

ASS: REC. BY:

REF: CS/40I17021841/T11632

Special Instruction:

Surveyor: Tauhida

ASSIGNMENT (Office)

From (Person): Jenny

of 40I

Date/Time: 15/11/17 @ 9:04am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

Skw 25212

Insured:

YN 5288J

at Workshop m/s

Hin Tung Workshop

Tel:

6858 3000

of Blk 1008, # 01-20 Blk Merah Lane 3 - 159722

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 11/11/2017

16/11/17 @ 3pm owner waiting

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time: 12:27pm @ 15/11/17

Person Contacted:

Susan

Vehicle IN (OUT)

Date/Time

Action/Instruction ( ☒ ) Estimate

SKW 25212 - CC4/AXA16012608/T1wg 3q2-D.O.A: 06/07/2016  
YN 5288J - X

1/12-

Submit prelim report TP convert to OD claim.

3/12/17

Tanfah

REF: 401

# ASSIGNMENT

CoE 2024 March

From: Date: 16/11/17

Estimated Cost:

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

To Inspect Vehicle No: SKW 2521Z

at Workshop m/s Hin Lung Workshop

of Blk 1008, # 01-20 Bkt Merah Lane 3, 15972

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

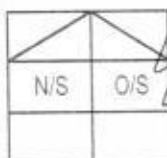
(Client's Record)

Make of Veh:

3pm @ Owner Waiting

(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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'up'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKW 2521Z Yr Regn: 2004 March

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

Truck / Trailer or

Make: Mercedes Benz E200 c.c. 1796

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 115947 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDB 2110422 4511911

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/55R16

R: C

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

TOYO / YOKO or Falken

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I.

16/11/17 @ 1535

Survey held at Hin Lung

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

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

Date / Time Action / Instruction

RECEIVED 1 DEC 2017

Date/Time. File Pass to?

1) 1/2 Typist

Date/Time. File Return to?

2)

☒ : Preli. Report  
☒ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: -

Survey Fee:

Transportation:

\_\_\_\_ \$ + RS. \_\_\_\_ \$

) Photos

) Others:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

TOTAL

150
50
21
221

Report Format: TP - Preli

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

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI17021841/T1tb

3 ANSON ROAD #28-01  
SPRINGLEAF TOWER SINGAPORE 079909

Date : 15-11-2017



Code : UOI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YN 5288J	Veh. Inspected	SKW 2521Z
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	JENNY	Assign Date	15/11/2017

## 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	11/11/2017	Inspection Date	
Survey held at	HIN LUNG WORKSHOP BLK 1008 BUKIT MERAH LANE 3 #01-20 SINGAPORE 159722		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

**Catherine Chong (LKK Auto)**

---

**From:** LEW JENNY <jennylew@uoi.com.sg>  
**Sent:** Wednesday, 15 November, 2017 9:04 AM  
**To:** limin; sur@lkkauto.com; assignments@lkkauto.com  
**Subject:** RE: SKW2521Z/YN5288J Accident date on 11/11/2017, TP Survey & Liability.  
**Attachments:** SKW2521Z (002).zip

WITHOUT PREJUDICE

Dear Li Min,

We will appoint LKK as per requested.

Dear Shiau Chan,

Please arrange to conduct survey at Hin Lung Workshop.

Thank You.

Warmest Regards

Jenny  
Claims Department

DID : 6 4909 329 Fax : 6 327 3869/72  
United Overseas Insurance Limited  
Company Registration Number: 197100152-R  
UOB EMAIL DISCLAIMER

Any person receiving this email and any attachment(s) contained, shall treat the information as confidential and not misuse, copy, disclose, distribute or retain the information in any way that amounts to a breach of confidentiality. If you are not the intended recipient, please delete all copies of this email from your computer system. As the integrity of this message cannot be guaranteed, neither UOB nor any entity in the UOB Group shall be responsible for the contents. Any opinion in this email may not necessarily represent the opinion of UOB or any entity in the UOB Group.

---

**From:** limin [mailto:hlungws@singnet.com.sg]  
**Sent:** Tuesday, 14 November, 2017 5:58 PM  
**To:** LEW JENNY <jennylew@uoi.com.sg>  
**Subject:** RE: SKW2521Z/YN5288J Accident date on 11/11/2017, TP Survey & Liability.

Dear Jenny,

Thank you for the email.

We prefer LKK to survey for this case.

Thanks & Regards,  
Lie Mien (Li Min 莉敏)

Hin Lung Workshop  
Tel: 6858 3000 Fax: 6476 0075

---

**From:** LEW JENNY [mailto:jennylew@uoi.com.sg]  
**Sent:** Tuesday, 14 November 2017 5:41 PM

To: limin <hlungws@singnet.com.sg>

Subject: RE: SKW2521Z/YN5288J Accident date on 11/11/2017, TP Survey & Liability.

Without Prejudice

Dear Li Min,

We attach herewith our list of surveyors for your attention.

Please advise who you want to appoint as SJE for this case.

We reserve all our rights in relation to this matter.

Thanks.

Warmest Regards

Jenny  
Claims Department

DID : 6 4909 329 Fax : 6 327 3869/72

United Overseas Insurance Limited

Company Registration Number: 197100152-R

UOB EMAIL DISCLAIMER

Any person receiving this email and any attachment(s) contained, shall treat the information as confidential and not misuse, copy, disclose, distribute or retain the information in any way that amounts to a breach of confidentiality. If you are not the intended recipient, please delete all copies of this email from your computer system. As the integrity of this message cannot be guaranteed, neither UOB nor any entity in the UOB Group shall be responsible for the contents. Any opinion in this email may not necessarily represent the opinion of UOB or any entity in the UOB Group.

---

From: limin [mailto:hlungws@singnet.com.sg]

Sent: Tuesday, 14 November, 2017 5:19 PM

To: LEW JENNY <jennylew@uoi.com.sg>

Subject: SKW2521Z/YN5288J Accident date on 11/11/2017, TP Survey & Liability.

Dear Sirs,

We refer to the above subject and we are the authorized representative for Owner of motor vehicle no. SKW2521Z to resolve the above matter.

Attachments are for your reference.

Kindly take note that the **vehicle is not in workshop** and we wish to know on the **liability**.

Please let us hear from you.

Should you need any clarifications, feel free to contact us.

Thanks & Regards,  
Lie Mien (Li Min 莉敏)

Hin Lung Workshop

Tel: 6858 3000 Fax: 6476 0075

Email: [hlungws@singnet.com.sg](mailto:hlungws@singnet.com.sg)

Address: Blk 1008 Bukit Merah Lane 3 #01-20 Singapore 159722

## 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	13/11/2017 12:51
Date Of Accident	11/11/2017 14:00
Exact Location Of Accident	ALONG CHOA CHU KANG ROAD BEFORE TECK WHYE AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2521Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALINGALAN RAMON BERNABE
NRIC No	S2703233H
Email Address	MONANGIE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96481526
Alternative Phone No	OFFICE-96481526

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA076494
Cover Note Number	

### Driver

Name of Driver	ALINGALAN RAMON BERNABE
NRIC No	S2703233H
Date Of Birth	30/01/1959
Occupation	INDOOR
Date Of Driving Pass	29/12/1997
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96481526
Fax Number	
Contact Number	OFFICE-96481526
EMail Address	MONANGIE@SINGNET.COM.SG

Address	BLK 476 SEGAR ROAD #15-420
Postcode	670476
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLE
Road Surface	WET

### 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO ATTACHED

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5288J
Vehicle Make/Model/Colour	UD/CONDOR/WHITE
Details Of Properties	
Name of Driver	NG ENG ANN
NRIC/Passport Number	S0214552I
Contact Number	
Address	BLK 524 JURONG WEST ST 52 #05-241
Postcode	640524
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

