

INS CASE-OWNER:

Cher Wah

CC6 / LCR17023926 /

Awa357

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

15/12/17

Date / Time:

15/12/17

Registered in Merimen:

18/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.

SLC 8723L

Name of Insured

LCR

Insured Tel No.

HP:

Excess Sec II :SS

D.O.A: 12/12/17

Is driver the owner?

(YES NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

61959314056

Policy No.:

619593161054

Make / Model:

Toyota Sienta

Place of Accident:

Koon Lay Way

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

Insured Liability:

%

Final ? Yes / No

SLA 59906



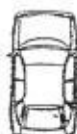
INSRS:

WSP: Zen Werkz

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

20/12/17 (v:ion)

SLA 59906 - X ; SLC 8723L - X

OINR - To send first email to LCR

20/12/17

email non reporting letter

29/12/17

email letter to OJ.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

29/12/17 email.

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

RECEIVED 19 JAN 2018

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(00)

(Agreed / Assessed) BOLA S/N No.:

27.

If NO or B 28, Ass. Lia:

Repair Cost:

+GST

S\$ 3103.00

Loss of Rental (LOR):

S\$ 840.00

(

7 days) X 120.00

Loss of Use (LOU):

S\$

-

(\$

x

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only ☐ 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\$ 3943.00

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 3943.00

Name 1:

Zen Werkz LLP.

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

CORRECT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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 Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLA 5990L Yr Regn: 2007 Sept.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Stream C.C. 1759
 Colour: Bronze A/C: Insured / Std / NI / NA
 Sp. Reading: 111632 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JHMRN 68407S200866
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/65R15
 R: 205/65R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Fulker
 Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 15/12/17
 Survey held at Zen
 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

TP A16

COE Exp: 16/09/22

1st/18 Confirm US \$2900.00 with 5 working days

(Ref. BSV41-40 661)

Date/Time File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp. (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

(\$ + RS \$)

Phone

Others

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

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CC6/LCR17023926/Awa3

78 SHENTON WAY #08-16
CHARTIS BUILDINGS SINGAPORE 079120

Date : 18-12-2017



Code : LCR

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|-----------|----------------|------------|
| Insured Veh. | SLC 8723L | Veh. Inspected | SLA 5990L |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 18/12/2017 |

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 | 12/12/2017 | Inspection Date | 15/12/2017 |
| Survey held at | ZEN WERKZ LLP 3 KAKI BUKIT ROAD 1 #03-04 SINGAPORE 415935 | | |

