

Surveyor: Kenneth ASSIGNMENT (Office)

From (Person): Irene Tay of CTI Date/Time: 21.1.2020 12:30p.m

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SJJ 7397M Insured: GIBA 969B

at Workshop m/s Complex VMS Tel: 645 50012

of 176 Sin Ming Drw #03-14

Policy No: \_\_\_\_\_ Claim No: SNM 20D 200406 / GBA 969B / RENG

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 17.1.2020  
(Client's Record)

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

Date/Time: \_\_\_\_\_ Person Contacted: Lily Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
<u>5/3</u>	<u>CS \$950/- (Red \$2563-40, 72%)</u>

*Meinen*

CT1

ASSIGNMENT

From: \_\_\_\_\_ Date: 22.1.2020

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: SJJ 7397 M

at Workshop No: Computer vms

of 176 Sm ming Drive #03-14

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: 11.00am owner waity

Veh No: SJJ 7397 M Regn: 09 08

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

Make: Toy Vios c.c. 1897

Colour: M. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 107738 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: NR0531479305080871

Gen. Cond:  Good / Fair / Poor / Burnt

Steering:  In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake:  In order / Jammed / Leaked / Burnt or \_\_\_\_\_

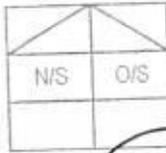
Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 185/60R15  
R: \_\_\_\_\_

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

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est Repairs: 2-4 days Res: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP: / 24 HRS mp'

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Front: 7 mm Rear: 8 mm

R/Bal. 7 mm L/Bal. 8 mm

D.O.A. 17/1/20 D.O.I. 22/1/2020

Survey held at \_\_\_\_\_

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

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

Date / Time Action / Instruction

RECEIVED 05 MAR 2020

Date/Time, File Pass 10?  : Preli. Report  
 : Final Report

Days Of Repair: 3  
Resurvey No. of Trip: 2

Date/Time, File Estm. In? 5/3/20 Typist

Adtl Fee:  Site Insp (\$)  
 Interview (\$)  
 Tech. Invs (\$)  
 Meet and (\$)

Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
S-PS: 54  
Photos: \_\_\_\_\_  
Notes: \_\_\_\_\_  
TOTAL: 220

Planned Follow Up: \$950/-

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	21 Jan 2020		21 Jan 2020 12:36 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>					
<b>CLAIM SUBFOLDER DETAILS</b>			[Created by insurer]						
Insured:									
Main Claimant:	<b>LEONG KOO MAY</b>								
Vehicle Reg. No.:	<b>SJJ7397M</b>	Date of Loss:	17/01/2020 16:00 - :59						
Claim Type:	<b>TP / SNM20D200406C02</b>	Policy/Cover Note No.:	DMCVSN30048419077						
Vehicle Reg. No. (Insured):	<b>GBA969B</b>	Policy No. (Claimant):							
		Excess:	<b>S\$0.00</b>						
Repairer:	<b>COMPLETE VMS PTE LTD (HQ)</b> 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex, 575721 Sin Ming - Tel: 6455 0012								
Handling Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111 ... [Handled by <b>Irene Tay Hui Ping</b> - 638986192]								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [ <b>Final Rpt</b> due 31/01/2020]								
Adj Asg. Remarks:	PLEASE SURVEY AND REVERT								
<b>ASSOCIATED MAIL RECEIVED</b>			<a href="#">View All</a> <a href="#">Compose Case Mail</a>						
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b>			<a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>						
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:** Tuesday, 21 January 2020 12:30 PM  
**To:** lily@completevms.com.sg  
**Cc:** assignments; Admin A  
**Subject:** FW: OUR REF: SNM20D200406/GBA969B/IRENE - FW: SJJ7397M AND GBA969B ON 20/1/2020  
**Attachments:** img-120101117.pdf

Dear Sir (LKK),

We refer to the above matter.

Please get your surveyor to liaise with COMPLETE VMS 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](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG

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---

**From:** Claims Dept of CTI  
**Sent:** Monday, January 20, 2020 5:02 PM  
**To:** Irene Tay <irene.tay@sg.cntaiping.com>; lily@completevms.com.sg  
**Cc:** Claims Dept of CTI <claimsdept@sg.cntaiping.com>  
**Subject:** OUR REF: SNM20D200406/GBA969B/IRENE - FW: SJJ7397M AND GBA969B ON 20/1/2020

Dear Irene,

Please conduct PRS for SJJ7397M.

Note : officer in charge – Irene Tay 63896192.

**\*\*\* Kindly quote our reference number when replying.**

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](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | WeChat: 太平狮城 Taiping SG

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**From:** Lily Leow <[lily@completevms.com.sg](mailto:lily@completevms.com.sg)>  
**Sent:** Monday, January 20, 2020 10:25 AM  
**To:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>  
**Subject:** SJJ7397M AND GBA969B ON 20/1/2020

WITHOUT PREJUDICE

Dear OIC

With reference to above mentioned, please see attached and arrange surveyor to survey vehicle asap.

Thank you and best regards

Lily Leow

Tel: 64550012

Complete VMS Pte Ltd

Blk 176 Sing Ming Drive #03-14

Sin Ming Autocare Complex

Singapore 575721

E-mail: [lily@completevms.com.sg](mailto:lily@completevms.com.sg)



COMPLETE VMS PTE LTD *The Premier One-Stop Vehicle Accident Claims Centre*  
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721  
(Tel) 6455 0012 (Fax) 6554 0012 (Web) [www.completevms.com.sg](http://www.completevms.com.sg)

**NOTICE OF ACCIDENT**

Your Ref : GBA969B  
Our Ref : SJJ7397M

20th January 2020

**BY FAX 6224 7478 ONLY**

**CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**  
3 Anson Road #16-00  
Springleaf Tower  
Singapore 079909  
**Attention: Motor Claim Department**

Dear Sir,

**ACCIDENT INVOLVING SJJ7397M AND GBA969B ON 17/01/2020 ALONG  
COMMONWEALTH AVE WEST AT 16:25 HRS.**

We act for **LEONG KOO MAY** owner of vehicle no. **SJJ7397M** with instruction to repair the vehicle.

Please be informed that the said vehicle can be inspected at:-

Venue	<b>Complete VMS Pte Ltd</b> 176, Sin Ming Drive, #03-14, Singapore 575721
Contact person	Ms Lily
Email	<a href="mailto:lily@completevms.com.sg">lily@completevms.com.sg</a>

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you. Please note that there will also be a storage charge of \$60 per day on the 2 day notice period commencing from the date of this letter.

Your Faithfully

*Lily*  
Complete VMS Pte Ltd

Please acknowledge :-

Appointed Surveyor: \_\_\_\_\_

Date & Time: \_\_\_\_\_

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WITHOUT PREJUDICE

Dear OIC

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Thank you and best regards

Lily Leow

Tel: 64550012

Complete VMS Pte Ltd

Blk 176 Sing Ming Drive #03-14

Sin Ming Autocare Complex

Singapore 575721

E-mail: [lily@completevms.com.sg](mailto:lily@completevms.com.sg)

» Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	519I
<b>Vehicle Details</b>	
Vehicle No.:	SJJ7397M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	05 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	Beige
Manufacturing Year:	2008
Engine No.:	1NZX796625
Chassis No.:	MR053HY9305080871
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$11,834.00
Original Registration Date:	24 Sep 2008
First Registration Date:	24 Sep 2008
Transfer Count:	0
Actual ARF Paid:	\$11,834.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	23 Sep 2028
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$32,339.00
COE Rebate Amount:	\$27,649.00
<b>Total Rebate Amount:</b>	<b>\$27,649.00</b>

The information contained herein is correct as at 05 Mar 2020.

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	18/01/2020 15:58
Date Of Accident	17/01/2020 16:25
Exact Location Of Accident	COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7397M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG KOO MAY
NRIC No	SXXXX519I
Email Address	DOTLEONG99@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98207822
Alternative Phone No	OTHERS-98207822
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5039231489-10
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEONG KOO MAY
NRIC No	SXXXX519I
Date Of Birth	26/04/1962
Occupation	INDOOR
Date Of Driving Pass	07/08/1984
Driving Experience	35 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98207822
Fax Number	
Contact Number	OTHERS-98207822
EMail Address	DOTLEONG99@YAHOO.COM.SG

Address	BLK 460 CLEMENTI AVE 3 #11-604 SINGAPORE
Postcode	120460
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?	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)	2
Passenger 1	NAME: : BETTY LIEW GENDER: : FEMALE

**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

**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	GBA969B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH MOH YONG
NRIC/Passport Number	
Contact Number	
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 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/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.:





COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre  
 176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721  
 (Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

164

Email : darren@completevms.com.sg ( )  
 lily@completevms.com.sg ( )  
 lihui@completevms.com.sg ( )

*Not authorized*  
*11 Lany 8950h*  
*Resurvey After Paint*  
*3 days*

LEONG KOO MAY  
 BLK 460 CLEMENTI AVE 3 #11-604  
 SINGAPORE 120460

Attention : THE OWNER  
 Contact : 97315152

Estimate : ES006901

Date : 22/01/2020  
 Vehicle Num. : SJJ7397M  
 Make/Model : TOYOTA VIOS E AUTO-2008  
 Chassis/Eng# : MR053HY9305080871/1NZX796625  
 Accident Date : 17/01/2020  
 Claim No. :  
 Reference :  
 Policy No. :

S/N Quantity Particular Unit Price Amount S\$

1.	1	LIST ITEMS :	363.10		
2.	6	REAR BUMPER		6.00	571.80 ✓
3.	1	REAR BUMPER CLIP		m	36.00 ✓
4.	1	REAR BUMPER SIDE RETAINER R/H		hrt	107.30 ✓
5.	1	REAR BUMPER BRACKET R/H		mlr	99.40 X
6.	1	REAR BUMPER REFLECTOR R/H	101.50	h	186.00 X
7.	1	TAIL LAMP R/H		k	365.00 X
		REAR END PANEL			720.00 X
		List Total S\$ :			2,085.50
		20.00% Discount S\$ :			417.10
					1,668.40
1.	1	SPECIAL NETT ITEMS :			
		REVERSE SENSOR		sm	280.00 X
		Special Nett Total S\$ :			280.00
		LABOUR :			
		RUST PROOFING TREATMENT			100.00 X
		CHANGE TAIL LAMP AND CHECK WIRING			65.00 15h
		SPRAY PAINT DAMAGED AREA AFFECTED			550.00 400
		TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN REAR CHASSIS FRAME AND CHANGE ALL NECESSARY PARTS			850.00 350
		Labour Total S\$ :			1,565.00

Sing Dollars : Three Thousand Five Hundred Thirteen & Cents Forty Only

Total S\$ : 3,513.40

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun.



Email : darren@completevms.com.sg ( )  
 lily@completevms.com.sg ( )  
 lihui@completevms.com.sg ( )

*Not Notified*  
*1/1/2020*  
*Resurvey After Paint*  
*2-4 days*

LEONG KOO MAY  
 BLK 460 CLEMENTI AVE 3 #11-604  
 SINGAPORE 120460

Attention : THE OWNER  
 Contact : 97315152

Estimate : ES006901

Date : 22/01/2020  
 Vehicle Num. : SJJ7397M  
 Make/Model : TOYOTA VIOS E AUTO-2008  
 Chassis/Eng# : MR053HY9305080871/1NZX796625  
 Accident Date : 17/01/2020  
 Claim No. :  
 Reference :  
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
LIST ITEMS :				
1.	1	REAR BUMPER	571.80	✓
2.	6	REAR BUMPER CLIP	36.00	✓
3.	1	REAR BUMPER SIDE RETAINER R/H	107.30	✓
4.	1	REAR BUMPER BRACKET R/H	99.40	✓
5.	1	REAR BUMPER REFLECTOR R/H	186.00	✓
6.	1	TAIL LAMP R/H	365.00	X
7.	1	REAR END PANEL	720.00	?
List Total S\$ :			2,085.50	
20.00% Discount S\$ :			417.10	
			1,668.40	
SPECIAL NETT ITEMS :				
1.	1	REVERSE SENSOR	280.00	X
Special Nett Total S\$ :			280.00	
LABOUR :				
RUST PROOFING TREATMENT			100.00	?
CHANGE TAIL LAMP AND CHECK WIRING			65.00	15%
SPRAY PAINT DAMAGED AREA AFFECTED			550.00	40%
TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN REAR CHASSIS FRAME AND CHANGE ALL NECESSARY PARTS			850.00	?
Labour Total S\$ :			1,565.00	

