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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

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LON	IPAC INSURANCI	E BHD	Ref : CS3/LPC17012751/Grb-1			
	BEACH ROAD -04/07 THE CONC	OURSESINGAPORE 199555	Date: 01-11-2017 Code: LPC2			
1.		Policy Particulars	:- THIRD PARTY CLAI	M		
	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 Parti	culars & Condition			
	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour			
	Odometer	•	Steering			
Brakes			Modification			
	General					
3.		Conditi	ons of Tyres			
		Size	Make	Balance		
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	L/H Front Tyre			mm		
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	L/H Rear Tyre			mm		
١.		Description	on of Damages			
5.	Source No. 115	Genera	I Information			
	Accident Date	03/06/2017	Inspection Date	01/11/2017		
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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

- Please report correctly the details of the accident to speed up the claims process.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.
- 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 Any false reporting may be referred to the Police for investigation. 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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ACCID	ENT SI	AIEW	- 11
ACCID			

06/06/2017 17:53 Date Of Report 03/06/2017 10:30

Date Of Accident

OPEN CARPARK BLK465 ANG MO KIO AVE 10 Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

THIRD PARTY

COMMERCIAL VEHICLE

GBE5196K ehicle Registration Number

Insured/Policyholder

SEANKOH PHOTOGRAPHY LLP Name Of Registered Owner

T15LL0284H Co Reg No NOEMAIL Email Address

Mobile Phone No

OFFICE-81271500 Alternative Phone No

Vehicle Particulars

NISSAN Manufacturer

NV200 1.5 MT Model

Exact Purpose for which vehicle was being used at COMMERCIAL

time of accident Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category

Insurance Company EQ INSURANCE COMPANY LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy DMCPHQ16-006094 Policy Number

Cover Note Number

Driver

KOH SOON ANN XU SHUN'AN Name of Driver

S8329657G NRIC No 21/09/1983 Date Of Birth INDOOR Occupation 03/11/2015

Date Of Driving Pass 1 YEAR AND 7 MONTHS Driving Experience

MALE

Gender (LOCAL) +65-81271500 Mobile Number

Fax Number

Contact Number SEAN.DOUBLE01@GMAIL.COM EMail Address

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

0

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

SKETCH PLAN

IMPORTANT NOTICE

- Peace import correctly the determ of the account to spend up the claims process.
 The Form must be completed by the Policyholder and/or the Authorised Driver.
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 Information provided must be as truthful and accurate as possible. Any world manuposcentation or wishedding of matched between above extrance composites to reposition by distrance companies is not an accuration of policy liability on meigration of matched the form by distrance companies is not an accuration of policy liability on meigration for the form to the Police for Investigation.

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- Consists under the Personal Data Protection Act (PUPA)

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SEANKON PHOTOGRAPHY LLP

Reg No. 11511022609 Bis 455 Any Mo Kin Are 15

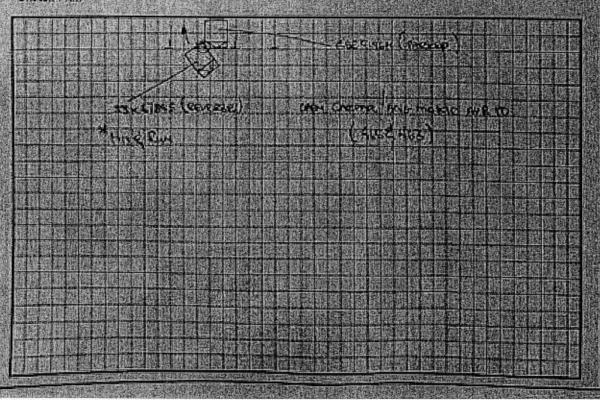
405-1004 S(560465) (Tel 4957 4525

Policycological Signature (Date & Time) Distance Signature (If driver is contine policyclosis) Policy Cities

VERIFIED BY AJAX MARS REPORTING OFFICER MOHD FADZLY BIN ISMAIL

Witnessed by Reporting Central Personnel

Shelch Plan



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 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	t.
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
1886 CAP CALL ASSOCIATION	

S1674523E NRIC No 01/03/1964 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 11/09/1989

27 YEARS AND 8 MONTHS **Driving Experience**

Gender FEMALE

(LOCAL) +65-85109608 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

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

Vehicle Registration Number of Driver's Own Vehicle

SPOUSE

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?

Was any body injured in the Accident?

NO NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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.
- 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Lel

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

Witnessed by Reporting Centre Personnel¹

SIN MING

Sketch Plan

YUL A SIK 6784 E VILLE: GBE 51960

Sketch Plan Pg. 2

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Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan #2 Pg. 1

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Declaration

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

Policyholder's Signature / Date & Time

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

SIN MING

Witnessed by Reporting Centre Personnel

Police Report Pg. 1





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

1 of 3 Report No. T/20170613/2048

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT						
Date/Time 13/06/201	e Report N 17 12:19	/lade:	Vide Report No :	Station Diary No 52		
Informan	t's Partic	ulars				
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		
Nationalit SINGAPO	y: ORE CITIZ	EN	Email:	4/31/15 (1) (4) 1 (1) (4) (4) (4)		
Sex: Age: Date of Birth: Female 53 01/03/1964			Type of Informant. Driver			
Race: Chinese			Language	Institution / School Name:		
Occupation: POSTWOMEN			Driving Licence Information: Class: 3	Date of Expiry		

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 KIC Weather:	AVENUE 10	Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
One Way				Anyone conveyed by

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE5196C	Van					0
SJK6784E	Car					1

Police Report Pg. 1



2 of 3

Report No. 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

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 accidently 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





J170013/2040

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

3 of 3

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:
Authentication Stamp NP168 Singarol	13 COMPLET SICE

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
34				
2.				
			Tota	1: \$ 3,000.0

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

Issued By:

Authorised Signature

Blk 5 Defu Lane 10 #01-574 Singapore 539186 Co. Regn. No. 53153313E

Hotline: 8282 1100

Fax: 6858 5130

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

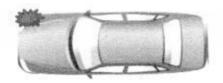
Make	Nissan	Registration	GBE5196K
Model	NV200	Chassis	VSKYBAM2020116178
Colour	Gary	Gearbox	Manual
Odometer	14998km	Paintwork	Good
Steering	Good	Brakes	Good
Condition	Good	·	

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

Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Impact Direction & Area of Damage:



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.





Blk 5 Defu Lane 10 #01-574 Singapore 539186 Co. Regn. No. 53153313E

Fax: 6858 5130 Hotline: 8282 1100

Our reference

177-1353

Date

25/8/2017

Page

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Section A: Damaged Parts Assessment

	Secti	on A: Damaged Pa	arts Assessine	10		
1	Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment	
	List Items: Front bumper Front bumper retainer rh Bonnet - repair Front fender rh	1 1 1	deformed necessary repair/repaint repair/repaint	625.30 38.90 986.50 557.80 2208.50	625.30 38.90 0.00 0.00 664.20	512
		Sub-Total Percentage discount: Sub-Total costs	30%	662.55 1545.95	199.26 464.94	
	Nett Items Headlamp rh Front headlamp apron panel	1 Sub- Tota Percentage discount : Sub-Total cost	10%	758.90 198.60 957.50 95.75 861.75	758.90 198.60 957.50 95.75 861.75	452
0	Special Nett Items: Front bumper clip @\$4.50	10 Sub-Total cos	necessary ts for parts	45.00 45.00		-
	Parts Repair *	* Sub- Tota Total costs		0.00 0.00 2452.7 0	0.00	<u> </u>
				2452.70	1371.69	9





Blk 5 Defu Lane 10 #01-574 Singapore 539186 Co. Regn. No. 53153311E Fax: 6858 5130

Hotline: 8282 1100

Our reference

177-1353

Date

25/8/2017

Page

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Section B: Labour Cost Calculation

	Hourly rat	e 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
Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-co	ontract work.	\$ 908.00
Apply rust proofing on the adjacent panels.	Sub-c	ontract work.	\$ 50.00
Wiring / bulb checking	\$ 48.0	0.5	\$ 24.00
*	\$ 48.0	0 0	\$ -
	Tota	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





Blk 5 Defu Lane 10 #01-574 Singapore 539186 Co. Regn. No. 53153311£ Fax: 6858 5130

Hotline: 8282 1100

Our reference

177-1353

Date

25/8/2017

Page

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Section C: Summary Table of Total Repair Cost

			7
Descr	ription	Cost	
Damaged Parts Assessment (See section A)		\$1,371.69	
Repla	ce parts	\$274.34	
Further discount 20% Recommended cost of parts replacement		\$274.54	
		\$1,097.35	(1)
	ection B)	\$1,934.00	(2)
	epair Cost f 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 w	vithout our expresse	ed written agreem	ent. Any sign	ificant additional
items will be subject to a suppleme				

3 de

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

Impact Analysis Consultant



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

TIES.		Affiliated to Federation Internation	onale Des Experts En Autom	obile
LON	PAC INSURANCE	BHD	Ref : CS3/LPC17012	751/Grbs2-1
	BEACH ROAD 04/07 THE CONC	OURSESINGAPORE 199555	Date: 01-12-2017 Code: LPC2	
1.		Policy Particulars	:- THIRD PARTY CLAI	M
	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 Parti	culars & 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.		Condit	ions 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.		Descripti	on of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE FR	ONT O/S PORTION.	
5.	DAWAGEG GEE D	A 12 (A) (A) (A) (A)	I Information	
	Accident Date	03/06/2017	Inspection Date	18/07/2017
	Survey held at	TRIPLE-T AUTOMOBILE		The state of the s
		BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186		
5a.		R	emarks	
		ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V		
5b.		Estimate	Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	3 Working Day	'S



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

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	10*
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
- 1	APPLY RUST PROOFING ON THE ADJACENT PANELS.	NOT NECESSARY	50.00	80
	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			1.350.00

RECOMMENDED COST OF LUMP SUM REPAIRS	1,350.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS3/LPC17012751/Grbs2-1

XING GUO QIANG

ADRIAN LING WAI PING

M.MATAI, AMSAE-A

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

Automotive Assessor

Licensed Appraiser

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