5a. Remarks

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

Sheet1

ZEN WERKZ LLP

BLOCK 3 KAKI BUKIT ROAD 1 #03-04 EUNOS TECHNOLINK
SINGAPORE 415935

Tel : (65) 67428117 HP: 92712214 Fax: (65) 67428117

TP LCR

Vivian

16th December 2017

Blk 3 Kaki Bukit Road 1
#03-04 Eunost Technolink
Singapore 415935

Accident date: 12th December 2017

Estimated repair cost for vehicle no: SLA5990L HONDA STREAM 1.8 A

| S/n | Qty | Items | U/price | Amount |
|-----|-----|--|----------|----------------------------|
| 1 | 1 | Rear Boot Lid <i>Dented.</i> | | \$1,171.30 <i>902</i> |
| 2 | 1 | Rear Boot Lid Emblem Logo <i>Not New</i> | | \$50.00 <i>x</i> |
| 3 | 1 | Rear Boot Lid Stream Logo <i>New</i> | | \$45.00 <i>✓</i> |
| 4 | 1 | Rear Boot Lid Center Moulding <i>? Not New</i> | | \$162.80 <i>+</i> |
| 5 | 6 | Rear Boot Lid Center Moulding Clips | \$5.00 | \$30.00 <i>+</i> |
| 6 | 1 | Rear Boot Lid Number Plate <i>? Not New</i> | | \$50.00 <i>+</i> |
| 7 | 2 | Rear Boot Lid Number Plate Lamp | \$40.10 | \$80.20 <i>+</i> |
| 8 | 1 | Rear Boot Lid Windscreen Seal <i>New</i> | | \$85.00 <i>✓</i> |
| 9 | 1 | Rear Boot Lid Inner Lock <i>Damaged</i> | | \$159.40 <i>✓</i> |
| 10 | 1 | Rear Boot Lid Inner Rubber <i>ht</i> | | \$161.20 <i>✓</i> |
| 11 | 1 | Rear Boot Lid Inner Trim Board <i>Not New</i> | | \$341.60 <i>x</i> |
| 12 | 2 | Rear tail lamp <i>LH covered</i> | \$382.40 | \$764.80 <i>382.40</i> |
| 13 | 4 | Rear tail lamp clips <i>in</i> | \$5.50 | \$22.00 <i>10</i> |
| 14 | 1 | Rear Bumper <i>Debonded</i> | | \$980.00 <i>668</i> |
| 15 | 2 | Rear Bumper Side Bracket <i>New</i> | \$65.00 | \$130.00 <i>64</i> |
| 16 | 10 | Rear Bumper Clips <i>New</i> | \$6.50 | \$65.00 <i>30</i> |
| 17 | 1 | Rear Bumper Towing Cover <i>Not New</i> | | \$58.00 <i>x</i> |
| 18 | 1 | Rear Bumper Reverse Sensor <i>Damaged</i> | | \$350.00 <i>200 (\$20)</i> |
| 19 | 1 | rear bumper lower cover <i>Not New</i> | | \$380.00 <i>x</i> |
| 20 | 1 | Rear End Panel top <i>? Repairs</i> | | \$306.70 <i>+</i> |
| 21 | 1 | Rear End Panel lower | | \$221.70 <i>+</i> |
| 22 | 1 | Rear End Panel Top Garnish <i>Not New</i> | | \$166.70 <i>+</i> |

Subtotal :- \$5,781.40

2507 8N:200

200560

Labour charges

To remove & re-fix rear windscreen

~~\$120.00~~ 100

Gum

net ~~\$50.00~~ ✓

To remove & re-fix cushion

~~\$120.00~~ 40

To remove & re-fix reverse sensor

~~\$120.00~~ 50

To Check Wiring System

1470

~~\$80.00~~ 30

Tuff Kote

~~\$120.00~~ x

Panel beating

~~\$1,000.00~~ 600

Spray painting

~~\$1,000.00~~ 600Subtotal :- \$2,610.00Total:- \$8,391.40

total: 3675.60

1/s: 2.9K.

05 Days

View Received Message

This mail is associated with :

***SLA5990L (6195931610SG)**
[SLC8723L]

TP
CHEN PU
Dec 12 2017 9:00AM
[LCRF Pte Ltd]
Zen Werkz Llp

[Reply](#) [Reply All](#) [Mark as Unread](#) [Print Message](#) [Delete Message](#) [Forward](#)

From AIG Asia Pacific Insurance Pte. Ltd. (AIG_SG), sent on 19/12/2017 14:11 PM.
To LKK_HQ
CC NoorMariesa.AbuKassim@aig.com
Subject NO OI GIA REPORT

Hi
Kindly be informed that OI has not reported yet. OI details as below :
LCRF Pte Ltd
60 Anson Road
#11-01 Mapletree Anson
Singapore 077914

Office :(+65) 31584255

Thanks
Mariesa

DOCUMENTS SUMMARY

There are no documents.

Vivian Lau (LKKAUTO)

From: Vivian Lau (LKKAUTO)
Sent: Wednesday, 20 December, 2017 2:04 PM
To: 'insurance@lioncityrentals.com.sg'
Cc: Zayyer (LKKAUTO); Hsiao Tong (LKKAUTO); 'Tee, Chee-Wah'
Subject: ACCIDENT INVOLVING SLC 8723L AND SLA 5990L ON 12/12/2017 (09:10 Hrs)
ALONG TRADE HUB OUTSIDE TRAFFIC LIGHT

Our Ref: CC6/LCR17023926/Awa3

20 December 2017

Dear Sirs,

ACCIDENT INVOLVING SLC 8723L AND SLA 5990L ON 12/12/2017 (09:10 Hrs) ALONG TRADE HUB OUTSIDE TRAFFIC LIGHT

We refer to the above subject matter. Your insurer AIG Asia Pacific Insurance Pte Ltd (AIG) has received a third party claim(s) against your motor insurance policy, and has appointed LKK Auto Consultants Pte Ltd to act on their behalf to handle this matter.

We highlight that this accident has not been reported to AIG.

Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AIG. Failure to report the accident may affect the standing of your insurance policy.

Kindly proceed to lodge your accident report **immediately**, giving the version of the accident amongst other things related to the accident. The accident report can be lodged at any of AIG reporting centres. For the listing of AIG reporting centres, you may refer to your Certificate of Insurance or visit AIG Singapore's website.

