

AP Automotive Services

AP AUTOMOTIVE SERVICES PTE LTD
ROC 202022890H
BLOCK 900B
TAMPINES STREET 93 #01-202
SINGAPORE 528840
TEL 6784 4465
FAX 6787 4886

Estimation

Date
Vehicle SJZ 2597 B
Make/Model TOYOTA CAMRY
Chassis No. MR053BK4107061484

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	BONNET / <i>me</i>	1	\$	-
2	BONNET LOCK / <i>BT</i>	1	\$	-
3	BONNET LOCK CATCH <i>X</i>	1	\$	-
4	BONNET INSULATOR <i>X</i> <i>NN</i>	1	\$	-
5	BONNET HINGE L+R <i>X</i>	2	\$	-
6	HEADLAMP L+R / <i>BR</i>	2	\$	-
7	HEADLAMP BRACKET L+R <i>X</i> <i>NN</i>	2	\$	-
8	FRONT GRILLE ASSY / <i>CRA</i>	1	\$	-
9	FRONT GRILLE LOGO - TOYOTA / <i>me</i>	1	\$	-
10	FRONT BUMPER / <i>Re</i>	1	\$	-
11	FRONT BUMPER GRILLE / <i>CRA</i>	1	\$	-
12	FRONT BUMPER FOG LAMP L+R / <i>BR</i>	2	\$	-
13	FRONT BUMPER FOG LAMP GARNISH L+R / <i>BR</i>	2	\$	-
14	FRONT BUMPER FOG LAMP CHROME L+R <i>X</i> <i>NN</i>	2	\$	-
15	FRONT BUMPER RETAINER L+R <i>X</i> <i>NN</i>	2	\$	-
16	FRONT BUMPER REINFORCEMENT BAR / <i>BT</i>	1	\$	-
17	FRONT BUMPER SPONGE / <i>CRA</i>	1	\$	-
18	FRONT BUMPER UNDERCOVER <i>X</i>	1	\$	-
19	FRONT FENDER L+R <i>X</i>	2	\$	-
20	FRONT FENDER VVT-I L+R <i>X</i>	2	\$	-
21	FRONT FENDER COWLING L+R <i>X</i> <i>NN</i>	1	\$	-
22	FRONT SUPPORT PANEL <i>X</i>	1	\$	-
23	FRONT SUPPORT PANEL TOP GARNISH <i>X</i>	1	\$	-
24	FRONT HORN L+R <i>X</i>	2	\$	-
25	AIRCON CONDENSOR <i>X</i>	1	\$	-
26	AIRCON CONDENSOR AIRGUIDE L+R / <i>Re</i>	2	\$	-
27	RADIATOR <i>X</i>	1	\$	-
28	RADIATOR FAN COWLING <i>X</i> <i>NN</i>	1	\$	-
29	RADIATOR FAN BLADE <i>X</i>	1	\$	-
30	WIPER WASHER TANK <i>X</i>	1	\$	-
31	BOOTLID / <i>BT</i>	1	\$	-
32	BOOTLID LOGO - TOYOTA / <i>me</i>	1	\$	-
33	BOOTLID EMBLEM - CAMRY / <i>me</i>	1	\$	-
34	BOOTLID EMBLEM - 2.0 / <i>me</i>	1	\$	-
35	BOOTLID OUTER GARNISH / <i>BR</i>	1	\$	-
36	BOOTLID LAMP L+R <i>X</i>	2	\$	-
37	BOOTLID CHROME <i>X</i> <i>NN</i>	1	\$	-

38	BOOTLID LOCK SWITCH	X NN	1		\$	-
39	BOOTLID INNER TRIM	/ TN	1		\$	-
40	BOOTLID HINGE L+R	X NN	2	\$ 63.00	\$	126.00
41	BOOTLID LOCK	/ Cut	1		\$	-
42	BOOTLID LOCK CATCH	X	1	\$ 85.00	\$	85.00
43	BOOTLID STOPPER	X NN	2		\$	-
44	BOOTLID WEATHERSTRIP	X	1		\$	-
45	TAIL LAMP L+R	X L+R X CAA	2		\$	-
46	TAIL LAMP LOWER BRACKET L+R	X L+R X CAA	2		\$	-
47	TAIL LAMP PANEL L+R	X NN	2		\$	-
48	REAR BUMPER	/ Re	1		\$	-
49	REAR BUMPER REVERSE SENSOR SET	/ DM	2		\$	-
50	REAR BUMPER REFLECTOR L+R	X L+R X CAA	2	\$ 98.00	\$	196.00
51	REAR BUMPER RETAINER L+R	X NN	2	\$ 88.00	\$	176.00
52	REAR BUMPER REINFORCEMENT BAR	/ BT	1		\$	-
53	REAR BUMPER SPONGE	X	1	\$ 189.00	\$	189.00
54	REAR BUMPER UNDERCOVER	X	1	\$ 189.00	\$	189.00
55	REAR WINDSCREEN MOULDING	X NN	1	\$ 98.00	\$	98.00
56	REAR FENDER L+R	X	2		\$	-
57	REAR FENDER INNER TRIM L+R	X	2		\$	-
58	REAR FENDER AIRVENT L+R	X	2		\$	-
59	REAR FENDER COWLING L+R	X	2	\$ 194.00	\$	388.00
60	END PANEL	/ Bue	1		\$	-
61	END PANEL TOP GARNISH	/ Re	1		\$	-
62	SPAREWHEEL PANEL	X Repair	1		\$	-
63	SPAREWHEEL PANEL TOP BOARD	/ Cut	1	\$ 512.00	\$	512.00
64	SPAREWHEEL PANEL TOOLS SPONGE	/ Re	1	\$ 146.00	\$	146.00
65	SPAREWHEEL PANEL INNER SPONGE L+R	X NN	1	\$ 146.00	\$	146.00
66	EXHAUST PIPE	X	1		\$	-
67	EXHAUST MOUNTING SET	X NN	2	\$ 70.00	\$	140.00
68	EXHAUST GASKET	X	1	\$ 98.00	\$	98.00
69	EXHAUST HEATSHIELD	X	1	\$ 221.00	\$	221.00
				Total	\$	2,710.00
	Brace panel	/ BT		Less 25%	\$	677.50
				Total	\$	2,032.50

	S/Nett Items				
1	BONNET INSULATOR CLIPS	X NN	1	100	\$ 100.00
2	FRONT GRILLE CLIPS	X NN	1	120	\$ 120.00
3	FRONT BUMPER CLIPS	/ MCL	1	50	\$ 50.00
4	FRONT NUMBER PLATE	/ Cut	2	150	\$ 300.00
5	FRONT SUPPORT PANEL TOP GARNISH CLIPS	X NN	1	100	\$ 100.00
6	RADIATOR COOLANT	X	1	150	\$ 150.00
7	BOOTLID INNER TRIM CLIPS	/ MCL	1	100	\$ 100.00
8	REAR NUMBER PLATE	X	1	120	\$ 120.00
9	TAIL LAMP CLIPS	X NN	1	50	\$ 50.00
10	TAIL LAMP PANEL SEALANT	X	2	150	\$ 300.00
11	REAR BUMPER CLIPS	/ MCL	1	100	\$ 100.00
12	REAR WINDSCREEN SEALANT	X NN	1	150	\$ 150.00

13	REAR FENDER INNER TRIM CLIPS	X	2	100	\$	100.00
14	REAR FENDER COWLING CLIPS	X	2	100	\$	200.00
15	END PANEL SEALANT	/ MC	1	250	\$	250.00
16	END PANEL TOP GARNISH CLIPS	/ MC	1	100	\$	100.00
17	SPAREWHEEL PANEL SEALANT	X	1	300	\$	300.00
18	EXHAUST CHROME TIP	X	1	1000	\$	1,000.00
				Total	\$	2,670.00

3590

LABOUR						
1	PANEL BEATING ON AFFECTED AREAS		1	3400	\$	3,400.00
2	SPRAY PAINT ON AFFECTED AREAS		1	2600	\$	2,600.00
3	TO RNR REAR WINDSCREEN		1	400	\$	400.00
4	TO RNR REAR EXHAUST		1	250	\$	250.00
5	TO CHECK WIRING AND HEADLAMP FOCUS		1	150	\$	150.00
6	TO CHECK WIRING AND FOG LAMP FUNCTION		1	150	\$	150.00
7	TO CHECK WIRING AND BOOTLID LAMP FUNCTION		1	150	\$	150.00
8	TO CHECK WIRING AND TAIL LAMP FUNCTION		1	150	\$	150.00
9	TO RNR REAR INNER TRIM AND UPHOLSTERY		1	400	\$	400.00
10	TO CHECK WATER LEAK		1	150	\$	150.00
11	TO RNR FRONT AIR CON CONDENSOR AND TOP UP GAS		1	300	\$	300.00
12	TO RNR FRONT RADIATOR		1	250	\$	250.00
13	TO RNR FUEL TANK		1	250	\$	250.00
14	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS		1	600	\$	600.00
15	TO RNR REAR BOOTLID MECHANISM		1	350	\$	350.00
16	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION		1	150	\$	150.00
17	TO RNR HORN AND TEST FUNCTION		1	150	\$	150.00
18	TO PERFORM RUST PROOFING		1	400	\$	400.00
				Total	\$	10,250.00

Parts Replacement Amount \$ 4,702.50

Total Amount For Labour \$ 10,250.00

Total Amount \$ 14,952.50

15872.50

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damage 1 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:

7 Days
4/5
After repair photos.
Gmo Qsop
22/9/2021

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 Submission	20/09/2021 10:27 (SGT)
Date of Accident	17/09/2021 14:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS AIRPORT BEFORE KIM KEAT EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2597B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RAJEEV GOPALAKRISHNAN
NRIC No	SXXXX241I
Email Address	RAJEEV.GOPALAKRISHNAN@EMERSON.COM
Mobile Phone No	(Phone) +65-90118197
Alternative Phone No	(Home) +65-90118197

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5062599656-07
Cover Note Number	-

DRIVER

Name of Driver	RAJEEV GOPALAKRISHNAN
NRIC No	SXXXX241I

Date Of Birth	11/04/1971
Occupation	Indoor
Date Of Driving Pass	02/03/2002
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90118197
Alt. Phone Number	(Home) +65-90118197
Email Address	RAJEEV.GOPALAKRISHNAN@EMERSON.COM
Address	APT BLK 266 TOH GUAN ROAD #08-39
Address complement	-
Postcode	600266
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHANDUVARIYATH SREELEKHA RAJEEV
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SDY453Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDJ3299K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJJ6552M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SGK293E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHANDUVARIYATH SREELEKHA RAJEEV
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJZ2597B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	RAJEEV GOPALAKRISHNAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJZ2597B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.
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/postal 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

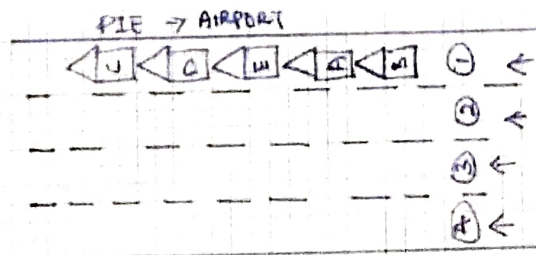
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



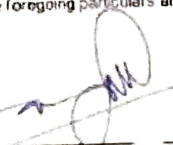
A = SJZ 2597B
B = SDY 453Y
C = SDJ 8299K
D = SSS 6552M
E = SGK 293E

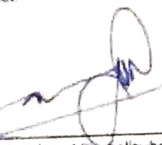
Describe Circumstances of the Accident

As I was travelling along the mention road, it was heavy traffic. Suddenly all my infront cars came to a stop and I follow suit. moments later I felt an impact from my vehicle rear and the huge impact force my vehicle to surge forward and collided onto vehicle 1E. I step out of vehicle and check, I realised I was involve in a 5 cars chain accident.

Declaration

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


Witnessed by Reporting Centre Personnel