

PRIORITY SERVICES

Insurance Loss Adjusters and Motor Appraisers Blk 779 #01-1545 Yishun Ave 2 Singapore 760779 Tel: 62934822 Fax: 62963283 E-mail:admin@priorityservices.sg

Date : 2 April 2018

Your Ref. : SKL9752K/Steve

Our Ref. : TP-0122/03/18

M/s. ERGO Insurance Pte Ltd 5 Temasek Boulevard #04-01

Suntec Tower Five Singapore 038985

Attn.: Mr. Steve Lim

Dear Sir,

Pre-Repair Survey

Vehicle No.: SLT 7462 G Date Of Accident: 10-Mar-2018

Date and Time of Request

: 13-Mar-2018 / 9.33am

Date and Time of Inspection

: 1) 20-Mar-2018 / 11.15am (PRI by appointment) 2) 27-Mar-2018 / 10.20am (For dismantled items)

3) 29-Mar-2018 / 9.30am (For after repair)

@ M/s. Precise Auto Service

Particulars of Vehicle

Registration No.

: SLT 7462 G

Make / Model

: Ssangyong / Tivoli (A)

Year

: 2017

Colour

: Met, Black

Odometer

: 9013 km

Engine Capacity

: 1597 cc

Carrying Capacity

Engine No.

Chassis / Body Frame

: KPT30B1VSHP176946

Radio / CD Player Air-Con Conditioner

: Yes : Yes

Other Apparent Accessories Spare Tyre

: No

: No

Jack / Tools

: Intact

(59) Photographs of vehicle taken.

Documents Available At Time Of Inspection

1) Singapore Accident Statement (SAS)

Visual Damages

At the rear portion

Damages subject to consistency.

Remarks

Despite our request, the repairer would not provide:-

1) Repairer estimate

Recommendation of repairs attached.

Yours Very Truly PRIORITY SERVICES

LAWRENCE NG Motor Appraiser Registration No. : SLT 7462 G

Make / Model : Ssangyong / Tivoli (A)

Year : 2017

: KPT30B1VSHP176946 Chassis

Estimated repair cost for damages found during first inspection on.

QTY SPARE PARTS

ESTIMATED PART PRICE

| 1 DEAD DAY (DED | Φ. | 205.40 |
|---|------------|-------------|
| 1 REAR BUMPER | \$ | 385.40 |
| 1 REAR BUMPER CLIPS | | 40.00 |
| 1 REAR BUMPER LH LOWER BRACKET | | 13.50 |
| 1 REAR BUMPER REINFORCEMENT | | 287.80 |
| 1 REAR BUMPER REINFORCEMENT LH BRACKET | | 64.30 |
| 1 REAR BUMPER LH SIDE PROTECTOR | | 63.69 |
| 1 REAR BUMPER LH SIDE PROTECTOR REFLECTOR | | 17.20 |
| 1 | | |
| | | |
| | \$ | 871.89 |
| Less 10%:- | | 87.19 |
| | | |
| Total For Parts:- | \$ | 784.70 |
| | | |
| | | |
| LABOUR CHARGES: | | |
| T 1 1 | c r | 500.00 |
| Labour charges. | \$ | 500.00 |
| | | |

Spray painting. 600.00

> Grand Total: \$ 1884.70

Proposed Lumpsum repairs : \$1500.00 Estimated period of repairs : 3 working days

Pre-accident market value : \$120,000.00 PARF/COE rebate : \$ 53,370.00 Economical limit repair : \$ 66,600.00

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 ability.
- 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.

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 Date Of Report
 12/03/2018 10:24

 Date Of Accident
 10/03/2018 13:00

Exact Location Of Accident WHAMPOA FLYOVER TWDS CHANGI (PIE)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT7462G

Insured/Policyholder

Name Of Registered Owner AUTOMOBIL LEASING PTE LTD

 Co Reg No
 200701438D

 Email Address
 NOEMAIL

Mobile Phone No.

Alternative Phone No OFFICE-64682200

Vehicle Particulars

Manufacturer SSANGYONG

Model TIVOLI-1.6 G 6AT ABS 2WD (A)

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 TOKIO MARINE INSURANCE SINGAPORE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number MU011879

Cover Note Number

Driver

Name of Driver LEE KENG HENG

 NRIC No
 \$8619245D

 Date Of Birth
 14/07/1986

 Occupation
 INDOOR

 Date Of Driving Pass
 08/04/2009

Driving Experience 8 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96953553

Fax Number

Contact Number OFFICE-96953553

EMail Address LEEJAKE86@GMAIL.COM

Address

BLK 525 HOUGANG AVE 6 #03-177

Postcode

530525

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

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YE\$

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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 TO 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

SKL9752K

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)

- 1. Please raport correctly the details of the accident to speed up the claims process.
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- 3. Information provided must be as truthful and appurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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| Sketch Plan |
|--|
| |
| (A) C1 7 746 62 G |
| (8)32131 |
| (A)SLT 7462 G (B)SKL 9752 |
| |
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| |
| Describe Circumstances of the Accident |
| An Vehicle can was fearelling alon whampor fluwer towards |
| |
| PIE chânsi. |
| My front vehicle stopped so I stopped also. After a second, vehicle. (B) from behind but into my vehicle (A). |
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| |
| |
| The section is |

Declaration

If We declare the foregoing particulars are true in every respect.



Policyholóer's Signature / Date & i ime

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

Witnessed by Reporting Centre Personnel



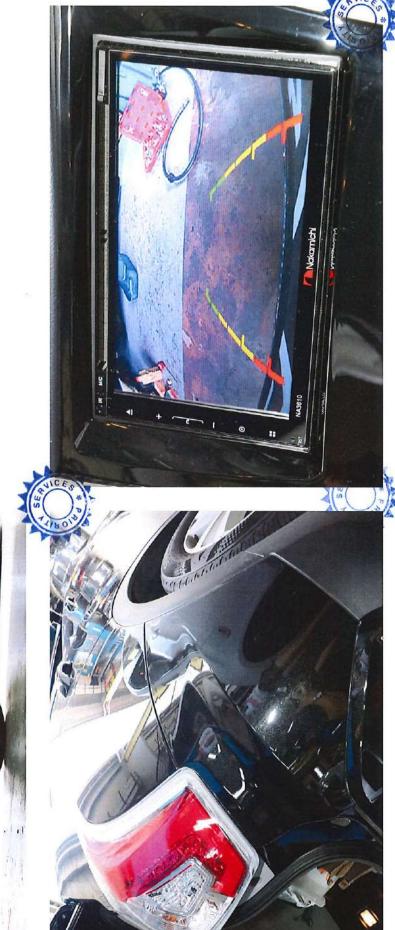


















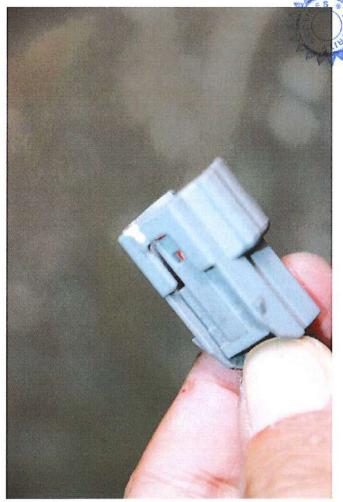
























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