Should you have any clarifications, please contact the undersigned within 7 days from the date of this letter.

Yours faithfully,

Thank you

Best Regards,

Vivian Lau | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-8625 | email: Vivianlau@lkkauto.com | fax: 6741-4108

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

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 | 21/12/2017 17:01 |
| Date Of Accident | 12/12/2017 09:00 |
| Exact Location Of Accident | BOON LAY WAY (TOWARDS TRADE HUB 21) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SLC8723L |
| Insured/Policyholder | |
| Name Of Registered Owner | LCRF PTE LTD |
| Co Reg No | 201624597K |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-66944919 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | SIENTA |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 999995170 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | MD HAFIZ BIN AB MUTALIB |
| NRIC No | S7221054I |
| Date Of Birth | 13/06/1972 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/03/2007 |
| Driving Experience | 10 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 366 TAMPINES STREET 34 #06-179 |
| Postcode | 520366 |
| 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 | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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 PHOTOS. THANK YOU.

Attachment(s)

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

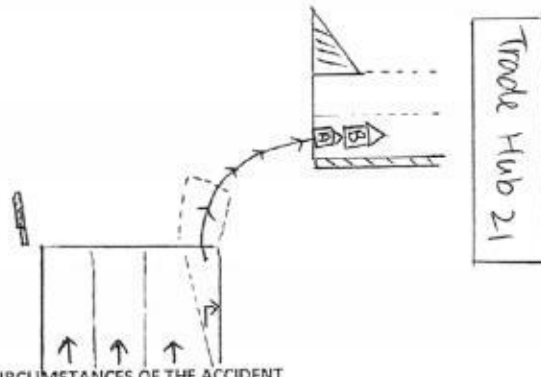
DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SLA5990L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEH B |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan Pg. 1

Location: Boon Lay Way (Towards Trade Hub 21)
 Car A: SLC 8723L
 Car B: SLA 5990L

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/12/17 at 9:00 am, my vehicle A was proceeding a right turn when the traffic light signal green in my favor. After I have proceed a right turn I saw vehicle B was stationary waiting to enter into the Trade Hub 21. Didn't come to my notice, my vehicle A was too close behind vehicle B and collided onto vehicle B rear position.

DECLARATION

I/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:

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

...CLAIM SUBFOLDER...(Pending for Survey Report)

Fastlane

| CLAIM SUBFOLDER TRACKING | | | | | | | |
|--------------------------|---|---------------|---|---|---|------------|---|
| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
| Main | 18 Dec 2017 Edit Reg | | 15 Dec 2017 00:00 Edit Adj Rpt | \$2,900.00 Edit Estimates | \$2,900.00 View Rpt | | Pending for Survey Report Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | | | | | | | | | | | | | | | | |
|--|-----------|---------------|------------|----------|----------|-------------|--------------|------------|---------|---------|-------------|--------------|------------|-------|-------------|--|--|--|--|--|--|--|--|--|
| <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> CLAIM SUBFOLDER DETAILS [Created by adjuster] </div> <div style="font-size: 0.9em;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Insured: LCRF Pte Ltd, Co. Reg. No.: 201624597K</p> <p>Main Claimant: CHEN PU, ID: S8572137B</p> <p>Vehicle Reg. No.: SLA5990L</p> <p>Claim Type: TP / 6195931610SG</p> <p>Vehicle Reg. No. (Insured): SLC8723L</p> </div> <div style="width: 45%;"> <p>Date of Loss: 12/12/2017 09:00 - :59</p> <p>Policy/Cover Note No.: 0999995074</p> <p>Policy No. (Claimant): Z17VP05015304</p> <p>Excess:</p> </div> </div> <p>Repairer: Zen Werkz Lip (HQ) BLOCK 3 KAKI BUKIT ROAD 1, # 03-04 Eunost Technolink, 415935 Kaki Bukit - Tel:</p> <p>Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Tee, Chee-Wah] Chee-Wah.Tee@aig.com</p> <p>Claimant's Insurer: Lonpac Insurance Bhd (HQ) - Tel: +65 62507388</p> <p>Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ADRIAN LING] ... [Final Rpt due 28/12/2017]</p> <p>Driver/Custodian (Insured): MD HAFIZ BIN AB MUTALIB (), NRIC: S7221054I</p> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px;"> ASSOCIATED MAIL RECEIVED <div style="float: right;">View All Compose Case Mail</div> <ul style="list-style-type: none"> AIG_SG (19/12/2017): NO OI GIA REPORT </div> | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px;"> ALL ASSOCIATED TASKS <div style="float: right;"> View All Search Tasks Create New Task Complete </div> <table style="width: 100%; font-size: 0.8em;"> <thead> <tr> <th>Due Date</th> <th>Priority</th> <th>Type</th> <th>Task Group</th> <th>Subject</th> <th>Handler</th> <th>Assigned By</th> <th>Completed On</th> <th>Created On</th> <th>Done?</th> </tr> </thead> <tbody> <tr> <td colspan="10">No results.</td> </tr> </tbody> </table> </div> | | | | | Due Date | Priority | Type | Task Group | Subject | Handler | Assigned By | Completed On | Created On | Done? | No results. | | | | | | | | | |
| Due Date | Priority | Type | Task Group | Subject | Handler | Assigned By | Completed On | Created On | Done? | | | | | | | | | | | | | | | |
| No results. | | | | | | | | | | | | | | | | | | | | | | | | |

Claim Documents

*SLA5990L (6195931610SG)

[SLC8723L]

TP

CHEN PU

Dec 12 2017 9:00AM

[LCRF Pte Ltd]

Zen Werkz Llp

| | | | | |
|---|-----------------|--|---|--|
| Upload Documents Upload Photos Compose New Letter Upload Video Upload Audio | | | View View in Browser | |
| Letters/Correspondences | | | 1 per page <input checked="" type="checkbox"/> | |
| No | Finalized On | LKK Auto Consultants Pte Ltd (HQ) | | |
| 1 | (Draft) | Third Party Express Settlement - Payment Breakdown | 1 Thumbnail Print Edit | |
| Photos/Images | | | 3 per page <input checked="" type="checkbox"/> | |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | | |
| 1 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 2 | 16/01/18 18:19 | Chassis Number | 1 Load JPG <input checked="" type="checkbox"/> | |
| 3 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 4 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 5 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 6 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 7 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 8 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 9 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 10 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 11 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 12 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 13 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 14 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 15 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 16 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 17 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 18 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 19 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 20 | 16/01/18 18:19 | General View | 1 Load JPG <input checked="" type="checkbox"/> | |
| 21 | 16/01/18 18:19 | Reinspection Photo | 1 Load JPG <input checked="" type="checkbox"/> | |
| 22 | 16/01/18 18:19 | Reinspection Photo | 1 Load JPG <input checked="" type="checkbox"/> | |
| 23 | 16/01/18 18:19 | Reinspection Photo | 1 Load JPG <input checked="" type="checkbox"/> | |
| 24 | 16/01/18 18:19 | Reinspection Photo | 1 Load JPG <input checked="" type="checkbox"/> | |
| 25 | 16/01/18 18:19 | Reinspection Photo | 1 Load JPG <input checked="" type="checkbox"/> | |
| 26 | 16/01/18 18:19 | Reinspection Photo | 1 Load JPG <input checked="" type="checkbox"/> | |
| 27 | 16/01/18 18:19 | Reinspection Photo | 1 Load JPG <input checked="" type="checkbox"/> | |
| 28 | 16/01/18 18:19 | Reinspection Photo | 1 Load JPG <input checked="" type="checkbox"/> | |
| 29 | 16/01/18 18:19 | Reinspection Photo | 1 Load JPG <input checked="" type="checkbox"/> | |
| 30 | 16/01/18 18:19 | Reinspection Photo | 1 Load JPG <input checked="" type="checkbox"/> | |
| 31 | 16/01/18 18:19 | Reinspection Photo | 1 Load JPG <input checked="" type="checkbox"/> | |
| 32 | 16/01/18 18:19 | Reinspection Photo | 1 Load JPG <input checked="" type="checkbox"/> | |

| Documentation | | | 1 per page | <input checked="" type="checkbox"/> |
|---------------|-----------------|--|--|-------------------------------------|
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | Thumbnail | Print |
| 1 | 18/12/17 14:44 | TP GIA REPORT |  Load PDF | |
| 2 | 18/12/17 14:44 | TP ESTIMATE |  Load PDF | |
| 3 | 20/12/17 14:06 | Email non reporting letter ACCIDENT INVOLVING SLC 8723L AND SLA 5990L ON 12.12.2017 0910 Hrs ALONG |  Load PDF | |
| 4 | 29/12/17 14:13 | Email letter to OI ACCIDENT INVOLVING SLC 8723L AND SLA 5990L ON 12.12.2017 |  Load PDF | |
| 5 | 24/01/18 10:10 | AUTHORISATION TO ACT |  Load PDF | |
| 6 | 24/01/18 10:10 | LETTER TO OI |  Load PDF | |
| 7 | 24/01/18 10:10 | RELEASE VOUCHER |  Load PDF | |
| 8 | 24/01/18 10:10 | RENTAL RECEIPT |  Load PDF | |
| 9 | 24/01/18 10:10 | WORKSHOP INVOICE |  Load PDF | |
| No | Finalized On | AIG Asia Pacific Insurance Pte. Ltd. (SG) | Thumbnail | Print |
| 1 | 29/12/17 11:20 | Singapore Accident Statement OI GIA |  Load PDF | |

Documents Checklist

| DOCUMENTS CHECKLIST | Reset | Save | Print |
|--|-------|------|-------|
| There are no document checklists configured. | | | |
| <div> Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div> <div></div> <div> ^ v </div> </div> </div> | | | |
| Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small> | | | |

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

| | | | |
|-------------------|---------------------|--------|------------------------|
| Vehicle No: | SLC8723L (Insd veh) | Model: | HONDA STREAM 1.8 L (A) |
| | SLA5990L (TP veh) | | |
| Date of Accident: | 12/12/2017 | | |

| | | | |
|-----------------------|---|------------------------------|--|
| Global Sum Settlement | : | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Repair Estimate | : | \$ | 8,978.80 |
| Final Repair Cost | : | \$ | 3,103.00 |
| Loss of Use | : | \$ | days at \$0.00 per day |
| Rental (if any) | : | \$ | 840.00 7 days |
| LTA / GIA Search Fee | : | \$ | |
| Others: | : | \$ | |
| | : | \$ | |
| Final Settlement Sum | : | \$ | 3,943.00 |

Is Third Party Workshop GIA Registered? ☐ YES ☒ NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability ____ 100 ____ (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: ____

BOLA Liability: ____ (%) Assessed Liability (*): ____ (%)

** Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.*

Remarks _____

| Payment Instruction: Payee's Breakdown | | | |
|--|---------------|---|-------------|
| 1) | Zen Werkz LLP | : | \$ 3,943.00 |
| 2) | | : | \$ |

NUR SHAQILAH BTE ABDOL
WAHAB

LKK Auto Consultants Pte Ltd

24 Jan
2018

Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC6/LCR17023926/AWA3S2

Date: 24/01/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No: 0999995074

Claimant Vehicle No: SLA5990L

Insured Vehicle No: SLC8723L

Date of Loss: 12/12/2017

Nature of Claim: TP

Claim No: 6195931610SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLA5990L

Make & Model: HONDA STREAM, 1.8 L (A)

Engine No: R18A11700803

Reg. Date: 17/09/2007 (Man. Year: 2007)

Chassis No: JHMRN68407S200866

Colour: Bronze

Odometer: 111632 km

Engine Capacity: 1799 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Good Steering (Serviceable):

Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification:

No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 205/65R15

Rear Tyre Size: 205/65R15

Front Left Side: Falken 6 mm

Rear Left Side: Falken 6 mm

Front Right Side: Falken 6 mm

Rear Right Side: Falken 6 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|--|------------|------------|------------|--------|
| Parts | 5,831.40 | 2,255.60 | 3,575.80 | 61.32 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 2,560.00 | 1,420.00 | 1,140.00 | 44.53 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (S\$) | 8,391.40 | 3,675.60 | 4,715.80 | 56.20 |
| Approved Total (Overridden) (S\$) | | 2,900.00 | | |
| (S\$) | 8,391.40 | 2,900.00 | 5,491.40 | 65.44 |
| + GST 7.00/7.00% (S\$) | 587.40 | 203.00 | 384.40 | 65.44 |
| Nett Amount (S\$) | 8,978.80 | 3,103.00 | 5,875.80 | 65.44 |
| + Car Rental (7.0 x S\$120.00/day) (S\$) | | 840.00 | | |
| Nett Liability (S\$) | | 3,943.00 | | |

INSPECTION

Date of Assignment: 15/12/2017

Date Inspected: 15/12/2017 Inspected At:

Zen Werkz Llp (HQ)
 BLOCK 3 KAKI BUKIT ROAD 1, # 03-04
 Eunost Technolink
 Singapore 415935

Estimated Period of Repair: 5.0 days

Adjuster: ADRIAN LING

Manager: VIVIAN LAU PEI FENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Recommended Parts

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|---|-----|----------|--------------------------------------|---------------|------------|------------|
| 1 | 1 | | *REAR BOOT LID | Dented | 1,171.30 F | *902.00 FL |
| 2 | 1 | | *REAR BOOT LID EMBLEM LOGO | Not Necessary | 50.00 F | *- FL |
| 3 | 1 | | *REAR BOOT LID STREAM LOGO | Necessary | 45.00 F | *45.00 FL |
| 4 | 1 | | *REAR BOOT LID CENTER MOULDING | Not Necessary | 162.80 F | *- FL |
| 5 | 6 | | *REAR BOOT LID CENTER MOULDING CLIPS | Not Necessary | 30.00 F | *- FL |
| 6 | 1 | | *REAR BOOT LID NUMBER PLATE | Not Necessary | 50.00 F | *- FL |
| 7 | 2 | | *REAR BOOT LID NUMBER PLATE LAMP | Not Necessary | 80.20 F | *- FL |
| 8 | 1 | | *REAR BOOT LID WINDSCREEN SEAL | Necessary | 85.00 F | *85.00 FL |
| 9 | 1 | | *REAR BOOT LID INNER LOCK | Damaged | 159.40 F | *159.40 FL |
| 10 | 1 | | *REAR BOOT LID INNER RUBBER | Cut | 161.20 F | *161.20 FL |
| 11 | 1 | | *REAR BOOT LID INNER TRIM BOARD | Not Necessary | 341.60 F | *- FL |
| 12 | 1 | | *REAR TAIL LAMP | N/s Cracked | 764.80 F | *382.40 FL |
| 13 | 4 | | *REAR TAIL LAMP CLIPS | Necessary | 22.00 F | *10.00 FL |
| 14 | 1 | | *REAR BUMPER | Deformed | 980.00 F | *668.00 FL |
| 15 | 2 | | *REAR BUMPER SIDE BRACKET | Necessary | 130.00 F | *64.00 FL |
| 16 | 10 | | *REAR BUMPER CLIPS | Necessary | 65.00 F | *30.00 FL |
| 17 | 1 | | *REAR BUMPER TOWING COVER | Not Necessary | 58.00 F | *- FL |
| 18 | 1 | | *REAR BUMPER LOWER COVER | Not Necessary | 380.00 F | *- FL |
| 19 | 1 | | *REAR END PANEL TOP | Repair | 306.70 F | *- FL |
| 20 | 1 | | *REAR END PANEL LOWER | Repair | 221.70 F | *- FL |
| 21 | 1 | | *REAR END PANEL TOP GARNISH | Not Necessary | 166.70 F | *- FL |
| 22 | 1 | | *REAR BUMPER REVERSE SENSOR | Damaged | 350.00 FS | *200.00 FS |
| 23 | 1 | | *GUM | Necessary | 50.00 FS | *50.00 FS |
| F=Franchise part. S=SpcNett. L=ListItemDisc. | | | | | | |
| Sub Total (S\$) | | | | | 5,831.40 | 2,757.00 |
| - List Item Discount on L Items 0.00/20.00% (S\$) | | | | | 0.00 | 501.40 |
| Total Parts (S\$) | | | | | 5,831.40 | 2,255.60 |

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|-------------------------|-------------------------------------|----------|------------|----------|
| <u>Labour Items</u> | | | | |
| 1 | TO REMOVE & RE-FIX REAR WINDSCREEN. | New | 120.00 | 100.00 |
| 2 | TO REMOVE & RE-FIX CUSHION. | New | 120.00 | 40.00 |
| 3 | TO REMOVE & RE-FIX REVERSE SENSOR. | New | 120.00 | 50.00 |
| 4 | TO CHECK WIRING SYSTEM. | New | 80.00 | 30.00 |
| 5 | TUFF KOTE. | New | 120.00 | 0.00 |
| 6 | PANEL BEATING. | New | 1,000.00 | 600.00 |
| 7 | SPRAY PAINTING. | New | 1,000.00 | 600.00 |
| Gross Labour Cost (S\$) | | | 2,560.00 | 1,420.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >