

22/03/2002

ASS. REC. BY:

REF: CS/SMO17022396 / UGP02 Special Instruction:

Surveyor: MARTINASSIGNMENT (Office)From (Person): Sheng Wong of SMO Date/Time: 23/12/17 4:12pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SFV 7132U Insured: XE 122Xat Workshop m/s Max Motor Tel: 9650 5539of Blk 1 Kaki Bukit Ave 6 #01-98Policy No: \_\_\_\_\_ Claim No: CMTD 1704217 / CPL

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 22/11/2017  
(Client's Record)

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

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 23/11/2017 4:52pm Person Contacted: Mr. Tan Vehicle IN OUT

Date/Time	Action/Instruction ( ✓ ) Estimate
	SFV 7132U - X
	XE 122X - X
22/11/17 @ 2.08pm	Informed Sheng, we are pending estimate from repairer.
21/12/17 @ 11.46am	revised to Sheng by email.

08/11/13 wef

ASS. REG. BY: Marcus

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: SFU 71324at Workshop m/s: maxnote

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 5 days Res: Yes or NoLum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SFU 71324 Yr Regn: 10 10Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAIMake: Hyundai Avante 15-9Colour: white A/C: Insured / Std / NI / NASp. Reading: 12806 T Radio: Insured / Std / NI / NA

Eng. No: \_\_\_\_\_

C/No: KMH DU 41 BMA 4035976Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/65-R15

R: \_\_\_\_\_

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

TOYO / YOKO or Kap senFront 6 Rear 6

R/Bal. \_\_\_\_\_ mm R/Bal. \_\_\_\_\_ mm

L/Bal. 6 mm L/Bal. 6 mmD.O.A. 22/11/17 D.O.I. 23/11/17

Survey held at \_\_\_\_\_

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

O/S R/L

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

Date / Time Action / Instruction

21/11/17 confirmed L/S & 4000 with MR Tan  
(Red & 7715.50, 64%)

RECEIVED 21 DEC

Date/Time File Pass to?

☐ : Preli. Report21/12 typical☐ : Final Report

Date/Time File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee:

☐ Site Insp. (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

) S = RS \$

) Photos

) Others

Report Format: TPLump Sum / I.B.I. (\$) 4000

TOTAL

350



## 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				
SOMPO INSURANCE SINGAPORE PL		Ref : CS/SMO17022396/Uqb		
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 23-11-2017		
Code : SMO				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	XE 122X	Veh. Inspected	SFV 7132U	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1704217/GPL	Excess (\$)	0.00	
Assign From	SHERY WONG	Assign Date	23/11/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	22/11/2017	Inspection Date	23/11/2017	
Survey held at	MAX MOTORS 1 KAKI BUKIT AVE 6 #01-98 SINGAPORE 417883			
<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.				

# Survey Department Check List (Case Handler)

Reference No.: CS/SMO17027396/UGB  
Policy Type: OD / TP / RES / TL / EVA

SPV 71324  
Typist

Case Handler

**Admin (Cath):** Case handler to make sure all Information created by the assignment team are **ACCURATE**.

## (1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

**Surveyor (Maver):** Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

## (2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
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## (3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

✓			
✓			

## (4) System - (Views/Merimen)

- C Resurvey photo Uploaded

✓			
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Check By: Cath 21/12/17  
Case Handler Date

**Catherine Chong (LKK Auto)**

---

**From:** Wong, Shi Yi Shery <Shery.Wong@sompo.com.sg>  
**Sent:** Thursday, 23 November, 2017 4:12 PM  
**To:** 'assignments'  
**Cc:** 'Nivitha (LKK Auto)'  
**Subject:** Our Reference: CMTD1704217/GPL , PRI for SFV7132U  
**Attachments:** 1690\_001.pdf

Our Reference: CMTD1704217/GPL

Hi,

Kindly assign your motor surveyor to conduct motor survey of the mentioned (SFV7132U).

Please refer to the attached correspondence.

Best Regards

**Shery Wong**

Claims Division

T: 6461 6555 | F: 6221 3147



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**SOMPO**

**A Century of Trust**

**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

**Website:** [www.sompo.com.sg](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

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## Shiau Chan (LKKAUTO)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Thursday, 21 December, 2017 11:46 AM  
**To:** 'Wong, Shi Yi Shery'; assignments  
**Cc:** SUR  
**Subject:** RE: Our Reference: CMTD1704217/GPL , PRI for SFV7132U  
**Attachments:** CSSMO17022396Uqb.pdf

Dear Shery,

Enclosed herewith preliminary advice of SFV 7132U.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Monday, 27 November, 2017 2:08 PM  
**To:** 'Wong, Shi Yi Shery' <[Shery.Wong@sompo.com.sg](mailto:Shery.Wong@sompo.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: Our Reference: CMTD1704217/GPL , PRI for SFV7132U

Dear Shery,

Please be informed that we have inspected the vehicle SFV 7132U on 23/11/2017.

We are pending for estimate from repairer.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Admin-D (LKKAUTO)  
**Sent:** Thursday, 23 November, 2017 4:54 PM  
**To:** 'Wong, Shi Yi Shery' <[Shery.Wong@sompo.com.sg](mailto:Shery.Wong@sompo.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: Our Reference: CMTD1704217/GPL , PRI for SFV7132U

Dear Shery,

Thank you for the assignment.

Best Regards,



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: CMTD1704217/GPL

Date: 21<sup>th</sup> December 2017

Our Ref: CS/SMO17022396/Uqb

Without Prejudice

The Motor Claims Department  
Sompo Insurance

Attn: Shery

Dear Sirs/Mdm

**PRELIMINARY ADVICE OF VEHICLE NO. SFV 7132U .**

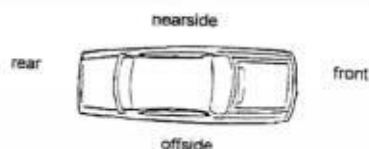
We thank you for the instruction on 23/11/2017.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 23/11/2017 at the premises of M/s MAX MOTOR and have the following to report:-

Workshop Estimate Amount	: S\$ <u>11,215.50</u> .
Revised Estimate Amount	: S\$ <u>4,000.00 (Lump Sum)</u> .
"Check" Items Amount	: S\$ <u>-</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:

The vehicle sustained damages at the o/s front portion. The undercarriage affected due to collision.



Comments/ Present Status:

Damages consistent.

Days of repair: 5 days.

We have NOT authorize repair.

Yours faithfully

Marcus Chua  
Licensed Appraiser

## Shiau Chan (LKKAuto)

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**From:** Shiau Chan (LKKAuto)  
**Sent:** Monday, 27 November, 2017 2:08 PM  
**To:** 'Wong, Shi Yi Shery'; assignments  
**Cc:** SUR  
**Subject:** RE: Our Reference: CMTD1704217/GPL , PRI for SFV7132U

Dear Shery,

Please be informed that we have inspected the vehicle SFV 7132U on 23/11/2017.

We are pending for estimate from repairer.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: Our Reference: CMTD1704217/GPL , PRI for SFV7132U

Dear Shery,

Thank you for the assignment.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Wong, Shi Yi Shery [<mailto:Shery.Wong@sompo.com.sg>]  
**Sent:** Thursday, 23 November, 2017 4:12 PM  
**To:** 'assignments' <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** 'Nivitha (LKK Auto)' <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Subject:** Our Reference: CMTD1704217/GPL , PRI for SFV7132U

Our Reference: CMTD1704217/GPL

Hi,

Kindly assign your motor surveyor to conduct motor survey of the mentioned (SFV7132U).



## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type	Business
Owner ID	4605B
<b>Vehicle Details</b>	
Vehicle No.	SFV7132U
Vehicle to be Exported	No
Intended De-registration Date	24 Nov 2017
Vehicle Make	HYUNDAI
Vehicle Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
Primary Colour	White
Manufacturing Year	2010
Engine No.	G4FCAU861649
Chassis No.	KMH DU41BMAU035976
Maximum Power Output	89.7 kW (120 bhp)
Open Market Value	\$11,047.00
Original Registration Date	09 Oct 2010
First Registration Date	09 Oct 2010
Transfer Count	1
Actual ARF Paid	\$11,047.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	08 Oct 2020
PARF Rebate Amount	\$6,628.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date	08 Oct 2020
COE Category	A - Car (1600cc & below)
COE Period(Years)	10
QP Paid	\$33,132.00
COE Rebate Amount	\$9,513.00
<b>Total Rebate Amount</b>	<b>\$16,141.00</b>

The information contained herein is correct as at 24 Nov 2017

OK

## 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	23/11/2017 08:44
Date Of Accident	22/11/2017 16:50
Exact Location Of Accident	AT ANG MO KIO INDUSTRIAL PARK 2 BESIDE KOPITIAM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFV7132U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAOGAOZHU
Co Reg No	53354605B
Email Address	JONLONG1313@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91821187
Alternative Phone No	OFFICE-91821187
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	ADVANTE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087661135
Cover Note Number	
<b>Driver</b>	
Name of Driver	VOON JON LONG
NRIC No	S7581459C
Date Of Birth	25/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	06/06/1997
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91821187
Fax Number	
Contact Number	OFFICE-91821187
Email Address	JONLONG1313@GMAIL.COM

Address	BLK 440 ANG MO KIO AVENUE 10 #06-1313
Postcode	S560440
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	SIDE SWIPE
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO REPORT ATTACHED.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE122X
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Name of Driver	WANG FATONG
NRIC/Passport Number	
Contact Number	82806287
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	NA
Phone Number	NA
Email Address	NA

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

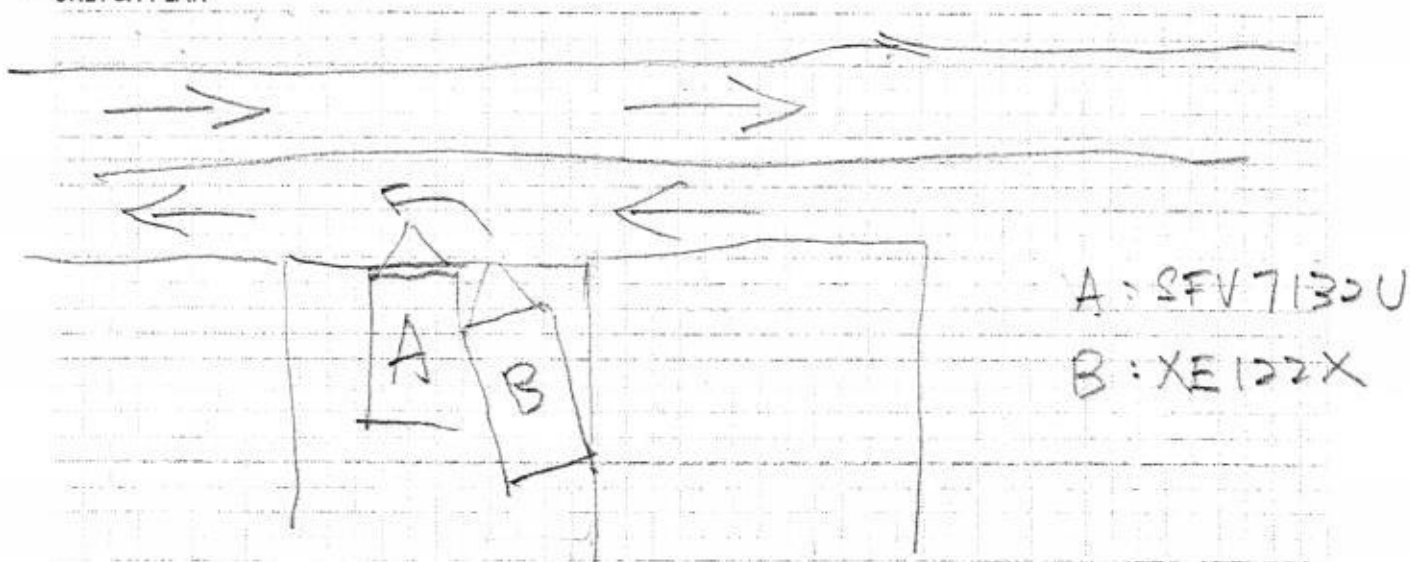
22/11/17

18:05pm



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

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/11/2017, I stopped at T junction waiting to turn right. Suddenly, vehicle B on my right side started to turn left and hit the right front of my vehicle.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

$$f_{\alpha} = \sum_{j=0}^{\infty} f_j x^j, \quad g_{\beta} = \sum_{k=0}^{\infty} g_k x^k, \quad h_{\gamma} = \sum_{l=0}^{\infty} h_l x^l, \quad v_1 = \sum_{m=0}^{\infty} v_m x^m.$$

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

1805 pm

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



# MAX MOTOR

VEHICLE No: SFV 71324

QTY

PARTICULAR

LIST ITEMS :

1PCS	BONNET
1PCS	FRONT BUMPER
1PCS	FRONT BUMPER SPONGE
1PCS	FRONT BUMPER REINFORCEMENT
2PCS	FRONT BUMPER SIDE RETAINERS @\$30.00
1SET	FRONT BUMPER CLIPS
1PCS	FRONT BUMPER FOG LAMP O/S
1PCS	HEADLAMP O/S
1PCS	FRONT SUPPORT PANEL
1PCS	FRONT FENDER O/S
1PCS	FRONT FENDER INNER SHEILD O/S
1SET	FRONT FENDER INNER SHEILD CLIPS O/S
1PCS	FRONT FENDER ' VVTI' EMBLEM O/S
1PCS	FRONT WHEEL HOUSING PANEL O/S
1PCS	FRONT SHOCK ABSORBER O/S
1PCS	FRONT KNUCKLE ARM O/S
1PCS	FRONT KNUCKLE ARM bearing o/s
1PCS	FRONT LOWER ARM O/S
1PCS	FRONT DRIVE SHAFT O/S
1PCS	WASHER TANK
1PCS	FRONT SPORTS RIM o/s

LABOUR CHARGE :

TO CHECK WIRING
TO SPRAY RUST PROOFING
TO CONDUCT WHEEL ALIGNMENT
TO DISMANTLE & REPLACE FRONT UNDERCARRIAGE
TO REFILL AIR CON GAS
TO CONDUCT CHASSIS alignment
LABOUR FOR PANEL BEATING , CUT , WEILD , STRAIGHTEN
TO PUTTY & SPRAY PAINTING

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:

not Authorized  
Hak  
L/S 4000/-  
5 dy.  
23/11/17

AMOUNT \$

2	\$1,001.20	X
7.5	\$435.00	✓
11	\$145.00	X
11	\$289.20	X
o/s 3m	\$60.00	1PC
2m	\$48.00	—
11	\$235.00	X
one	\$480.00	—
two/one	\$645.00	—
300.00	\$400.00	—
to 1	\$82.60	—
2m	\$45.00	—
2m	\$37.00	—
2	\$845.20	X
3m	\$194.00	—
21	\$363.00	—
2m	\$115.00	—
21	\$262.00	—
11	\$1,088.00	X
2	\$185.30	—
no/sent	\$1,200.00	3805.2

(20%)

\$50	20
\$100	30
\$100	60
\$220	120
\$150	100
11	\$380 X
\$980	850
\$1,080	800

p-3321-9

2657.52

5017.52

1121550




# 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				
SOMPO INSURANCE SINGAPORE PL		Ref : CS/SMO17022396/Uqbn2		
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 27-12-2017		
		Code : SMO		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	XE 122X	Veh. Inspected	SFV 7132U	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1704217/GPL	Excess (\$)	0.00	
Assign From	SHERY WONG	Assign Date	23/11/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI AVANTE (A)	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	KMH DU41BMAU035976	Colour	WHITE	
Odometer	128061	Steering	AFFECTED	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	185/65 R15	KAPSEN	6 mm	
L/H Front Tyre	185/65 R15	KAPSEN	6 mm	
R/H Rear Tyre	185/65 R15	KAPSEN	6 mm	
L/H Rear Tyre	185/65 R15	KAPSEN	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	22/11/2017	Inspection Date	23/11/2017	
Survey held at	MAX MOTORS 1 KAKI BUKIT AVE 6 #01-98 SINGAPORE 417883			
<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:		5 Working Days		





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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SFV 7132U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BONNET	TO REPAIR SEE LABOUR	1,001.20	-
1	FRONT BUMPER	DISTORTED	435.00	435.00
1	FRONT BUMPER SPONGE	NOT NECESSARY	145.00	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	289.20	-
2	FRONT BUMPER SIDE RETAINERS @\$30.00	O/S BENT	60.00	30.00
1	SET FRONT BUMPER CLIPS	NECESSARY	48.00	48.00
1	FRONT BUMPER FOG LAMP O/S	NOT NECESSARY	235.00	-
1	HEADLAMP O/S	CRACKED	480.00	480.00
1	FRONT SUPPORT PANEL	TWISTED / CRACKED	645.00	645.00
1	FRONT FENDER O/S	BADLY DENTED	400.00	400.00
1	FRONT FENDER INNER SHIELD O/S	TORN	82.60	82.60
1	SET FRONT FENDER INNER SHIELD CLIPS O/S	NECESSARY	45.00	45.00
1	FRONT FENDER "VVTI" EMBLEM O/S	NECESSARY	37.00	37.00
1	FRONT WHEEL HOUSING PANEL O/S	TO REPAIR SEE LABOUR	845.20	-
1	FRONT SHOCK ABSORBER O/S	BENT	194.00	194.00
1	FRONT KNUCKLE ARM O/S	BENT	363.00	363.00
1	FRONT KNUCKLE ARM BEARING O/S	NECESSARY	115.00	115.00
1	FRONT LOWER ARM O/S	BENT	262.00	262.00
1	FRONT DRIVE SHAFT O/S	NOT NECESSARY	1,088.00	-
1	WASHER TANK	DEFORMED	185.30	185.30
	LESS 20% DISCOUNT		-	-664.38
			6,955.50	2,657.52
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT SPORTS RIM O/S (SN)	DENTED / BENT	1,200.00	380.00
			1,200.00	380.00
<b><u>LABOUR</u></b>				
	TO CHECK WIRING.		50.00	20.00
	TO SPRAY RUST PROOFING.		100.00	30.00
	TO CONDUCT WHEEL ALIGNMENT.		100.00	60.00
	TO DISMENTLE & REPLACE FRONT UNDERCARRIAGE.		220.00	120.00
	TO REFILL AIR CON GAS.		150.00	100.00

Report Ref No. CS/SMO17022396/Uqbn2





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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CONDUCT CHASSIS ALIGNMENT.	NOT NECESSARY	380.00	-
	LABOUR FOR PANEL BEATING,CUT,WELD,STRAIGHTEN.		980.00	850.00
	INCLUSIVE OF THE REPAIR OF BONNET AND FRONT			
	WHEEL HOUSING PANEL O/S.			
	TO PUTTY & SPRAY PAINTING.		1,080.00	800.00
			3,060.00	1,980.00
GRAND TOTAL			11,215.50	5,017.52
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,000.00

Report Ref No. CS/SMO17022396/Uqbn2

CHUA KANG SENG

Licensed Appraiser

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