

13/9/2010

INS. CASE OWNER:

Gerald

CC 6/LPC17022806 / Aya302

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

29/11/17

Date / Tin:

29/11/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SDZ 91C

Name of Insured:

LEE SIEW MENG

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

29/11/17

Is driver the owner? (YES NO)

Nature of Accident:

If NO, Driver Name / Age:

LEE CHIN KEAT

Driver Tel No.:

9742 9666

(V/L: YES / NO)

Claim No.:

17/17/17/VPO5/020242

Policy No.:

Z17VPO5D13142

Make / Model:

TOYOTA COROLLA -1.6 LX (A)

Place of Accident:

SLIP ROAD INTO TAMPAWES AVE 10 FROM BEOK RESERVOIR

OI GIA REPORT: YES NO

TP GIA REPORT: YES NO

Insured Liability: %

Final ? Yes / No

SGD 70T



INSRS:

WSP: Sim Hwee

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE / PIC
04/12/17 (SAS)	SGD 70T - X SDZ 91C - CCL1A76120022690/KW2611/2 DUA 02/02/12 * NO ESTIMATE & PA.	
04/01/18 @ 3:17	file photo to typist to prepare report.	
	RECEIVED 10 MAR 2018	
	RECEIVED 12 MAR 2018	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA:	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by: Repair Cost: S\$ 1300 (4 days) Reduction: 49 % Email Call

FINAL SETTLEMENT Date/Time: 2/3/18 Confirm with: Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27 If NO or B 28, Ass. Lia:

Repair Cost: S\$ 1,300.00

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 300.00 (\$60 x 5 days)

Loss of Income (LOI): S\$ (\$ x days)

LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search: S\$

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost: S\$

Total: S\$ 1,600.00 Global Sum SS:

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ 1,600.00 Name 1: Sin Hwee Motor Pte Ltd

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3:

COPY SENT 2/3/18

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee:

REF:

SIN 2017

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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 Rport: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGD70T. Yr Regn: 2008 July.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prima Mover /

Truck / Trailer or _____

Make: Honda Civic cc 1595Colour: White A/C: Insured / Std / NI / NASp. Reading: 151499. Tr/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMF046208S201962Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modl: Nil S/Rim / STD A/Rim or _____Tyre Size: F: 205/55R16-R: 205/55R16.BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 29/11/17.Survey held at Sin Hwee.

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

Rear N/s.

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

Date / Time Action / Instruction

TP Con Pac.

Date/Time: File Pass to?

Preli. Report

Days Of Repair: _____

1)

Final Report

Resurvey No. of Trip: _____

Survey Fees:

Transportation:

Date/Time: File Return to?

2)

Add Fee:

Site Insp (S)

Interview (S)

Tech. Invs (S)

Weekend (S)

Photos

Others

Report Format: _____

Lump Sum / I.B.I: (S) _____

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 : CC6/LPC17022806/Aya3	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 30-11-2017	
		Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SDZ 91C	Veh. Inspected	SGD 70T
Policy No.	Z17VP05013142	Coverage (\$)	0.00
Claim No.	17/17/17/NP05/020242	Excess (\$)	0.00
Assign From		Assign Date	30/11/2017
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	29/11/2017	Inspection Date	29/11/2017
Survey held at	SIN HWEE MOTOR PTE LTD BLK 3023-A UBI ROAD 1 #01-59 SINGAPORE 408717		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6801274J



CHOI LAI FUN
徐丽芬
Race
CHINESE
Date of Birth
04-01-1968 Sex
F
Country of Birth
SINGAPORE



1684790



NRIC No: S6801274J



Blood Group: AB+ Date of issue: 04-02-1994

APT BLK 173 HOUGANG AVENUE 1 #09-1453
SINGAPORE 530173

NRIC No: S6801274J Date: 28/11/2011 No: 6497000

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1253898G

Name: ONG PANG SOON

Birth Date: 08 Sep 1957

Issue Date: 01 Oct 2003

000879700C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1253898G

NAME: ONG PANG SOON

王邦順

RACE: CHINESE

DATE OF BIRTH: 08-09-1957

SEX: M

COUNTRY OF BIRTH: SINGAPORE



90089195

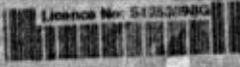
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tractors the weight of which (including load) does not exceed 7500 kilograms

PASS DATE: 12 Oct 1976

NP 475A

1253898G



7507032

1253898G

APR 17 2011

APT BLK 173 HOUBANG AVENUE 1 #09-1453

SINGAPORE 530173

NRIC No: S1253898G Date: 28/11/2011 No: 8897059




SIN HWEE MOTOR PTE LTD

ESTIMATE

*** Main Workshop ***

Blk 3023A Ubi Road 1 #01-59 S(408717)

*** Spray Paint Workshop @ Autobay ***

1 Kaki Bukit Avenue 6, #01-25 S(417883)

REG NO: 201327079M

CHOI LAI FUN

DATE	29/11/2017
VEHICLE NO:	SGD 70 T
MAKE:	HONDA
MODEL:	CIVIC

*TP on Pac.
Jus*

QUANTITY	DESCRIPTION	UNIT	AMOUNT
1 PC	REAR BUMPER <i>Delud</i>	638.00	638.00 -
1 PC	TAILLAMP <i>cutted</i>	263.80	263.80 -
1 PC	END PANEL <i>2pc</i>	347.00	347.00 +
1 PC	SIDE RETAINER <i>~</i>	29.80	29.80 -
	----- SUBTOTAL		1,278.60
LESS 20%	----- LESS 20%	-20.00%	-255.72
-	REVERSE SENSOR <i>2pc</i>	280.00	280.00 *
-	TO INSTALL AND CALIBRATE REVERSE SENSOR	60.00	60.00 40
-	TO RESTORE REAR FENDER AND REPLACE END PANEL INCLUDE KNOCKING AND WELDING TO ALIGN AFFECTED PARTS TO SYMMETRICAL SPEC.	600.00	600.00 300
-	TO SPRAY PAINT REAR FENDER, BUMPER, END PANEL AND AFFECTED PARTS	600.00	600.00 400

*4/s Adria Lj
29/11/17
04 days
Total: 1490.56.
4/s(10%) : 1.3K
740*

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:

Tel: 6745 5783 Fax: 6744 9582
Email: sinhweemotor@gmail.com
Website: www.sinhweemotor.com

TOTAL \$2,562.88

SIN HWEE MOTOR PTE LTD

Invoice

GST cancelled with effect from 01 Apr 17

*** Main Workshop ***

Blk 3023A Ubi Road 1 #01-59 S(408717)

*** Spray Paint Workshop @ Autobay ***

1 Kaki Bukit Avenue 6, #01-25 S(417883)

CHOI LAI FUN

INVOICE NO:	C1151
DATE OF ISSUE	9/1/2018
VEHICLE NO:	SGD 70 T
MAKE:	HONDA
MODEL:	CIVIC
REF NO:	

QTY	DESCRIPTION	UNIT PRICE	AMOUNT
-	LUMP SUM	1,300.00	1,300.00

Tel: 67455783 Fax: 67449582
Email: sinhweemotor@gmail.com
Website: www.sinhweemotor.com



TOTAL: \$1,300.00

TO WHOM IT MAY CONCERN

LETTER OF AUTHORITY

Accident on 29/11/17 at/along SIP OF TAMPINES AVE 1

Involving SGO 70T AND SDZ 91C

I/We CHOI LAI FUN Nric No. S6801274J

of 173 HOUGANG AVENUE 1 #09-1453 S(530173) owner of Motor

Vehicle Registration No. SGO 70T Insured by ETIGA INSURANCE PTE LTD

under Policy No. DMAP 17550 0115 do hereby authorize M/s Sin Hsee Motor Pte Ltd

as my authorized representative to write, negotiate & settle claim on my behalf in my claim against the owner and/or driver of motor Vehicle Registration No. SDZ 91C in respect of the above mentioned accident.

I also hereby authorize that the agreed settlement sum be made in favour of my representative, M/s Sin Hsee Motor Pte Ltd and the said payment be forwarded to them as full and final discharge of my claim.

I hereby exonerate the LONPAC INSURANCE SINGAPORE and / or their insured and/or driver of vehicle number SDZ 91C from any liability after payment of any claim to my authorized representative M/s Sin Hsee Motor Pte Ltd

Owner's Signature : [Signature]
Full Name : _____
Nric No : _____
Date : _____



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 : CC6/LPC17022806/Aya3n2	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 13-03-2018	
		Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SDZ 91C	Veh. Inspected	SGD 70T
Policy No.	Z17VP05013142	Coverage (\$)	0.00
Claim No.	17/17/17/VP05/020242	Excess (\$)	0.00
Assign From		Assign Date	29/11/2017
2. Vehicle Particulars & Condition			
Make & Model	HONDA CIVIC	c.c	1595
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JHMF46208S201962	Colour	WHITE
Odometer	151499	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/55 R16	BRIDGESTONE	6 mm
L/H Front Tyre	205/55 R16	BRIDGESTONE	6 mm
R/H Rear Tyre	205/55 R16	BRIDGESTONE	6 mm
L/H Rear Tyre	205/55 R16	BRIDGESTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	29/11/2017	Inspection Date	29/11/2017
Survey held at	SIN HWEE MOTOR PTE LTD BLK 3023-A UBI ROAD 1 #01-59 SINGAPORE 408717		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		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. SGD 70T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	638.00	638.00
1	TAILLAMP	CRACKED	263.80	263.80
1	END PANEL	TO REPAIR SEE LABOUR	347.00	-
1	SIDE RETAINER	NECESSARY	29.80	29.80
	LESS 20% DISCOUNT		-255.72	-186.32
			1,022.88	745.28
SPECIAL NETT ITEMS				
1	REVERSE SENSOR (SN)	NOT NECESSARY	280.00	-
			280.00	-
LABOUR				
	TO INSTALL AND CALIBRATE REVERSE SENSOR .		60.00	40.00
	TO RESTORE REAR FENDER AND REPLACE END PANEL INCLUDE KNOCKING AND WELDING .INCLUSIVE OF THE REPAIR OF END PANEL .		600.00	300.00
	TO ALIGN AFFECTED PARTS TO SYMMETRICAL SPEC.		600.00	400.00
			1,260.00	740.00
GRAND TOTAL			2,562.88	1,485.28
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,300.00

Report Ref No. CC6/LPC17022806/Aya3n2

ADRIAN LING WAI PING

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

Licensed Appraiser

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