### Details of Witness

Name	
Phone Number	
Email Address	



## 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: 13/11/17 11:00am

Driver's Signature

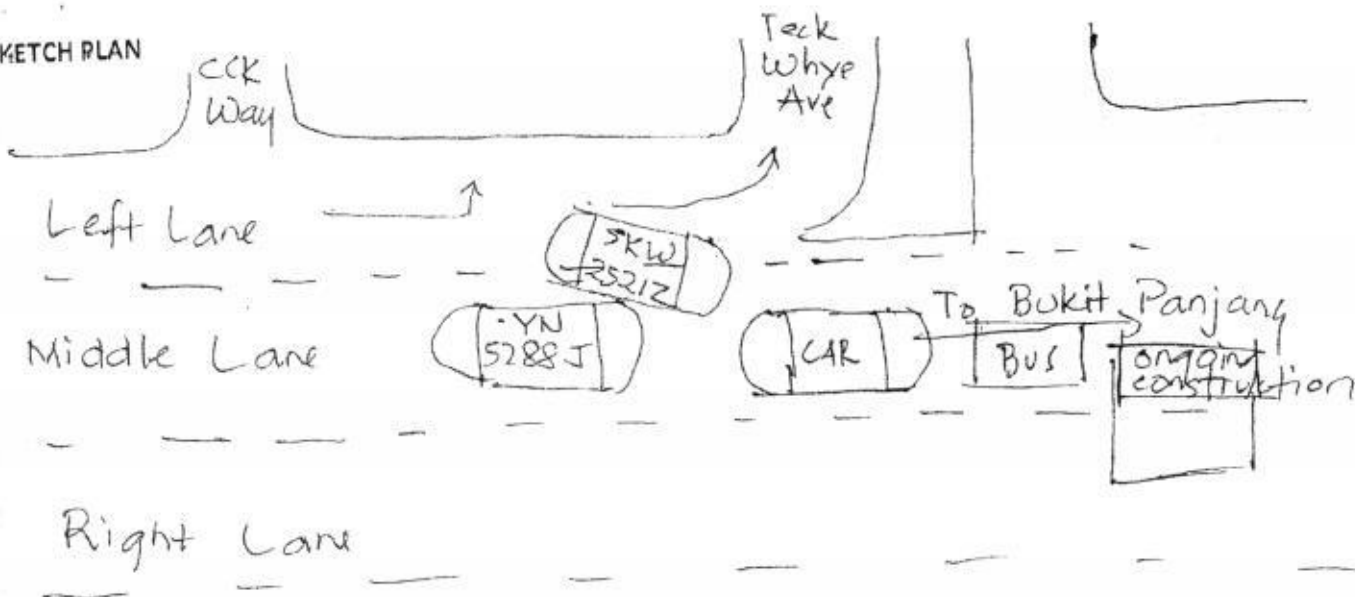
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on my car SKW2521Z along Choa Chu Kang Rd. It was drizzling so there was congestion, and a <sup>road</sup> repair work was on-going, <sup>also</sup> thus all vehicles were travelling slowly.

My direction was toward Bukit Panjang but I was on the leftmost lane that's supposed to turn left, so I had to change lane. Ahead of me was a public bus <sup>on the same lane</sup> that's going to Bukit Panjang also and the <sup>bus</sup> driver changed lane, <sup>A</sup> the car gave way so the bus can change lane. Behind that car was a truck w/ plate no. YN5288J. I signalled my intention to change lane after the car and before the truck. I slowly I went to the other lane. My car was half-way inside the middle lane but the truck <sup>driver</sup> even increased his speed and hit the right side of my car.

The <sup>truck</sup> driver should have stopped as I was ahead of him, and he could if he wanted to and avoided me as he was travelling slow also, but he deliberately <sup>increased speed and</sup> drive forward and hit the right side of my car.

Before this when I noticed he is not stopping I tried to steer back to the left lane but it was too late

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

Policyholder's Signature  
Date & Time: 13/11/17 11:00 AM

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No : MHLW17149951 Vehicle Registration No: SKW 2521Z  
Name (as shown in NRIC) : Alingalan Ramon Bernabe NRIC/FIN/Passport No : S2703233H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 476 Segar Road #15-420 Singapore (670476)  
Contact (Tel) : 9648 1526 Mobile No. : \_\_\_\_\_  
Email Address : monangie@singnet.com.sg  
Date of Accident : 11/11/2017 Time of Accident : 14:00  
Place of Accident : Along Choa Chu Kang Road before Teck Whye Ave  
Insurance Company: AXA


**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I amending the report to claim my own insurance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Policyholder / Driver's Signature  
Date: 27/11/17

  
Reporting Centre Personnel's Signature  
Name: SIOU LIE MIEN  
NRIC/FIN No.: G2772902P  
Date: 27/11/17, 3:26pm

## Enquire Transfer Fee

### Vehicle Details

Vehicle No.	SKW2521Z
Vehicle Type	P10 - Passenger Motor Car
Vehicle Attachment 1	No Attachment
Vehicle Scheme	Normal
Vehicle Make	MERCEDES BENZ
Vehicle Model	E200 ML
Chassis No.	WDB2110422A511911
Propellant	Petrol
Engine No.	27194130319653
Engine Capacity	1796 cc
Maximum Power Output	120.0 kW ( 160 bhp )
Maximum Laden Weight	-
Unladen Weight	-
Year Of Manufacture	2004
Original Registration Date	29 Mar 2004
Lifespan Expiry Date	-
COE Category	B - Car (1601cc & above)
PQP Paid	\$76,719.00
COE Expiry Date	28 Mar 2024
Road Tax Expiry Date	28 Mar 2018
Inspection Due Date	28 Mar 2018
Intended Transfer Date	30 Nov 2017
CO2 Emission	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

### Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee	11.00	-	11.00
<b>Total Amount Payable</b>			<b>11.00</b>

You may print this page for reference.

# HIN LUNG WORKSHOP

Blk 1008 Bukit Merah Lane 3 #01-20, S'pore 159722. Tel: 68583000 Fax: 64760075  
Website: www.hinlung.com.sg GST Regn. No: M2-0065859-X

Your Ref:  
Our Ref : 0578/11/17  
M/s : UNITED OVERSEAS INSURANCE LTD  
3 ANSON ROAD #28-01  
SPRINGLEAF TOWER BUILDING  
SINGAPORE 079909  
Attn : MOTOR CLAIM DEPARTMENT

Page: 1  
Date: 14/11/2017

Tanpin 97495749  
- WP

16/11/17 @ 1515

To check p/p w L/S  
To working before & after repair  
A-5 days  
See @ lkk auto.com

Dear Sir/Madam,

ACCIDENT REPAIR ON : SKW2521Z - E200 0  
INSURED : ALINGALAN RAMON BERNABE  
DATE OF ACCIDENT : 11/11/2017  
YOUR INSURED VEH NO: YN5288J

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED:-

		S\$	S\$	S\$
<b>REPLACEMENT OF PARTS</b>				
1	FRONT RH DOOR	1 @ 1,870.00	1,870.00	ht
2	FRONT RH DOOR WEATHER STRIP	1 @ 365.00	365.00	cut
3	FRONT RH DOOR PROTECTOR WITH CHROME MOULDING.	1 @ 218.00	218.00	cut
4	FRONT RH DOOR HANDLE	1 @ 170.00	170.00	cut
5	FRONT RH DOOR HANDLE CAP	1 @ 55.00	55.00	cut
6	REAR RH DOOR	1 @ 1,870.00	1,870.00	ht
7	REAR RH DOOR WEATHER STRIP	1 @ 365.00	365.00	p
8	REAR RH DOOR PROTECTOR WITH CHROME MOULDING.	1 @ 218.00	218.00	mis
9	REAR RH DOOR TOP HINGE	1 @ 115.00	115.00	Rx
10	REAR RH DOOR LOWER HINGE	1 @ 145.00	145.00	Rx
<b>Total</b>			<b>5,391.00</b>	

## LABOUR CHARGES

- 1 REMOVE AND REPAIR REAR RH FENDER, FRONT RH DOOR, REAR RH DOOR, FRONT RH DOOR HANDLE & ETC. AND REPLACEMENT OF PARTS FOR THE EFFECTED AREAS.
- 2 SPRAY PAINT ON THE EFFECTED AREAS WITH 2K PAINT.
- 3 DISCONNECT AND CHECK ELECTRICAL WIRING, HARNESS, WIRE SOCKETS, ETC., REMOVE AND REINSTALL DAMAGED PARTS, TEST AND RECTIFY FOR PROPER FUNCTIONING.
- 4 DISMANTLE AND TRANSFER DOOR FITTINGS AND MECHANISM TO NEW DOOR/FACILITATE

800.00 700

1,000.00 700

60.00 30

200.00 120

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged 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:

# HIN LUNG WORKSHOP

Blk 1008 Bukit Merah Lane 3 #01-20, S'pore 159722. Tel: 68583000 Fax: 64760075  
Website: [www.hinlung.com.sg](http://www.hinlung.com.sg) GST Regn. No: M2-0065859-X

Your Ref:  
Our Ref : 0578/11/17

Page: 2  
Date: 14/11/2017

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED:-

S\$ S\$ S\$

REPAIR.

Nett Total Before GST

=====  
7,451.00  
=====

Yours faithfully,

A circular stamp with the text "HIN LUNG WORKSHOP" around the perimeter. Inside the circle, there is a handwritten signature that appears to be "Tseng".

(Workshop Manager)




# 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				
UNITED OVERSEAS INSURANCE LTD			Ref : CS/UOI17021841/T1tbs2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909			Date : 06-12-2017	
			Code : UOI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	YN 5288J	Veh. Inspected	SKW 2521Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	M11D02261711	Excess (\$)	0.00	
Assign From	JENNY LEW	Assign Date	15/11/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MERCEDES BENZ E200	c.c	1796	
Engine No.	HIDDEN	Year of Reg.	2004	
Chassis No.	WDB2110422A511911	Colour	SILVER	
Odometer	115949	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	225/55R16	FALKEN	6 mm	
L/H Front Tyre	225/55R16	FALKEN	6 mm	
R/H Rear Tyre	225/55R16	FALKEN	6 mm	
L/H Rear Tyre	225/55R16	FALKEN	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	11/11/2017	Inspection Date	16/11/2017	
Survey held at	HIN LUNG WORKSHOP BLK 1008 BUKIT MERAH LANE 3 #01-20 SINGAPORE 159722			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		





# 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. SKW 2521Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT RH DOOR	BENT	1,870.00	1,870.00
1	FRONT RH DOOR WEATHER STRIP	CUT	365.00	365.00
1	FRONT RH DOOR PROTECTOR WITH CHROME MOULDING	CUT	218.00	218.00
1	FRONT RH DOOR HANDLE	CUT	170.00	170.00
1	FRONT RH DOOR HANDLE CAP	CUT	55.00	55.00
1	REAR RH DOOR	BENT	1,870.00	1,870.00
1	REAR RH DOOR WEATHER STRIP	* CHECK	365.00	-
1	REAR RH DOOR PROTECTOR WITH CHROME MOULDING	MISSING	218.00	218.00
1	REAR RH DOOR TOP HINGE	TO REPAIR SEE LABOUR	115.00	-
1	REAR RH DOOR LOWER HINGE	TO REPAIR SEE LABOUR	145.00	-
			5,391.00	4,766.00
	<b><u>LABOUR</u></b>			
	REMOVE AND REPAIR REAR RH FENDER, FRONT RH DOOR, REAR RH DOOR, FRONT RH DOOR HANDLE & ETC. AND REPLACEMENT OF PARTS FOR THE EFFECTED AREAS. INCLUSIVE OF THE REPAIR OF REAR RH DOOR TOP HINGE AND REAR RH DOOR LOWER HINGE.		800.00	700.00
	SPRAY PAINT ON THE EFFECTED AREAS WITH 2K PAINT.		1,000.00	700.00
	DISCONNECT AND CHECK ELECTRICAL WIRING, HARNESS, WIRE SOCKETS, ETC., REMOVE AND REINSTALL DAMAGED PARTS, TEST AND RECTIFY FOR PROPER FUNCTIONING.		60.00	30.00
	DISMANTLE AND TRANSFER DOOR FITTINGS AND MECHANISM TO NEW DOOR / FACILITATE REPAIR.		200.00	120.00
			2,060.00	1,550.00
	<b>GRAND TOTAL</b>		<b>7,451.00</b>	<b>6,316.00</b>
	<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$365.00 NETT)</b>			<b>6,316.00</b>

Report Ref No. CS/UOI17021841/T1tbs2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.