



APPRAISAL VP PTE LTD

Company Reg No: 201403586G

50 PlayFair Road #04-01 Noel Building Singapore 367995 | Tel: +65 98511914 | Email: mail@vpappraisal.com

VEHICLE DAMAGE ASSESSMENT REPORT

To: Pro. Wroks (Singapore) Pte Ltd
Excel Motor
Blk 5032 #01-297
Ang Mo Kio Industrial Park 2
Singapore 569535

REFERENCES

| | | | |
|---------------------|---------------------|--------------------|--------------|
| Appraisal VP Ref No | : VPA-2020/00387 | Date of Report | : 06/10/2020 |
| Claim Type | : Third Party Claim | Date of Request | : 28/09/2020 |
| Third party vehicle | : GBD676E | Date of Accident | : 15/09/2020 |
| | | Date of Inspection | : 28/09/2020 |
| Your Reference No | : PLS ADVISED | | |

DAMAGED VEHICAL PARTICULARS

| | | | |
|-----------------------|---------------------|---------------------|---------------|
| Registration Plate No | : GBD676E | Engine Modification | : NIL |
| Model / Make | : NISSAN NV350 | Pre-accident damage | : NIL |
| Colour | : SILVER | General Condition | : Good |
| Manufacturing Year | : 17/05/2014 | General Paint Work | : Good |
| Engine No | : YD25346248A | Steering | : Serviceable |
| Engine Capacity | : 2488 CC | Handbrake | : Serviceable |
| Chassis No | : JN1MC2E26Z0001917 | Footbrake | : Serviceable |
| Odometer No | : 199754 | | |
| Transmission | : AUTO | | |

TYRES CONDITION

| | | | |
|-------------|------------|------------|------------|
| Front Right | : 6mm | Rear Left | : 6mm |
| Make | : MICHELIN | Make | : MICHELIN |
| Size | : 195R15C | Size | : 195R15C |
| Front Left | : 6mm | Rear Right | : 6mm |
| Make | : MICHELIN | Make | : MICHELIN |
| Size | : 195R15C | Size | : 195R15C |

VEHICAL REPAIR COST

| <u>Descriptions</u> | <u>Repairer (S\$)</u> | <u>Difference (S\$)</u> | <u>Adjuster (S\$)</u> |
|------------------------|-----------------------|-------------------------|-----------------------|
| Parts | 4,950.74 | 504.18 | 4,446.56 |
| Labour | 3,950.00 | 1,210.00 | 2,740.00 |
| Calculated Cost (S\$): | 8,900.74 | 1,714.18 | 7,186.56 |

Recommended Lump Sum Cost (S\$) : 5,700.00
Estimate Repair Duration : 6 days
Survery Inspection At : Excel Motor
Survery Inspection Address : Blk 5032 #01-297
Ang Mo Kio Industrial Park 2

Disclaimer:
This survey was conducted by Appraisal VP Pte Ltd without prejudice basis and we do not authorized repair. Report by Appraisal VP Pte Ltd is deemed as confidential and provided for the use of clients and appointed agent. We have inspected thoroughly each and every item on the repairer's estimate against the actual damages found on the vehical. All findings and recommendations are listed accordingly and final decision of settlement to your good selves. Any disclosure or publications of it or parts thereof shall be the responsibility of such person. No liability shall be attached to VP Appraisal VP Pte Ltd therefore.



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ANNEX A

VEHICLE DAMAGE ASSESSMENT REPORT

Reference No : VPA-2020/00387
Vehicle No : GBD676E
Workshop : Excel Motor

List of Damaged Parts

| S/No | Qty | Description | Condition | Repairer's Amount (\$) | Adjuster's Amount (\$) |
|--------------|-----|--------------------------------|---------------|------------------------|------------------------|
| 1 | 1 | Tailgate lid | Buckled | 2,101.40 | 2,101.40 |
| 2 | 1 | Tailgate inner trimboard | Deformed | 197.70 | 197.70 |
| 3 | 6 | Tailgate inner trimboard clip | Necessary | 25.80 | 25.80 |
| 4 | 1 | Tailgate lid centre logo badge | Dented | 58.80 | 58.80 |
| 5 | 1 | Tailgate lid NV350 badge | Necessary | 69.60 | 69.60 |
| 6 | 1 | Tailgate lid urvan badge | Necessary | 28.90 | 28.90 |
| 7 | 10 | Tailgate outer chrome garnish | Cracked | 135.60 | 135.60 |
| 8 | 1 | Tailgate lid lock top | Jammed | 323.30 | 323.30 |
| 9 | 1 | Tailgate lock latch bottom | Not necessary | 57.50 | 0.00 |
| 10 | 1 | Tailgate lid lock cover top | Cracked | 45.40 | 45.40 |
| 11 | 1 | Tailgate weatherstrip | Necessary | 144.10 | 144.10 |
| 12 | 2 | Tailgate rubber stopper | Necessary | 37.00 | 37.00 |
| 13 | 1 | Rear end panel outer | Dented | 464.10 | 464.10 |
| 14 | 1 | Rear end panel inner | Repair | 247.50 | 0.00 |
| 15 | 1 | Rear bumper | Deformed | 632.70 | 632.70 |
| 16 | 10 | Rear bumper fastener clip | Necessary | 43.00 | 43.00 |
| 17 | 1 | Rear bumper center step panel | Deformed | 167.60 | 167.60 |
| 18 | 6 | Rear bumper side clip | Necessary | 93.00 | 93.00 |
| 19 | 2 | Rear lamp | Cracked | 417.40 | 208.70 |
| 20 | 6 | Rear lamp clip holder | Necessary | 93.00 | 46.50 |
| 21 | 1 | Rear end panel top plate | Deformed | 95.20 | 95.20 |
| Sub Total | | | | 5,478.60 | 4,918.40 |
| Less 10% | | | | 547.86 | 491.84 |
| Total | | | | 4,930.74 | 4,426.56 |

Special Nett Items

| S/No | Qty | Description | Condition | Repairer's Amount (\$) | Adjuster's Amount (\$) |
|--------------------|-----|---|-----------|------------------------|------------------------|
| 1 | 1 | Tailgate lid 70km/h | Necessary | 20.00 | 20.00 |
| 2 | 1 | Rear windscreen glass sealant | Necessary | 180.00 | 60.00 |
| 3 | 1 | Rear windscreen glass inner sponge seal | Necessary | 80.00 | 60.00 |
| 4 | 1 | Rear bumper parking sensor | Necessary | 450.00 | 250.00 |
| 5 | 1 | Rear licence plate | Necessary | 50.00 | 45.00 |
| Sub Total | | | | 20.00 | 20.00 |
| Total | | | | 20.00 | 20.00 |
| FINAL TOTAL | | | | 4,950.74 | 4,446.56 |



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ANNEX B

VEHICLE DAMAGE ASSESSMENT REPORT

Reference No : VPA-2020/00387

Vehicle No : GBD676E

Workshop Excel Motor

Labour Details

| S/No | Description | Repairer's Amount (S\$) | Adjuster's Amount (S\$) |
|---------------------|---|-------------------------|-------------------------|
| 1 | To conduct panel beating and straighten parts on damaged area | 1,800.00 | 1,200.00 |
| 2 | To spray paint on affected area | 1,400.00 | 1,200.00 |
| 3 | To check wiring | 100.00 | 20.00 |
| 4 | To apply undercoating for rust proffing | 100.00 | 60.00 |
| 5 | To dismantle & refix interior upholstery | 200.00 | 100.00 |
| 6 | To dismantle, replace and or repair tailgate components | 200.00 | 100.00 |
| 7 | To dismatle, replace and / or repair reverse sensor & testing | 150.00 | 60.00 |
| Total Labour | | 3,950.00 | 2,740.00 |

ANNEX C

Repair Cost

| S/No | Description | Repairer's Amount (S\$) | Adjuster's Amount (S\$) |
|--------------------------|------------------------------|-------------------------|-------------------------|
| 1 | Total Part Cost | 4,950.74 | 4,446.56 |
| 2 | Total Repair and Labour Cost | 3,950.00 | 2,740.00 |
| Total Repair Cost | | 8,900.74 | 7,186.56 |

**Adjusted Repair Cost
(Lump Sum Repair)**

\$5,700.00



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VEHICLE DAMAGE ASSESSMENT REPORT

Reference No : VPA-2020/00387
Vehicle No : GBD676E

ACCIDENT BRIEF

From documents sighted, the Insured's vehicle and Third Party's vehicle were involved in a head to rear collision.
On site survey inspection revealed that the damage noted are consistent with the accident as reported.
Damage at the tailgate, rear end panel, rear bumper and etc.

ADVICE

Excel motor submitted the estimate report cost of \$8,900.74, we have adjusted the repair cost to \$7,186.56. We recommend the repair cost on a Lump sum basis of \$5,700.00.

The repairs would require a period of 06 working days.

We are pleased to submit our inspection survey report and photographs for your kind attention.
All survey and inspection work was carried out to the best of our ability, knowledge and experience.

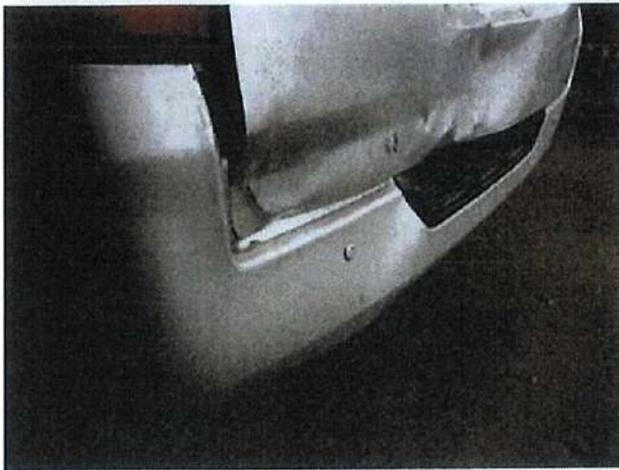
Jaelyn Loh
Appraiser
Appraisal VP Pte Ltd

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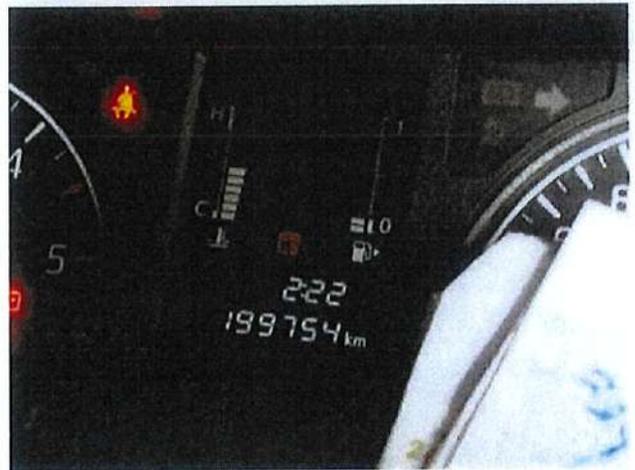
















SINGAPORE ACCIDENT STATEMENT

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 | 16/09/2020 13:58 |
| Date Of Accident | 15/09/2020 14:25 |
| Exact Location Of Accident | CTE SLIP ROAD TOWARDS ANG MO KIO AVENUE 3 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--|
| Vehicle Registration Number | GBD676E |
| Insured/Policyholder | |
| Name Of Registered Owner | HONHEE AUTO SERVICE |
| Co Reg No | 5XXXX273B |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-98163747 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | NV 350 PANEL VAN 2.5 |
| Exact Purpose for which vehicle was being used at time of accident | WORK PURPOSE |
| 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 | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5090945364-03 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LIM CHOON KEAT |
| NRIC No | SXXXX872B |
| Date Of Birth | 16/08/1959 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/09/1978 |
| Driving Experience | 41 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98163747 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 647 #06-74 WOODLANDS RING ROAD SINGAPORE |
| Postcode | 730647 |
| 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? | 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 ; REMARKS:TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

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 | GBE1107U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | REFER TO ATTACHED |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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 | LIM CHOON KEAT |
|------|----------------|

| | |
|---|---|
| Approximate Age | 61 |
| Injuries Sustain | REFER TO ADDENDUM - MC 2 DAYS |
| Injured person in which vehicle? | GBD676E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | BLK 647 #06-74 WOODLANDS RING ROAD SINGAPORE |
| Postcode | 730647 |

Sketch Plan Pg. 1

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)**

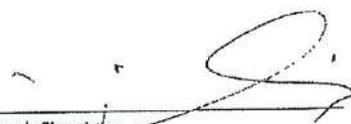
I understand, acknowledge, agree and consent that:

- (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: _____



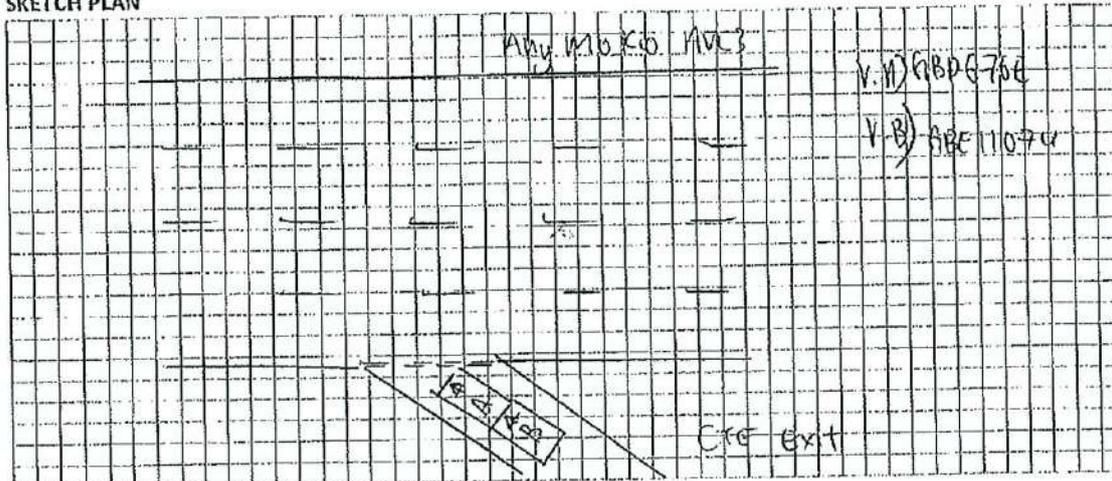
 Reporting Centre Personnel's Signature

 Name: _____

 NRIC/FIN No.: _____

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' 6BDB76E was travelling on the stated venue. I was travelling straight in my lane, slowed down my vehicle and came to a stop as to give way to main traffic vehicle. While waiting for traffic to clear, I felt a huge sudden impact on my rear portion. Shortly I got out and realised it was 6BE1107U collided against my stationary vehicle rear portion.

DECLARATION

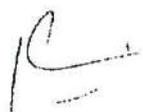
I/We declare the foregoing particulars are true in every respect.



 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.: