

ASS. REC. BY:

REF:

CS3 / LPC 17012751 / GRLB-1

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Gerald Poh

of

LPC

Date/Time:

01-11-2017

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBE 5196K

Insured:

SJK 6784E

at Workshop m/s

Triple - 7 Automobile

Tel:

98388224

of

5 Defu Lane 10 #01-514

Policy No:

Claim No:

16/17/17 / VP15 / 019963

Sum Insured:

Excess:

Make of Veh:

D.O.A

03062017

(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

H.O.D. Endorsement:

Date/Time:

30062017 4:09pm

Person Contacted:

Ms. Tan

Vehicle IN LOT

Date/Time	Action/Instruction (X) Estimate
10-17-17 4:09pm	Received call from Irene want to check liability
	Dismantle Part : 18072017
	After repair : 20072017

Submit LIS \$1350, 3 days
 Red \$1650, 55%.

no bill

AS REC BY: xxml

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Triple - T

of _____

Insured: _____

Policy No: _____

Claims No: _____

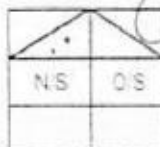
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? Yes or No

GIA / PR Seen: _____ Consistent? Yes or No

Est. Repairs: _____ days Res. Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle IN / OUT

Date / Time Action / Instruction

30/8/17 Submit PRS report

Veh No: GBE 5196K Yr Regn: _____

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

Truck / Trailer or _____

Make: Nissan ~~NV2000~~Colour: Grey A.C. Insured / Std / NI / NASp Reading: 14998 T Radio: Insured / Std / NI / NA

Eng No: _____

C.No: VSKYBAM20.80116178Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SiRim / STD A/Rim orTyre Size: F: 175/70R14cR: 17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R.Bal: 6 mm R.Bal: 6 mmL.Bal: 6 mm L.Bal: 6 mmD.O.A. D.O.I: 18-07-17Survey held at: W/S 12pm

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

Frt O/S

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

Date/Time: File Pass to?

☐

Preli. Report

1) 30/8/17☐

Final Report

Date/Time: File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) \$ - RS \$)

) Photos

) Other

TOTAL

Report Format: PRS

Lump Sum / I.B.I: (\$ _____)




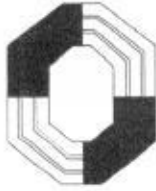
LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
LONPAC INSURANCE BHD		Ref : CS3/LPC17012751/Grb-1		
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 01-11-2017		
		Code : LPC2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJK 6784E	Veh. Inspected	GBE 5196K	
Policy No.		Coverage (\$)	0.00	
Claim No.	16/17/17/VP05/019963	Excess (\$)	0.00	
Assign From	GERALD POH	Assign Date	01/11/2017	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	03/06/2017	Inspection Date	01/11/2017	
Survey held at	TRIPLE-T AUTOMOBILE BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 16/17/17/VP05/019963

Your Ref : CS3/LPC17012751/Grbs2

30 October 2017

M/s LKK Auto Consultants Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Pk
Singapore 408933

Dear Sirs/Madam

PAPER SURVEY OF GBE5196K

We refer to the above accident.

We enclose the following documents :-

- a) Survey report & photos of GBE5196K
- b) GIA report of GBE5196K
- c) GIA report & photos of SJK6784E

Kindly study the documents and let us have your opinion on the adjusted repair cost within the next 10 days.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email : mt_claim@lonpac.com

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 willful misrepresentation or withholding 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 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	06/06/2017 17:53
Date Of Accident	03/06/2017 10:30
Exact Location Of Accident	OPEN CARPARK BLK465 ANG MO KIO AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5196K
Insured/Policyholder	
Name Of Registered Owner	SEANKOH PHOTOGRAPHY LLP
Co Reg No	T15LL0284H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81271500
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5 MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ16-006094
Cover Note Number	
Driver	
Name of Driver	KOH SOON ANN XU SHUN'AN
NRIC No	S8329657G
Date Of Birth	21/09/1983
Occupation	INDOOR
Date Of Driving Pass	03/11/2015
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81271500
Fax Number	
Contact Number	
Email Address	SEAN.DOUBLE01@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? 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) 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] ANG MO KIO SOUTH NPC

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Refer to police report no: T/20170605/2144 I am the owner of the van GBE5196K (Dark Grey Nissan NV200). On 03/06/2017 at about 2200hrs, I parked my vehicle at the carpark between Block 465 and Blk 463 Ang Mo Kio Avenue 10. All was intact. On 05/06/2017 at about 1100hrs, I returned to my vehicle and discovered damages at front right bumper. I made a check on my vehicle's in built camera and it was discovered that on 03/06/2017 at about 2230hrs, there was a white mazda 3 bearing plate number SJK6784E reversing and hit onto my vehicle. Subsequently, it drove off without leaving a note or whatsoever.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: NA

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJK6784E

Vehicle Make/Model/Colour MAZDA 3 SP /WHITE

Details Of Properties

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number UNKNOWN

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

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 willful 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 insurance companies.

5. Any false reporting may be referred to the Police for investigation.

6. The report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available (application by interested parties).

7. By the lodgement of this report to the insurers, you hereby consent to the lodging of this report at the website and to copies of the report being made available elsewhere.

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/will 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' lawyer/law firms, the Monetary Authority of Singapore and any relevant government's officer/authority (such as the police), for the purposes of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigation relating to the claims;

(ii) investigating the accident under my claim;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

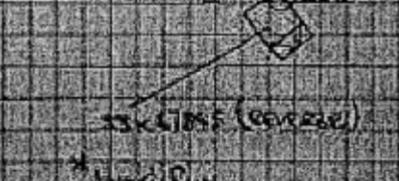
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or copies to me, which could involve disclosure of certain personal data about me to bring about delivery of the claims as well as on the external cover of emails/documents/packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").

(b) all Insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/will 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/will be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms, which may be sited outside of Singapore, for one or more of the above Purposes).

Witnessed by Reporting Officer



250.9V (10000)
 36.10V (0.0000)
 * 1000 (1000)

(1000.0000)

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 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 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	07/07/2017 11:40
Date Of Accident	03/06/2017 22:30
Exact Location Of Accident	ANG MO KIO AVE 10 OPEN CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6784E
Insured/Policyholder	
Name Of Registered Owner	KOH PEK HOR
NRIC No	S1390912A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96813653
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SP
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z16VP05012174
Cover Note Number	

Driver

Name of Driver	CHAN SAI KIM
NRIC No	S1674523E
Date Of Birth	01/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	11/09/1989
Driving Experience	27 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85109608
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 463 ANG MO KIO AVE 10 #06-1134
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to sketch plan.

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	GBE5196C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	


Email Address


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 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/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.


Policyholder's Signature / Date & Time

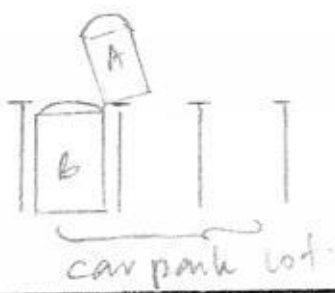

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle: SJK 6784 E

Vehicle: GBE 5196 C



car park lot

Sketch Plan Pg. 2

Describe Circumstances of the Accident

[illegible]

Declaration

(We declare the foregoing particulars are true in every respect.)

Kob

Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

Describe Circumstances of the Accident

Describe Circumstances of the Accident:

Declaration

We declare the foregoing particulars are true in every respect.

Kol

Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170613/2048

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20170613/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2017 12:19	Vide Report No.:	Station Diary No.: 52
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHAN SAI KIM			Address: APT BLK 463 ANG MO KIO AVENUE 10 #06-1134 SINGAPORE 560463		
ID Type / ID No.: NRIC NO / S1674523E			Contact No: Home/Office: Mobile: 85109608		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 53	Date of Birth: 01/03/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: POSTWOMEN			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/06/2017 22:30	Type of Location: Car Park
Location: Along Road 1 ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE5196C	Van					0
SJK6784E	Car					1



**SINGAPORE
POLICE FORCE**



T/20170613/2048

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20170613/2048

CONTINUATION OF REPORT

Brief Details.

On 03/06/2017 at about 2230hrs, I was trying to park my vehicle with bearing registration number SJK6784E as I was reversing my vehicle I accidentally hit on to another grey Van with bearing registration number GBE5196C subsequently I change to the opposite parking lot as that point of time the area was very dark.

I decided to go back to the car park in the morning to make a check however there was no damages on to the another vehicle.

I wish to state this is the first time such incident happened to me and I was confused at that point of time and I also was unsure what to do.

Police Report Pg. 1



SINGAPORE
POLICE FORCE



T/20170613/2048

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No: T/20170613/2048

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 /
TAN WEI REN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/06/2017 12:19

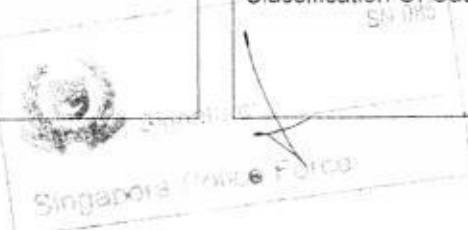
Officer In Charge Of Case:

TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Classification Of Case:

SM 1110

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



TRIPLE-T AUTOMOBILE

BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186

TEL: 63851171 FAX: 63851141

INVOICE

To: Seankoh Photography LLP

Invoice No. : CL17099
Date : 16/10/2017
Vehicle No. : GBE5196K

No.	Description	Qty	Unit Price	Amount
1	REPAIR COST		\$ 3,000.00	\$ 3,000.00
Total:				\$ 3,000.00

Payment by cheque should be crossed and made payable to 'Triple-T Automobile'

Issued By:



Authorised Signature

Our reference: 177-1353

Date: 25/8/2017

c/o Triple-T Automotive
Blk 6 Defu Lane 10
#01- 556
Singapore 539187

Dear Sirs

**RE: Road Traffic Accident on 3/6/2017
Seankoh Photography LLP**

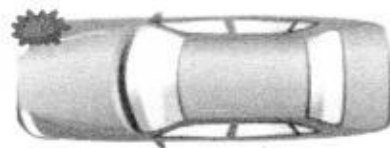
In accordance with your instructions received in this office on **18/7/2017**, we made arrangements to examine the vehicle on **18/7/2017** at above-mentioned address. The following data was recorded:

Vehicle details

Make	Nissan	Registration	GBE5196K
Model	NV200	Chassis	VSKYBAM2020116178
Colour	Gary	Gearbox	Manual
Odometer	14998km	Paintwork	Good
Steering	Good	Brakes	Good
Condition	Good		

Tyre Depths

Front left	175/70R14C	80% Goodyear
Front right	175/70R14C	80% Goodyear
Rear left	175/70R14C	80% Goodyear
Rear right	175/70R14C	80% Goodyear

Impact Direction & Area of Damage:


Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of **\$3,000.00** and **4** working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Our reference 177-1353
Date 25/8/2017
Page 2

Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
List Items:				
Front bumper	1	deformed	625.30	625.30
Front bumper retainer rh	1	necessary	38.90	38.90
Bonnet - repair	1	repair/repaint	986.50	0.00
Front fender rh	1	repair/repaint	557.80	0.00
Sub- Total costs			2208.50	664.20
Percentage discount : 30%			662.55	199.26
Sub-Total costs for parts			1545.95	464.94

512
29

Nett Items

Headlamp rh	1	holder damaged	758.90	758.90
Front headlamp apron panel	1	bent	198.60	198.60
Sub- Total costs			957.50	957.50
Percentage discount : 10%			95.75	95.75
Sub-Total costs for parts			861.75	861.75

452
86

Special Nett Items:

Front bumper clip @\$4.50	10	necessary	45.00	45.00
Sub-Total costs for parts			45.00	45.00

30

Parts Repair

*	*	*	0.00	0.00
Sub- Total costs			0.00	0.00
Total costs for parts			2452.70	1371.69

Our reference 177-1353
 Date 25/8/2017
 Page 3

Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 48.00	20	\$ 960.00 400
Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 900.00 488
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 50.00
Wiring / bulb checking	\$ 48.00	0.5	\$ 24.00
*	\$ 48.00	0	\$ -
Total labour cost			\$ 1,934.00

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

4386.70

Our reference 177-1353

Date 25/8/2017

Page 4

Section C: Summary Table of Total Repair Cost

Description		Cost	
Damaged Parts Assessment (See section A)		\$1,371.69	
Replace parts		\$274.34	
Further discount	20%		
Recommended cost of parts replacement		\$1,097.35	(1)
Labour Cost Calculation (See section B)		\$1,934.00	(2)
Total Repair Cost (Round off to hundred)		\$3,000.00	(1) + (2)

We would recommend a sum of \$3,000.00 and 4 working days for repair.
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.

3 days

7

Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)
B.Eng. (Hons, NUS)
Diploma.Mechanical, ITC. Mechanical & Electrical
NTC-2 Automovite Technology
Sr.MIES, Institution of Engineers, Singapore
MATAI, Maryland Association of Traffic Accident Investigators
IAARS, International Association of Accident Reconstruction Specialists
ARC #1649, CLI, CGI



THE INSTITUTION
OF ENGINEERS
SINGAPORE



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
LONPAC INSURANCE BHD		Ref : CS3/LPC17012751/Grbs2-1		
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 01-12-2017		
		Code : LPC2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJK 6784E	Veh. Inspected	GBE 5196K	
Policy No.		Coverage (\$)	0.00	
Claim No.	16/17/17/VP05/019963	Excess (\$)	0.00	
Assign From	GERALD POH	Assign Date	01/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN NV 200	c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.	VSKYBAM20Z0116178	Colour	GREY	
Odometer	14998	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	175/70 R14C	GOODYEAR	6 mm	
L/H Front Tyre	175/70 R14C	GOODYEAR	6 mm	
R/H Rear Tyre	175/70 R14C	GOODYEAR	6 mm	
L/H Rear Tyre	175/70 R14C	GOODYEAR	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	03/06/2017	Inspection Date	18/07/2017	
Survey held at	TRIPLE-T AUTOMOBILE BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBE 5196K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DEFORMED	625.30	512.00
1	FRONT BUMPER RETAINER RH	NECESSARY	38.90	29.00
1	BONNET	TO REPAIR SEE LABOUR	986.50	-
1	FRONT FENDER RH	TO REPAIR SEE LABOUR	557.80	-
	LESS 30% DISCOUNT		-662.55	-162.30
			1,545.95	378.70
	NETT ITEMS			
1	HEADLAMP RH (N)	HOLDER DAMAGED	758.90	452.00
1	FRONT HEADLAMP APRON PANEL (N)	BENT	198.60	86.00
	LESS 10% DISCOUNT		-95.75	-53.80
			861.75	484.20
	SPECIAL NETT ITEMS			
10	FRONT BUMPER CLIP @ \$4.50 (SN)	NECESSARY	45.00	30.00
			45.00	30.00
	LABOUR			
	TO DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS-MENTIONED ON THE 'PARTS REPAIR' COLUMN INCLUSIVE OF REPLACEMENT PARTS. INCLUSIVE OF THE REPAIR OF BONNET AND FRONT FENDER RH.		960.00	400.00
	SPRAY PAINTING TO ADJACENT PANELS. JOB ALLOWANCE. PAINT / MATERIAL.		900.00	400.00
	APPLY RUST PROOFING ON THE ADJACENT PANELS.	NOT NECESSARY	50.00	-
	WIRING / BULB CHECKING.		24.00	24.00
			1,934.00	824.00
	GRAND TOTAL		4,386.70	1,716.90
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,350.00

Report Ref No. CS3/LPC17012751/Grbs2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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