report.

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	SMP3521E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAY WEE KOON
Approximate Age	
Injuries Sustain	BOSTON MEDICAL - 3 DAYS MC
Injured person in which vehicle?	SKG2315L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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 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;
- (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; in
 - (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:



**SINGAPORE
POLICE FORCE**



T/20191230/2098

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

Report No: T/20191230/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2019 18:04	Vide Report No. G/20191230/7041	Station Diary No. 26
--	------------------------------------	-------------------------

Informant's Particulars

Name of Informant: TAY WEE KOON			Address: APT BLK 183C WOODLANDS STREET 13 #20-603 SINGAPORE 733183		
ID Type / ID No. NRIC NO / S7217955B			Contact No. Home/Office: Mobile: 85184747		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 31/05/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MILITARY POLICE			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 28/12/2019 20:30	Type of Location: Straight Road
Location Along Road 1 PETAIN ROAD				
Along Petain road towards Serangoon Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG2315L	Car	TOYOTA	CAMRY 2.5 AUTO	Beige	Slightly Damaged	0
SMP3521E	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG2315L	LONPAC INSURANCE BHD	Z19VP05022202	03/03/2019	02/03/2020



**SINGAPORE
POLICE FORCE**



T/20191230/2098

2 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20191230/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY WEE KOON	ID No	S7217955B
Related Vehicle	SKG2315L (Car)	Contact No	85184747
Hospital/Clinic	BOSTON MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/12/2019	Date Discharge	30/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	LEE CHEE KOON	ID No	S7915460A
Related Vehicle	SMP3521E (Car)	Contact No	83721591
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I have lodged report G/20191230/7041 regarding a case of road traffic accident but my medical conditional was not reflected on the report as such I wish to provide the detail to TP for their actions and also for my insurance claim.

After the incident, I felt prolong ache in my neck and shoulder area. I decided to seek medical attention on 30/12/2019 at Boston Medical where I was given 3 day of MC.



**SINGAPORE
POLICE FORCE**



T/20191230/2098

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No. T/20191230/2098

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 3 LU JUNFENG EMETH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time

30/12/2019 16:04

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No: 65476414

Classification Of Case:

Authentication Stamp

NP108



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722

Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopte ltd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S : China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

Estimate No: ES2000002

Date: 20 Jan 2020

Policy No:

Veh Reg No: SKG2315L

Make/Model: TOYOTA CAMRY 2.5
AUTO

Chassis No: MR053AK5004002091

Engine No: 2AR0700125

Reg. Date: 14/08/2012

ATTN: Motor Claim Department

Your Ref No: -

Claim Type: Third Party

Accident Date: 28/12/2019

TP Veh Reg No: SMP3521E

Estimate Repair Cost to Vehicle No :SKG2315L

Description	U/Price	Quantity	List Price	Amount
			<u>SS</u>	<u>SS</u>
Net Price				
1 REVERSE SENSORS	300.00	1 SET	300.00	300.00
Spare Parts				
2 REAR BUMPER	885.10	1 PC	885.10	
3 REAR BUMPER REINFORCEMENT	528.50	1 PC	528.50	
4 REAR BUMPER SIDE RETAINER - LH	85.10	1 PC	85.10	
5 REAR BUMPER SIDE RETAINER - RH	85.10	1 PC	85.10	
6 REAR BUMPER REFLECTOR - LH	105.90	1 PC	105.90	
7 REAR BUMPER REFLECTOR - RH	105.90	1 PC	105.90	
8 REAR BUMPER CLIPS	60.00	1 SET	60.00	
9 REAR BODY PANEL	625.10	1 PC	625.10	
10 REAR BOOT LID EMBLEM '2.5'	68.90	1 PC	68.90	
11 REAR BOOT LID EMBLEM 'LOGO'	76.00	1 PC	76.00	
			2,625.60	2,625.60
Labour				
12 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	800.00	1 JOB	800.00	
13 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	800.00	1 JOB	800.00	
14 TO APPLY RUST- PROOFING ON REPAIRED, REPLACED PANEL.	100.00	1 JOB	100.00	
15 TO CHECK WIRING FUNCTIONS.	80.00	1 JOB	80.00	
			1,780.00	1,780.00

Total SS 4,705.60

Add GST @ 7% 329.39

Total Amount Payable SS 5,034.99

TOTAL: SINGAPORE DOLLAR FIVE THOUSAND THIRTY FOUR AND CENTS NINETY NINE ONLY

LKK Auto Consultants hence notify

the Repairer of the following:

- To survey before any painting
- To display damaged parts for survey
- Parts prices are subject to change

This policy is issued on the basis of the "No Fault" basis.

• No damage to the vehicle

• Damage to the vehicle is not covered and it is subject to the terms and conditions of the policy.

Admitted by the

Company

2020

For Yee Auto Pte Ltd

AUTHORISED SIGNATURE

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/CTI20000738/KSD3N2
Date: 29/01/2020

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMHCSN19307919000
Claimant Vehicle No :	SKG2315L	Insured Vehicle No :	SMP3521E
Date of Loss:	28/12/2019	Nature of Claim:	TP
		Claim No:	SNM20D200142C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKG2315L	Engine No:	2AR0700125
Make & Model:	TOYOTA CAMRY, 2.5 (A)	Chassis No:	MR053AK5004002091
Reg. Date:	14/08/2012 (Man. Year: 2012)	Odometer:	211350 km
Colour:	Metallic Beige		
Engine Capacity:	2494 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	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:	215/55R17	Rear Tyre Size:	215/55R17
Front Left Side:	Dayton 7 mm	Rear Left Side:	Dayton 5 mm
Front Right Side:	Dayton 7 mm	Rear Right Side:	Dayton 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,925.60	781.05	2,144.55	73.30
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,780.00	435.00	1,345.00	75.56
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,705.60	1,216.05	3,489.55	74.16
Approved Total (Overridden) (S\$)		950.00		
(S\$)	4,705.60	950.00	3,755.60	79.81
+ GST 7.00/7.00% (S\$)	329.39	66.50	262.89	79.81
Nett Amount (S\$)	5,034.99	1,016.50	4,018.49	79.81

INSPECTION

Date of Assignment:	22/01/2020	
Date Inspected:	20/01/2020 Inspected At:	Yee Auto Pte Ltd (HQ) 160 SIN MING DRIVE, #02-17 SIN MING AUTOCITY Singapore 575722
Estimated Period of Repair:	2.0 days	

Adjuster: KENNETH KONG

Manager: Hiew May Fung

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: 29 Jan 2020)
Parts:	143	TOYOTA CAMRY 2.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SKG2315L)	
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 BUMPER	Broken/Dented	885.10 F	*589.60 FL
2	1		*REAR BUMPER REINFORCEMENT	Bent	528.50 F	*391.80 FL
3	1		*REAR BUMPER SIDE RETAINER-LH	Serviceable	85.10 F	*- FL
4	1		*REAR BUMPER SIDE RETAINER-RH	Serviceable	85.10 F	*- FL
5	1		*REAR BUMPER REFLECTOR-LH	Serviceable	105.90 F	*- FL
6	1		*REAR BUMPER REFLECTOR-RH	Serviceable	105.90 F	*- FL
7	1		*SET REAR BUMPER CLIPS	Necessary	60.00 F	*60.00 FL
8	1		*REAR BODY PANEL	Repair	625.10 F	*- FL
9	1		*REAR BOOT LID EMBLEM 2.5	Not Necessary	68.90 F	*- FL
10	1		*REAR BOOT LID EMBLEM LOGO	Not Necessary	76.00 F	*- FL
11	1		*SET REVERSE SENSORS	Serviceable	300.00 FS	*- FS

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

Sub Total (\$\$)	2,925.60	1,041.40
- List Item Discount on L Items 0.00/25.00% (\$\$)	0.00	260.35
Total Parts (\$\$)	2,925.60	781.05

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO DISMANTLE & REPLACE DAMAGED PARTS,PANEL BEAT WHERE NECESSARY	New	800.00	200.00
2	TO PUTTY,APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION	New	800.00	220.00
3	TO APPLY RUST-PROOFING ON REPAIRED,REPLACED PANEL	New	100.00	0.00
4	TO CHECK WIRING FUNCTIONS	New	80.00	15.00
Gross Labour Cost (\$\$)			1,780.00	435.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >