

22/12/2017

ASS. REC BY:

REF

03 / LPC17012618 / Crtb⁵²

Special Instruction:

Surveyor

Rafael

ASSIGNMENT (Office)

From (Person):

Gng Li G

of

LPC

Date/Time:

01/12/2017

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

TA 2478

Insured:

SU 53240

at Workshop n/s

Jin Cheng Motor

Tel:

6746 6785

of

81k 3007 Uba Rd 1 * 01-456

Policy No:

Claim No:

16/17/17 / VP05 / 019754

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 14032017

CA / REV / REP. / REV 24 HRS WP:

03072017

H.O.D. Endorsement:

Date/Time:

30062017 120pm

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

TA 2478 NB / 30062017 / H/L

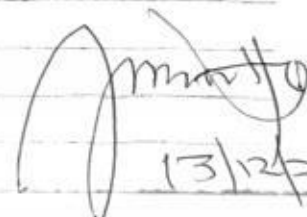
SU 53240 - X

Dismantle Part: 07072017

After Repair 12072017

Submit LS \$1500f (Red 300f, 172)

5 days



13/12/2017

RECEIVED 13 DEC 2017

no bill

PPS

REF: LPC

ASSIGNMENT

From: _____ Date: 18/07/09

Estimated Cost: _____

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

To inspect Vehicle No: FA 24175

at Workshop/mis: Jim Cheng

of: 31k 307 Uli Rd, #01-456

Insured: _____

Policy No: _____

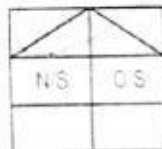
Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

21/7/17 Submit PPS report

Veh No: FA 24175 Yr Regn: _____

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

Truck / Trailer or

Make: PIA 6610

Colour: DARK BLUE A/C Insured / Std / NI / NA

Sp. Reading: 62798-3 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/No: _____

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: 3.50-10 595 42 Rubber
R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal: 2 mm R/Bal: 2 mm

L/Bal: mm L/Bal: mm

D.O.A: 14/3 D.O.I: 3/7 10.30 AM

Survey held at: Jim Cheng

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 File Pass to?

☐ : Preli. Report☒ : Final Report

1)

Date/Time File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: 2

Survey Fee

Transportation

) S + RS S

Photos

Clean

TOTAL

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech Insp (\$☐ Weekend (\$

Report Format :

Lump Sum / I.B. (\$) _____

Survey Department Check List (Case Handler)

Reference No. : 003/17017012698/Crb-1

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (Catherine) : Case handler to make sure all information created by the assignment team are ACCURATE.

(1) Office Assign Form

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

Surveyor (Simon) : 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				
---	-------------------------	--	--	--	--

Check By:

Catherine
Case Handler

13/12/17
Date

*C: Critical *N: Non-Critical

21/05/201



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 : CS3/LPC17012698/rb-1	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Date : 01-12-2017	
			Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJU 5324D	Veh. Inspected	FA 2417S	
Policy No.		Coverage (\$)	0.00	
Claim No.	16/17/17/VP05/019754	Excess (\$)	0.00	
Assign From	ONG LI LI	Assign Date	01/12/2017	
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	14/03/2017	Inspection Date	01/12/2017	
Survey held at	JIN CHENG MOTOR & TRADING BLK 3007 UBI ROAD 1 #01-456 SINGAPORE 408701			
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: ONG LI LI <llong@lonpac.com>
Sent: Friday, 1 December, 2017 4:40 PM
To: Catherine Chong (LKK Auto); assignments@lkkauto.com
Cc: MT_Claim_SG; sur@lkkauto.com
Subject: RE: Our Ref: 16/17/17/VP05/019754 Accident involving SJU 5324D & FA 2417S along Woodlands Ave 3 Junction on 14 March 2017
Attachments: 01122017163404.pdf

Hi Catherine

Attached is the TP survey report. I will send the photos in separate emails.

Please let us have your surveyor's comment.

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: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Friday, 30 June, 2017 1:30 PM
To: ERIC WOO JUN KIAT; assignments@lkkauto.com
Cc: MT_Claim_SG; sur@lkkauto.com
Subject: RE: Our Ref: 16/17/17/VP05/019754 Accident involving SJU 5324D & FA 2417S along Woodlands Ave 3 Junction on 14 March 2017

Dear Eric,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: ERIC WOO JUN KIAT [mailto:ericwoo@lonpac.com]
Sent: Friday, 30 June, 2017 1:01 PM
To: assignments@lkkauto.com
Cc: MT_Claim_SG <mt_claim@lonpac.com>
Subject: RE: Our Ref: 16/17/17/VP05/019754 Accident involving SJU 5324D & FA 2417S along Woodlands Ave 3 Junction on 14 March 2017

Dear Catherine,

Kindly take note of the workshop and location to conduct survey.

Thank you.

Best Regards,
Eric Woo
Claims Executive | Lonpac Insurance Bhd
300 Beach Road, #17-04/07 The Concourse, Singapore 199555
Tel: (65) 6279 9253 | Fax: (65) 6296 3767

From: ERIC WOO JUN KIAT
Sent: Friday, 30 June, 2017 12:58 PM
To: 'assignments@lkkauto.com'
Cc: MT_Claim_SG
Subject: Our Ref: 16/17/17/VP05/019754 Acciddent involving SJU 5324D & FA 2417S along Woodlands Ave 3 Junction on 14 March 2017

Dear Catherine,

Kindly refer to our attachment.

Please proceed to appoint Xing Guo Qiang to conduct a survey of the vehicle FA 2417S on without Prejudice Basis.

We look forward to receiving your report soon.

Thank you.

Best Regards,
Eric Woo
Claims Executive | Lonpac Insurance Bhd
300 Beach Road, #17-04/07 The Concourse, Singapore 199555
Tel: (65) 6279 9253 | Fax: (65) 6296 3767

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	29/06/2017 13:39
Date Of Accident	14/03/2017 06:50
Exact Location Of Accident	JUNC OF WOODLANDS CENTRE RD & WOODLANDS AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FA2417S
Insured/Policyholder	
Name Of Registered Owner	ENG SOI KOW
NRIC No	S0855328I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82095178
Alternative Phone No	OFFICE-82095178

Vehicle Particulars

Manufacturer	VESPA
Model	PX15
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5065844970-02
Cover Note Number	-

Driver

Name of Driver	ENG SOI KOW
NRIC No	S0855328I
Date Of Birth	27/12/1946
Occupation	INDOOR
Date Of Driving Pass	05/08/1991
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82095178
Fax Number	
Contact Number	OFFICE-82095178
EEmail Address	NOEMAIL

Address	BLK 4 MARSILING RD #09-5017
Postcode	730004
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- HEAD TO SIDE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SJU5324D
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

DETAILS OF INJURED PERSON 1

Name ENG SOI KOW

Approximate Age

Injuries Sustain RIGHT LEG

Injured person in which vehicle? FA2417S

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

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 willful 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 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)

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' 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

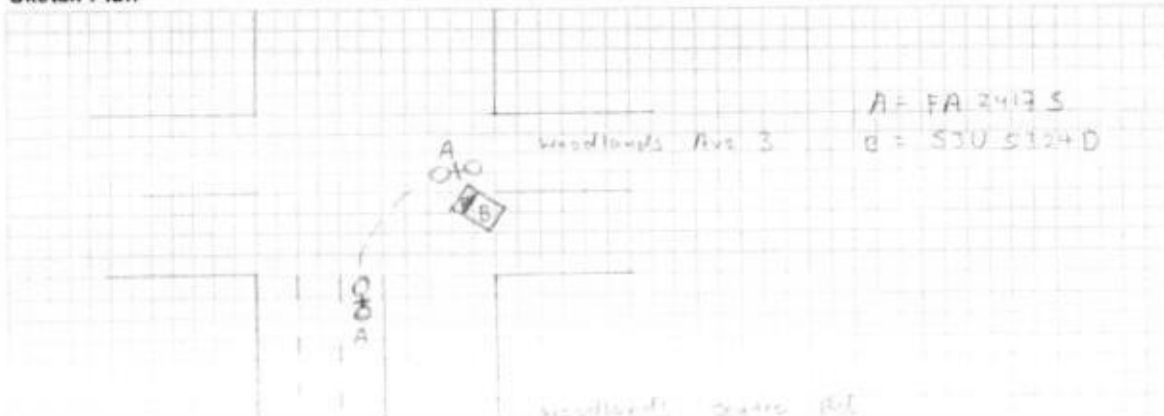
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

Please Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20170418/2136

1 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No: T/20170418/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2017 17:49	Vide Report No.	Station Diary No: 20
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Informant's Particulars

Name of Informant: ENG SOI KOW			Address: APT BLK 4 MARSILING ROAD #09-5017 SINGAPORE 730004	
ID Type / ID No.: NRIC NO / S0855328I			Contact No.: Home/Office: Mobile: 82095178	
Nationality: SINGAPORE CITIZEN			Email:	
Sex Male	Age 70	Date of Birth 27/12/1946	Type of Informant Rider	
Race: Chinese			Language:	Institution / School Name
Occupation: Cleaner in offices and other establishments nec			Driving Licence Information: Class: 2B.3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/03/2017 06.50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS CENTRE ROAD WOODLANDS AVENUE 3 Traffic light junction of Woodlands Centre Road and Woodlands Avenue 3				
Weather: Clear		Road Surface Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control Traffic Light - Working		Traffic Volume Moderate
Type of Collision: Unknown				Anyone conveyed by ambulance Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FA2417S	Motorcycle	VESPA	PX15	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FA2417S	NTUC Income Insurance Co-Operative Limited	5065844970-02	01/10/2016	30/09/2017

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20170418/2136

2 of 3

Report No. T/20170418/2136

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No. 1800-3689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ENG SOI KOW	ID No.	S08553281
Related Vehicle	FA2417S (Motorcycle)	Contact No.	82095178
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	14/03/2017	Date Discharge	17/03/2017
No. of Days granted Medical Leave	58	Degree of Injury	Serious

Brief Details:

On the above mentioned date and time, I was riding my motorcycle FA2417S travelling along Woodlands Centre Road intending to turn right towards Woodlands Ave 3 at the traffic light junction. The traffic light arrow turns green so I proceeded to turn right. The next moment, I felt an impact and fell to the ground and was unconscious. When I woke up, I was at Khoo Teck Puat Hospital. I was unsure of the cause of the accident as I was conveyed to Khoo Teck Puat Hospital by the ambulance when I was unconscious. I was discharged on 17/03/17 and was given a medical leave from 14/03/17 to 10/04/17 (28 days) and from 03/04/17 to 02/05/17 (30 days) due to fracture on my right leg causing difficulties in walking. I am unsure of the damages of my motorcycle FA2417S. I am lodging this report with reference to TP/IP/13305/2017 given by the traffic police.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20170418/2136

3 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No: T/20170418/2136

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:

J/
Sgt POH YU JUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/04/2017 17:49

Officer In Charge Of Case
TP / GIT /
SI YEO CHUN JIAN
Contact No: 65476213

Classification Of Case:

Authentication Stamp
NP168

LCL APPRAISER PTE LTD

47A Edgefield Plains #13-16 Singapore 828714
Hp: 90688689 Email: clappraiser@yahoo.com
Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Eng Soi Kow
C/o: Jin Cheng Motor & Trading
Blk 3007 Ubi Road 1 #01-456
Singapore 408701

Date : 10 August 2017
Our ref : JCM/07/1702/TP

Accident Date : 14 March 2017
Inspection Date : 03 July 2017
Repairer Name : Jin Cheng Motor & Trading
Blk 3007 Ubi Road 1 #01-456
Singapore 408701

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No	: FA 2417 S	Year / Capacity	: 1982 cc / 150 cc
Make / Model	: Vespa PX15	Colour	: Blue
Chassis No	: 423652	Mileage	: 62798
Engine No	: 430352		

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front	: Vee Rubber	3.50 -10	5 mm	Normal
Rear	: Vee Rubber	3.50 -10	5 mm	Normal

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the front portion.
(Details refer to the photographs attached)

Enclosed number of photographs: 32 copies

REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis
and we have not given authorization and instruction to the repairer to proceed with the repair

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$ 1,800.00** on a contractual basis.

Under normal circumstances, the repair period would be about 7 (Seven) working days.

ECL APPRAISER PTE LTD

Vehicle Registration No: FA 2417 S

Our Ref No: JCM/07/1702/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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SPARE PARTS - LIST ITEMS

1	Front fender	Damage	\$ 80.00	\$ 80.00	BUC
1	Front fork assy	Damage	\$ 580.00	\$ 580.00	BT
1	Front shock absorber	Damage	\$ 250.00	\$ 250.00	DD
1	Front fork cover	Damage	\$ 42.00	\$ 42.00	CRA
1	Front rim hub with bearing	Damage	\$ 385.00	\$ 385.00	PIS
1	Front rim	Damage	\$ 80.00	\$ 80.00	X NN
1	Front centre cowling	Damage	\$ 85.00	\$ 85.00	X NN
1	Front panel moulding	Damage	\$ 110.00	\$ 110.00	DD
1	Front inner panel	Damage	\$ 150.00	\$ 150.00	BUC
1	Tool box cover	Repair	\$ 165.00		
1	Front o/s signal	Damage	\$ 65.00	\$ 65.00	X NN
1	Handle bar	Damage	\$ 185.00	\$ 185.00	X NN
1	Hand grip (1 set)	Damage	\$ 38.00	\$ 38.00	KEC
1	Brake lever	Damage	\$ 26.00	\$ 26.00	CUT
1	Step board panel	Repair	\$ 180.00		
			<u>\$ 2,421.00</u>	<u>\$ 2,076.00</u>	
Less 10%			\$ 242.10	\$ 207.60	
Total Cost - List Items			<u>\$ 2,178.90</u>	<u>\$ 1,868.40</u>	

SPECIAL NETT ITEMS

1	Front number plate	Damage	\$ 10.00	\$ 10.00	DD
1	Steering cone (1 set)	Necessary	\$ 85.00	\$ 85.00	GO
1	Helmet	Damage	\$ 95.00	\$ 95.00	50
Total Cost - Special Nett items			<u>\$ 190.00</u>	<u>\$ 190.00</u>	

5 days

Total cost of parts

\$ 2,368.90 \$ 2,058.40

ECL APPRAISER PTE LTD

Vehicle Registration No: FA 2417 S

Our Ref No: JCM/07/1702/TP

S/No	Description	Repairer's Estimate	Revised Amount
	Total cost of parts c/f	\$ 2,368.90	\$ 2,058.40

LABOUR

1	To provide towing service.	\$ 50.00	\$ 50.00 30
2	To provide labour charges, workmanship to dismantle above damaged parts ; re-align body structure and damaged consistent to the accident.	\$ 380.00	\$ 320.00 200
3	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,000.00	\$ 600.00 200
4	To check , repair and straighten body frame to the original position.	\$ 450.00	\$ 280.00 100

GRAND TOTAL

\$ 4,248.90	\$ 3,308.40
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CCL APPRAISER PTE LTD

Vehicle Registration No: FA 2417 S

Our Ref No: JCM/07/1702/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 1,800.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deem to be vaild.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser



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 : CS3/LPC17012698/Crbs2-1

300 BEACH ROAD
#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 15-12-2017



Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJU 5324D	Veh. Inspected	FA 2417S
Policy No.		Coverage (\$)	0.00
Claim No.	16/17/17/VP05/019754	Excess (\$)	0.00
Assign From	ONG LI LI	Assign Date	01/12/2017

2. Vehicle Particulars & Condition

Make & Model	PIA 6610	c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	DARK BLUE
Odometer	627983	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	3.50-10 59J	VEE RUBBER	2 mm
L/H Front Tyre			mm
R/H Rear Tyre	3.50-10 59J	VEE RUBBER	2 mm
L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	14/03/2017	Inspection Date	03/07/2017
Survey held at	JIN CHENG MOTOR & TRADING BLK 3007 UBI ROAD 1 #01-456 SINGAPORE 408701		

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:	5 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FA 2417S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT FENDER	BUCKLED	80.00	80.00
1	FRONT FORK ASSY	BENT	580.00	580.00
1	FRONT SHOCK ABSORBER	DENTED	250.00	250.00
1	FRONT FORK COVER	CRACKED	42.00	42.00
1	FRONT RIM HUB WITH BEARING	DISTORTED	385.00	385.00
1	FRONT RIM	NOT NECESSARY	80.00	-
1	FRONT CENTRE COWLING	NOT NECESSARY	85.00	-
1	FRONT PANEL MOULDING	DENTED	110.00	110.00
1	FRONT INNER PANEL	BUCKLED	150.00	150.00
1	TOOL BOX COVER	TO REPAIR SEE LABOUR	165.00	-
1	FRONT O/S SIGNAL	NOT NECESSARY	65.00	-
1	HANDLE BAR	NOT NECESSARY	185.00	-
1	SET HAND GRIP	NECESSARY	38.00	38.00
1	BRAKE LEVER	CUT	26.00	26.00
1	STEP BOARD PANEL	TO REPAIR SEE LABOUR	180.00	-
	LESS 10% DISCOUNT		-242.10	-166.10
			2,178.90	1,494.90
SPECIAL NETT ITEMS				
1	FRONT NUMBER PLATE (SN)	DENTED	10.00	10.00
1	SET STEERING CONE (SN)	NECESSARY	85.00	60.00
1	HELMET (SN)	DAMAGED	95.00	50.00
			190.00	120.00
LABOUR				
	TO PROVIDE TOWING SERVICE.		50.00	30.00
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT.		380.00	200.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,000.00	200.00



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Reg. No: 199607198R CS1 Reg. No: 199607198R				
Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK, REPAIR AND STRAIGHTEN BODY FRAME TO THE ORIGINAL POSITION. INCLUSIVE OF THE REPAIR OF TOOL BOX COVER AND STEP BOARD PANEL.		450.00	100.00
			1,880.00	530.00
GRAND TOTAL			4,248.90	2,144.90
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,500.00

Report Ref No. CS3/LPC17012698/Crbs2-1

HO LEONG CHUAN

Automotive Assessor

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