

INS. CASE OWNER:

CC 3/LPC1702

LKK:
IDAC:Surveyor: KalvinDOI: 27/11/14Date / Time 27/11/14Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. SLT 4784YName of Insured U NInsured Tel No. 96985663

Excess Sec II : \$

Is driver the owner? (YES / NO)

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
27/11/14	Non-Reporting ltr (1st):	
27/11/14	Non-Reporting ltr (2nd):	
27/11/14	Non-Reporting ltr (Final):	
27/11/14	Notification ltr (if non-pickup):	
27/11/14	Call OI:	
27/11/14	After call ltr to OI:	
27/11/14	Documentation Check List: Handler	Typist
27/11/14	Notification ltr (if non-pickup)	
27/11/14	After call ltr to OI:	
27/11/14	Authorisation To Act:	
27/11/14	Release Voucher:	
27/11/14	Final Repair Bill:	
27/11/14	Car Rental Invoice:	
27/11/14	Towing Invoice:	
27/11/14	LTA / GIA:	
27/11/14	Medical Bill:	
27/11/14	PIR:	
27/11/14	Mandate/Reject Instruction:	
27/11/14	LOD	
27/11/14	Payment Breakdown Form:	
27/11/14	Post-Repair Photos:	
27/11/14	Others:	

PRELIMINARY ADVICE Date/Time: 28/11/14 Sent By: 63

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>FP</u>	SS <u>100.00</u>	days) Reduction: <u>87</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>05/10/18</u>	Confirm with: <u>GARY</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: %	<u>100</u> (Agreed / Assessed) BOLA S/N No.:	<u>NIZ</u>	If NO or B 28, Ass. Lia:
Repair Cost: <u>(w/hrs)</u>	SS <u>107.00</u>		(OI <u>SHOULD</u> <u>FORWARD</u>)
Loss of Rental (LOR):	SS <u>169.85</u> (1.5 days) X <u>213.23</u>		COPY SENT
Loss of Use (LOU):	SS <u>60.00</u> (\$ <u>40</u> x 1.5 days)		<u>6/4/18</u>
Loss of Income (LOI):	SS (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	SS <u>2.00</u>		
Medical:	SS <u>—</u>		
Disbursement:	SS <u>—</u> (e.g. Tow/ Independent)		
Legal Cost	SS <u>—</u>		
Total:	SS <u>338.85</u>	Global Sum \$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS <u>338.85</u>	Name 1: <u>PREMIER AUTOMOTIVE SERVICES PTE LTD</u>	
Payee 2: (Strike if N.A.)	SS <u>—</u>	Name 2:	
Payee 3: (Strike if N.A.)	SS <u>—</u>	Name 3:	

TOTAL




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 : CC3/LPC17022619/K1hb3	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 28-11-2017	
		Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLT 4784Y	Veh. Inspected	SHD 1047T
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	28/11/2017
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	27/11/2017	Inspection Date	27/11/2017
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised
Our ref: CC3/LPC17022619/K1hb3

Date: 28.11.2017

The Motor Claims Department
M/s LONPAC INSURANCE BHD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHD1047T

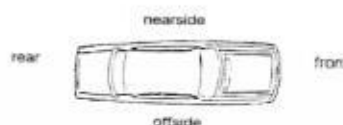
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 27.11.2017 at the premises of M/s Premier Automotive Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	781.00
Revised Estimate Amount	: S\$	100.00
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
N/S Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 1 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

Shu Pei (LKKAuto)

From: ONG LI LI <llong@lonpac.com>
Sent: Monday, 4 December, 2017 2:54 PM
To: Shu Pei (LKKAuto)
Cc: MT_Claim_SG; Admin A; Asher Sng (LKKAuto); Vic (LKKAuto)
Subject: RE: Direct Settlement - Accident Involving SLT4784Y (Our Ref: 17/17/17/VP05/020240) AND SHD1047T (TP : LKK REF - CC3/LPC17022619/K1hb3) on 27.11.2017
Attachments: SLT4784Y.PDF

Hi Shu Pei/Vic

Attached is our Insured's GIA report.

Please request video footage from the TP claimant.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

From: Shu Pei (LKKAuto) [mailto:shupeil@lkkauto.com]
Sent: Tuesday, 28 November, 2017 7:43 PM
To: GERALD POH WEE BIN; ERIC WOO JUN KIAT; ONG LI LI
Cc: MT_Claim_SG; Admin A; Asher Sng (LKKAuto); Vic (LKKAuto)
Subject: Direct Settlement - Accident Involving SLT4784Y (OI : LPC - TBA) AND SHD1047T (TP : LKK REF - CC3/LPC17022619/K1hb3) on 27.11.2017

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

This is a TP direct settlement case. We had inspected TP vehicle SHD 1047T at M/s Premier Automotive Services Pte Ltd.

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Enclosed for your perusal is:

- Estimated cost of repair
- Preliminary advice
- TP's GIA report

Our case handler in-charge is Vic and he can be contacted at DID: 6841 2096.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

(Draft)

MPAS17156191 / Premier Automotive Services Pte Ltd - HQ
ENTRY DATE & TIME: 27/11/2017 11:02

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 27/11/2017 11:02
Date Of Accident 27/11/2017 10:00
Exact Location Of Accident THOMSON RD / NEWTON RD JUNCTION
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD1047T
Insured/Policyholder
Name Of Registered Owner PREMIER TAXIS PTE LTD
Co Reg No 200304975H
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No Office-62148880

Vehicle Particulars

Manufacturer KIA
Model OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident HIRE AND REWARD
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 TAXI

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY
Fleet Policy YES
Policy Number 5095103893
Cover Note Number

Driver

Name of Driver LEE CHEN TZE
NRIC No S0219934C
Date Of Birth 13/12/1947
Occupation OUTDOOR
Date Of Driving Pass 20/07/2010
Driving Experience 7 YEARS AND 4 MONTHS
Gender MALE

Mobile Number	(LOCAL) +65-96858947
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 523 JELAPANG RD #09-141
Postcode	670523
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
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

VEHICLE A- 1 FEMALE CHINESE PASSENGER VEHICLE B- NO PASSENGER

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	SLT4784Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	FEMLAE CHINESE
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

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

27-Nov-17

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1047 T

1 pc	N/s mirror Assy	<i>X rep.</i>	\$	590.00
		Less 10%	\$	59.00
			\$	531.00

Sundry	\$	50.00 <i>X</i>
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To labour charge for dismantle and renew the accident damaged parts.	\$	100.00 <i>50</i>
--	----	-----------------------------

To putty and spray painting on mirror	\$	100.00 <i>50</i>
	\$	781.00

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE
ANY UNFORESEEN DAMAGES.

K. L. L. L. L.

27/11/17 1355hr.
1 Day

20/12/17
1st time 100/100/100
11

P/P
After Repair photo.

LKK Auto Consignment	
the Repairer	
• To receive the repair	
• To deliver the repair	
• Parts to be replaced	
• Third party work	
• No damage to the car	
• Supplemental work to be done	
is subject to the approval of the repairer	
Acknowledged by Repairer	
Signature:	
Date:	

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02

SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511

CO. REG:200707743D GST REG:200707743D

27-Nov-17

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1047 T

1 pc	N/s mirror Assy	<i>X 140.00</i>	\$	590.00
		Less 10%	\$	59.00
			\$	<u>531.00</u>
	Sundry		\$	50.00 X
	To labour charge for dismantle and renew the accident damaged parts.		\$	100.00 50
	To putty and spray painting on mirror		\$	100.00 50
			\$	<u>781.00</u>

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

K. L. 10/11/17

27/11/17 1355hrs.

1 Day

*PIP
After Repair photo.*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey the after spray painting
- To display damaged part in during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary items must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:

Signature:

Date:

Gary Shi

From: Gary Shi
Sent: Thursday, 5 April, 2018 11:14 AM
To: 'Vic (LKKAUTO)'
Cc: AccReport; Asher Sng (LKKAUTO); Admin A
Subject: RE: LOD / Accident involving SHD1047T & SLT4784Y on 27.11.17 (Lonpac case) LKK REF CC3/LPC17022619/K1hb3
Attachments: SHD1047T - DV.pdf

WITHOUT PREJUDICE

Dear Vic,

On a without prejudice basis and without admission of liability whatsoever on our client's part and driver of SHD1047T, our client agreed to direct settle the above claims at \$338.85

We enclosed hereby Discharge voucher & ATA for your kind attention. Original copies will pass to Mr Calvin

Kindly let us have your settlement sum of S\$338.85 in our favour – Premier Automotive Services Pte Ltd within 14days from the date hereof.

Please be informed that this settlement excludes any bodily injuries arising out of the above said accident and pertains to property damage only.

Regards

Gary Shi
Senior Executive, Claims
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 069 | DID: 6544 6671 | Fax: 6214 1511
Visit us at: www.premiertaxi.com.sg

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 Please Consider Your Environmental Responsibility Before Printing This E-mail. SAVE OUR TREES and REDUCE POLLUTION

From: Vic (LKKAUTO) [mailto:vic@lkkauto.com]
Sent: Thursday, 5 April, 2018 10:07 AM
To: Gary Shi
Cc: AccReport; Asher Sng (LKKAUTO); Admin A; Vic (LKKAUTO)
Subject: RE: LOD / Accident involving SHD1047T & SLT4784Y on 27.11.17 (Lonpac case) LKK REF CC3/LPC17022619/K1hb3

Without Prejudice

Dear Gary,

We refer to your below email.

Purely for an amicable settlement on a without prejudice basis and without admission of any liability to our Insured's part, we have our principal's mandate and we propose below amount to settle your client's claim.



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 : CC3/LPC17022619/K1hb3n2

300 BEACH ROAD

#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 09-04-2018



Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLT 4784Y	Veh. Inspected	SHD 1047T
Policy No.	Z17VP05016203	Coverage (\$)	0.00
Claim No.	17/17/17/VP05/020240	Excess (\$)	0.00
Assign From		Assign Date	27/11/2017

2. Vehicle Particulars & Condition

Make & Model	KIA OPTIMA	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KNAGM414MF5658801	Colour	SILVER
Odometer	207705	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R16	MAXXIS	7 mm
L/H Front Tyre	205/65 R16	MAXXIS	7 mm
R/H Rear Tyre	205/65 R16	MAXXIS	7 mm
L/H Rear Tyre	205/65 R16	MAXXIS	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S WING MIRROR. DAMAGES SEE DETAILS.

5. General Information

Accident Date	27/11/2017	Inspection Date	27/11/2017
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	1 Working Days
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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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 1047T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	N/S MIRROR ASSY	TO REPAIR SEE LABOUR	590.00	-
	LESS 10% DISCOUNT		-59.00	-
			531.00	-
	<u>SPECIAL NETT ITEMS</u>			
1	SUNDRY (SN)	NOT NECESSARY	50.00	-
			50.00	-
	<u>LABOUR</u>			
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS.INCLUSIVE OF THE REPAIR OF N/S MIRROR ASSY.		100.00	50.00
	TO PUTTY AND SPRAY PAINTING ON MIRROR.		100.00	50.00
			200.00	100.00
	GRAND TOTAL		781.00	100.00
RECOMMENDED COST OF REPAIRS				100.00

Report Ref No. CC3/LPC17022619/K1hb3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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