22/03/2002

ASS. REC. BY: | REF: CS/MSG20002639/AGY/B n2 | Special Instruction:

Surveyor: Adhan

ASSIGNMENT (Office)

From (Person): Damond Lee Kerr Win of MSIG Date/Time: 18.2.2020 16.58 pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMQ 5344 Insured: SLQ 7913M

nt Workshop m/s Yap Le motor Tel: 6844 1555

of 1 Kaki Bukit Ave 6 #01-26 Autobay

Policy No: 2914 1713M KF Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 15/02/2020
(Client's Record)

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

Date/Time: 19/2/2020 10.28a.m Person Contacted: Shirley Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMQ 5344 – X
	SLG 7913M – CCG / AEG 19002225 / UEQ 362 D.O.A – 17/01/2019

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / IMV / 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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMQ5344H Yr Regn: 2019, Oct.

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

Make: Toyota Vios c.c 1496

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

Sp.Reading 28303 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR2B23F3201191560

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: 185/60R15

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	26/02/20

Survey held at Yap Lee

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

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

Date / Time	Action / Instruction
	TP MSIG.
16/3	Sent Preli by Meinen
16/3	C/S $3550-00 (Red $3383-94, 48%)
	MV :
	PV :
	Nett.

RECEIVED 17 MAR 2020

Date/Time, File Pass to? : Prell. Report

: Final Report

Date/Time, File Return to?

17/3/20 Typist

Report Format :

Comp. Surg. F.E. : $3550/=

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Insp ($)

: Weld and ($)

Survey Fee:	
Transportation:	150
$ + FS $	11
Photo:	
Other:	
	161

Note: This document has not been finalised.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607196R)

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

To:	MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807	From:	LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn:	Desmond Lee Kerr Wen	Date:	16 Mar 2020

Preliminary Advice

Insured Vehicle No	: SLQ7913M		
TP Vehicle No	: SMQ534H	Accident Date	: 15/02/2020
Make	: TOYOTA PRIUS	Assignment Date	: 18/02/2020
Date of Inspection	: 26/02/2020	Est. Duration of Repair	: 6.00
Inspection At	: YAP LEE MOTOR (HQ) 1 KAKI BUKIT AVENUE 6, #01-26 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S$	6,933.94
Revised Amount	:S$	4,478.30
Check Items (Estimated)	:S$	0.00
Total	:S$	4,478.30
Lump Sum Repair	:S$	

Total Loss Consideration

New for Old Value	:S$
Pre-Accident Value	:S$
COE / PARF Rebate	:S$
Salvage Value	:S$
Margin for Repair	:S$

Remarks

( ) The vehicle is economical/not economical for repair.

(X) The above survey was conducted on a 'without prejudice' basis.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Authrzd	Status
Main	18 Feb 2020 10:21		18 Feb 2020 16:58 Assign				**New Assignment** Cancel Case

Main | Reference | Claim Details | Documents | Show All

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	**GRAB RENTALS PTE LTD**, Co. Reg. No.: 201617200G		
Main Claimant:	**Yap Le Motor Company**		
Vehicle Reg. No.:	**SMQ534H**	Date of Loss:	15/02/2020 00:00 - :59 [**89** Months and **21** Days From LTA Reg Date (Man Yr)]
Claim Type:	**TP**	Policy/Cover Note No.:	29141713MKF (Comprehensive) Coverage: 01/02/2020 - 31/12/2020
Vehicle Reg. No. (Insured):	**SLQ7913M**	Policy No. (Claimant):	
		Excess:	
Repairer:	**Yap Lee Motor (HQ)** 1 Kaki Bukit Avenue 6, #01-26 Autobay @ Kaki Bukit, 417883 Kaki Bukit - Tel:		
Handling Insurer:	**MSIG Insurance (Singapore) Pte. Ltd. (HQ)** - Tel: +65 6827 7888 ... [Handled by **Desmond Lee Kerr Wen**]		
Adjuster:	**LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [**Imm.Advice** due 19/02/2020]		
Adj Asg. Remarks:	on WP. OI:Grab. Liab: NR. Agree on SJE. Assign: LKK Auto Consultants Pte Ltd. Contact: Ms Shirley @ 6844 1555.		

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.

ONG & SHAN LLC

ADVOCATES & SOLICITORS
COMMISSIONERS FOR OATHS
NOTARIES PUBLIC

Please send all correspondences to:

☐ 2 Kallang Avenue #08-19 Singapore 339407
Tel: 6444 7845 | Fax: 6444 5847

☐ 101 Upper Cross Street #06-15B Singapore 058357
Tel: 6536 7991 | Fax: 6536 7995

☑ 184 Toa Payoh Central #02-364 Singapore 310184
Tel: 6224 9847 | Fax: 6254 7261

WE DO NOT ACCEPT SERVICE BY FAX

Our Counter-Signatory's Email Notifications:
Lawyer : ongshanllc@gmail.com
Secretary :

Our Ref : SRSTP.8681A.20.CM

Your Ref : Your insured vehicle SLQ 7913M

18th February 2020

Grab Rentals Pte Ltf
c/o MSIG Insurance (Singapore) Pte Ltd
16, Raffles Quay
#24-01, Hong Leong Building
Singapore 048581

BY EMAIL

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES (NIMA) ROAD TRAFFIC ACCIDENT INVOLVING SMQ 534H & SLQ 7913M ON 15.02.2020 ALONG WOODLANDS AVE 12 @ 0200 HRS

We refer to the above matter and you are the insurer of SLQ 7913M.

Our client prefer the inspection carry out by your penal surveyor **M/s LKK Auto Consultants Pte Ltd** as the Single Joint Expert for this matter.

Name of workshop	:	M/s Yap Lee Motor
Address	:	1 Kaki Bukit Ave 6 #01-26 Singapore 417883
Contact person		:Ms. Shirley
Telephone no	:	6-844-1555
Fax no	:	6-844-1311

If you fail to conduct the pre-repair inspection within the next two(2) working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully,

Ong & Shan LLC
cc: Yap Lee Motor

For Surveyor
From M/s MSIG Insurance (Singapore) Pte Ltd
Vehicle SMQ 534H inspected as follows by Name:

Before repair	Parts removed	After repair
Signature:	Signature:	Signature:
Date/ Time:	Date/ Time:	Date/ Time:

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 witholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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	17/02/2020 12:19
Date Of Accident	15/02/2020 02:00
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ534H
Insured/Policyholder	
Name Of Registered Owner	GOODYEAR SERVICES
Co Reg No	53319102E
Email Address	CRAYCHING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97797000
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110949422
Cover Note Number	DRIVO CLASSIC
Driver	
Name of Driver	LIM LEONG CHOY
Work Permit No	S02872571
Date Of Birth	06/08/1953
Occupation	INDOOR
Date Of Driving Pass	20/01/1971
Driving Experience	49 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98792037
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 618D #03-733 PUNGGOL DRIVE
Postcode	824618
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?	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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	**ROAD**: 21A TEBING LANE , **POSTCODE:** 828837 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of Intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

Refer to Police Report

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILES SIZE TOO BIG TO BE UPLOADED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ7913M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	SATHIS KUMAR S/O MADAHAYAN
NRIC/Passport Number	S7310357F

Contact Number	87542447
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LIM LEONG CHOY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMQ534H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

[NCISE MOTOR SERVICE CENTRE] Report Date & Start Time: 17/02/2020 12:13

Report No: SI[illegible] Date: 17/02/2020
Time: 12:00 hrs

Vehicle No: SMQ534H Receiving Time: [illegible]

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.

GOODYEAR SERVICES

17/02/20 12:13
Policyholder's Signature / Date & Time

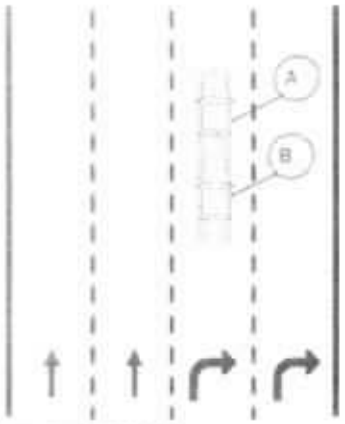
17/02/20 12:13
Driver's Signature (if driver is not the policyholder) / Date & Time

Alan Tang (S0988258)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN

Gamboa Ave



Woodlands Ave 12

Vehicle A: SMQ534H

Vehicle B: SLQ7913M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.

17/02/20 12:13

Policyholder's Signature / Date & Time

17/02/20 12:13

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

Alan Tang (S0988825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/2020021 5/2097

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No: T/2020021 5/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No.:	Station Diary No.
15/02/2020 16:05		61

Informant's Particulars

Name of Informant: LIM LEONG CHOY			Address APT BLK 618D PUNGGOL DRIVE #03-733 SINGAPORE 824618	
ID Type / ID No.: NRIC NO / S0287257I			Contact No Home/Office	Mobile: 98792037
Nationality: SINGAPORE CITIZEN			Email	
Sex: Male	Age: 66	Date of Birth: 06/08/1953	Type of Informant: Driver	
Race: Chinese			Language English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident 15/02/2020 02:00	Type of Location X-Junction
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS AVENUE 12 GAMBAS AVENUE Along Woodlands Avenue 12 turning right to Gambas Avenue				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLQ7913M	Car					0
SMQ534H	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20200215/2097

Report No: T/20200215/2097

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

Driver				
Name	SATHIS KUMAR S/O MADAHAYAN		ID No	S7310357F
Related Vehicle	SLQ7913M (Car)		Contact No	87542447
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	

Driver				
Name	LIM LEONG CHOY		ID No	S0287257I
Related Vehicle	SMQ534H (Car)		Contact No	98792037
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	NIL	

Brief Details.

On 15/02/2020 at about 0200hrs, I was driving Grab Car SMQ534H along Woodlands Avenue 12 towards Gambas Avenue. While at the junction of Woodlands Avenue 12 and Gambas Avenue, the traffic light was red and my vehicle came to a complete stop. Suddenly, there was an impact from the rear of my vehicle. I then alighted my vehicle and made a check, vehicle SLQ7913M had collided to the rear of my vehicle. We then exchanged particulars.

No Police or ambulance was at scene. On 15/02/2020 at about 0800hrs, I felt pain and aching on my neck, shoulder and my back area. I then went to Mount Alvernia Hospital for check up and was given 5 days of Medical Leave. I have in-car camera

SINGAPORE POLICE FORCE

T/20200215/2097

Police Station Of Origin:
Punggol N.P.C.
21A Tebing Lane SINGAPORE 828837
Tel No.: 1800-6049999

Report No.: T/20200215/2097

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 LIM JIN YEOW, BENNY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/02/2020 16:05
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp:
NP168

Signature

Police Force

YAP LEE MOTOR

Reg. No. 52910085A

1 Kaki Bukit Ave 6 #01-26 Autobay@Kaki Bukit Singapore 417883

Tel: 68441555 Fax: 68441311 Email : yap_lee_motor@singnet.com.sg

Vehicle No.: SMQ 534H

26 February 2020

Make / Model: Toyota Vios 1.5E (Auto)

Your Reference: SLQ 7913M None
MSIG Insurance

ESTIMATED REPAIR COST FOR THE VEHICLE MENTIONED ABOVE

QTY	DESCRIPTION			AMT(S$)
	LIST ITEM			
1	Rear Bumper		$	519.50
2	Rear Bumper Retainer	$ 157.50	$	315.00
1	Rear Bumper Reinforcement		$	274.50
2	Rear Bumper Reflector	$ 110.72	$	221.44
1	Rear End Panel		$	616.14
1	Rear End Panel Top Garnish		$	205.62
1	Bootlid		$	689.31
1	Bootlid Lock		$	287.26
1	Bootlid Emblem (Logo)		$	44.87
1	Bootlid Emblem " Vios "		$	35.30
1	Bootlid Emblem " E "		$	45.30
1	Bootlid Weatherstrip		$	180.50
2	Bootlid Hinge	$ 135.31	$	270.62
2	Taillamp	$ 310.78	$	621.56
2	Bootlid Lamp	$ 292.50	$	585.00
			$	4,911.92
		Less 25%	$	1,227.98
				3,683.94

3197.74
2398.30

QTY	DESCRIPTION		AMT(S$)
	SPECIAL NETT ITEMS		
1	Rear Bumper Clip (set)	$	50.00
1	Reverse Sensor	$	300.00
1	Rear Number Plate & Base	$	50.00
1	Reverse Camera	$	300.00
		$	700.00

230

DESCRIPTION		AMT(S$)
LABOUR CHARGES		
To remove & refix reverse sensor system.	$	150.00
To transfer bootlid Mechanism.	$	120.00
To remove & refix inner trim garnish.	$	120.00
To apply undercoating.	$	80.00
To check wiring system.	$	80.00
To knock, jack, remove & repair the above parts.	$	1,000.00
To re-spray on the affected areas.	$	1,000.00
		2,550.00

1850

total : 4478.30
L/S : 3550 ✓
L/S 06 days

GRAND TOTAL: 6,933.94

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/MSG20002839/AGYF3N2
Date: 25/03/2020

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29141713		
Claimant Vehicle No :	SMQ534H	**Insured Vehicle No :**	SLQ7913M		
Date of Loss:	15/02/2020	Nature of Claim:	TP	Claim No:	620151

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	**SMQ534H**		
Make & Model:	TOYOTA VIOS, 1.5 E (A)	Engine No:	2NR5398293
Reg. Date:	29/10/2019 (Man. Year: 2019)	Chassis No:	MR2B23F3201191560
Colour:	Silver	Odometer:	28303 km
Engine Capacity:	1496 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:	185/60R15	Rear Tyre Size:	185/60R15
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,383.94	2,628.30	1,755.64	40.05
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,550.00	1,850.00	700.00	27.45
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S$)	**6,933.94**	**4,478.30**	**2,455.64**	**35.41**
Approved Total (Overridden) (S$)		**3,550.00**		
Nett Amount (S$)	**6,933.94**	**3,550.00**	**3,383.94**	**48.80**

INSPECTION

Date of Assignment: 18/02/2020

Date Inspected: 26/02/2020 Inspected At: Yap Lee Motor (HQ)
1 Kaki Bukit Avenue 6, #01-26 Autobay @ Kaki Bukit
Singapore 417883

Estimated Period of Repair: 6.0 days

Adjuster: XING GUO QIANG **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: 20 Mar 2020)
Parts:	143	TOYOTA VIOS 1.5 E (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SMQ534H)	
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**	Deformed	519.50 FL	*519.50 FL
2	2		***REAR BUMPER RETAINER**	Necessary	315.00 FL	*78.00 FL
3	1		***REAR BUMPER REINFORCEMENT**	Bent	274.50 FL	*274.50 FL
4	2		***REAR BUMPER REFLECTOR**	Cracked	221.44 FL	*221.44 FL
5	1		***REAR END PANEL**	Dented	616.14 FL	*616.14 FL
6	1		***REAR END PANEL TOP GARNISH**	Deformed	205.62 FL	*205.62 FL
7	1		***BOOTLID**	Buckled	689.31 FL	*689.31 FL
8	1		***BOOTLID LOCK**	Damaged	287.26 FL	*287.26 FL
9	1		***BOOTLID EMBLEM (LOGO)**	Necessary	44.87 FL	*44.87 FL
10	1		***BOOTLID EMBLEM VIOS**	Necessary	35.30 FL	*35.30 FL
11	1		***BOOTLID EMBLEM E**	Necessary	45.30 FL	*45.30 FL
12	1		***BOOTLID WEATHERSTRIP**	Cut	180.50 FL	*180.50 FL
13	2		***BOOTLID HINGE**	Not Necessary	270.62 FL	*- FL
14	2		***TAILLAMP**	Not Necessary	621.56 FL	*- FL
15	2		***BOOTLID LAMP**	Not Necessary	585.00 FL	*- FL
16	1		***SET REAR BUMPER CLIP**	Necessary	50.00 FS	*30.00 FS
17	1		***REVERSE SENSOR**	Damaged	300.00 FS	*200.00 FS
18	1		***REAR NUMBER PLATE & BASE**	Not Necessary	50.00 FS	*- FS
19	1		***REVERSE CAMERA**	Not Necessary	300.00 FS	*- FS

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

Sub Total (S$)	**5,611.92**	**3,427.74**
- List Item Discount on L Items 25.00/25.00% (S$)	1,227.98	799.44
Total Parts (S$)	**4,383.94**	**2,628.30**

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 REMOVE & REFIX REVERSE SENSOR SYSTEM**	New	150.00	50.00
2	**TO TRANSFER BOOTLID MECHANISM**	New	120.00	50.00
3	**TO REMOVE & REFIX INNER TRIM GARNISH**	New	120.00	60.00
4	**TO APPLY UNDERCOATING**	New	80.00	60.00
5	**TO CHECK WIRING SYSTEM**	New	80.00	30.00
6	**TO KNOCK,JACK,REMOVE & REPAIR THE ABOVE PARTS**	New	1,000.00	800.00
7	**TO RE-SPRAY ON THE AFFECTED AREAS**	New	1,000.00	800.00
		Gross Labour Cost (S$)	**2,550.00**	**1,850.00**

Report was unsubmitted during this print-out.

< END OF ESTIMATES >