SingDollars : Three Thousand Five Hundred Thirteen & Cents Forty Only

Total S\$ : 3,513.40  
 =====

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To resurvey 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/CTI20001240/KYF3N2  
**Date:** 06/03/2020

### REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMCVSN30048419077  
**Claimant Vehicle No :** SJJ7397M **Insured Vehicle No :** GBA969B  
 Date of Loss: 17/01/2020 Nature of Claim: TP Claim No: SNM20D200406C02

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SJJ7397M** Engine No: 1NZX796625  
 Make & Model: TOYOTA VIOS, 1.5 (A) Chassis No: MR053HY9305080871  
 Reg. Date: 24/09/2008 (Man. Year: 2008) Odometer: 107738 km  
 Colour: Metallic Beige  
 Engine Capacity: 1497 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: Yes

### CONDITION OF TYRES

Front Tyre Size: 185/60R15 Rear Tyre Size: 185/60R15  
 Front Left Side: Michelin 7 mm Rear Left Side: Michelin 8 mm  
 Front Right Side: Michelin 7 mm Rear Right Side: Michelin 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %	
Parts	1,948.40	486.32	1,462.08	75.04	
Miscellaneous Items	0.00	0.00	0.00		
Labour	1,565.00	765.00	800.00	51.12	
Paintwork Labour	0.00	0.00	0.00		
Towing	0.00	0.00	0.00		
<b>Calculated Gross Total (S\$)</b>	<b>3,513.40</b>	<b>1,251.32</b>	<b>2,262.08</b>	<b>64.38</b>	
<b>Approved Total (Overridden) (S\$)</b>		<b>950.00</b>			
	(S\$)	3,513.40	950.00	2,563.40	72.96
	<b>+ GST 7.00/7.00% (S\$)</b>	245.94	66.50	179.44	72.96
	<b>Nett Amount (S\$)</b>	<b>3,759.34</b>	<b>1,016.50</b>	<b>2,742.84</b>	<b>72.96</b>

### INSPECTION

Date of Assignment: 21/01/2020  
 Date Inspected: 22/01/2020 Inspected At: COMPLETE VMS PTE LTD (HQ)  
 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex  
 Singapore 575721  
 Estimated Period of Repair: 3.0 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: 06 Mar 2020)

**Parts:** 143      TOYOTA VIOS 1.5 (A) (Catalogue:Merimen Singapore 1.0)

**Labour:** Repairer's      (Price-denominated Standard List)

**Print Code:** (Unsubmitted, no print-code for SJJ7397M)

**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	Bent	571.80 FL	*363.10 FL
2	6		*REAR BUMPER CLIP	Necessary	36.00 FL	*36.00 FL
3	1		*REAR BUMPER SIDE RETAINER R/H	Distorted	107.30 FL	*107.30 FL
4	1		*REAR BUMPER BRACKET R/H	Repair	99.40 FL	*- FL
5	1		*REAR BUMPER REFLECTOR R/H	Missing	186.00 FL	*101.50 FL
6	1		*TAIL LAMP R/H	Serviceable	365.00 FL	*- FL
7	1		*REAR END PANEL	Repair	720.00 FL	*- FL
8	1		*REVERSE SENSOR	Serviceable	280.00 FS	*- FS

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

<b>Sub Total (S\$)</b>	<b>2,365.50</b>	<b>607.90</b>
<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	417.10	121.58
<b>Total Parts (S\$)</b>	<b>1,948.40</b>	<b>486.32</b>

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
<b>Labour Items</b>				
1	RUST PROOFING TREATMENT	New	100.00	0.00
2	CHANGE TAIL LAMP AND CHECK WIRING	New	65.00	15.00
3	SPRAY PAINT DAMAGED AREA AFFECTED	New	550.00	400.00
4	TO CUT OFF REAR END PANEL,KNOCK AND STRAIGHTEN REAR CHASSIS FRAME AND CHANGE ALL NECESSARY PARTS	New	850.00	350.00
			<b>Gross Labour Cost (\$\$)</b>	<b>1,565.00</b>
				<b>765.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >