

INS. CASE OWNER: Elaine

CC 31EQ117024212 1 Ries^a35V

LKK:

IDAC:

ASSIGNMENT

Surveyor: Rasul

DOI: 20/12/17

Date / Time: 20/12/17

20/12/17

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 1164Z
 Name of Insured : KHOON TRANSPORT SERVICE
 Insured Tel No. : _____ HP: 8525 6988
 Excess Sec II :SS _____ D.O.A : 14/12/17
 Is driver the owner? (YES NO) Nature of Accident :

Claim No. : DM17H002984-EC
 Policy No. : DMPRHQ17-00066
 Make / Model : MIITSUBISHI ROSA -4.9D LMTM.
 Place of Accident : RIVER VALLEY RD NEAR LEONIE HILL RD

If NO, Driver Name / Age: HEAH TECK LEE

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

Driver Tel No. : 8128 8905 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

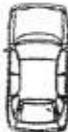
SHD 1485L →



INSRS:
WSP: Primer Auto (Chg)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
<u>16/01/18 (Aster)</u>	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final):	
<u>18/1/18 9.24 am</u>	Notification ltr (if non-pickup): Call OI: <u>22/1/18 7.5H</u> After call ltr to OI: <u>19/01/18 - vic oc</u>	
<u>19/01/18</u>	Documentation Check List: Handler Typist	
<u>22/1/18 12.07 hrs</u>	Notification ltr (if non-pickup) <input type="checkbox"/> After call ltr to OI: <input checked="" type="checkbox"/> Authorisation To Act: <input checked="" type="checkbox"/> Release Voucher: (NO NEED) <input type="checkbox"/> Final Repair Bill: <input checked="" type="checkbox"/> Car Rental Invoice: <input checked="" type="checkbox"/> Towing Invoice <input type="checkbox"/> LTA / GIA : <input checked="" type="checkbox"/> Medical Bill: <input type="checkbox"/> PIR: <input type="checkbox"/> Mandate/Reject Instruction: <input type="checkbox"/> LOD <input checked="" type="checkbox"/> Payment Breakdown Form: <input type="checkbox"/> Post-Repair Photos: <input type="checkbox"/> Others: <input type="checkbox"/>	
<u>12-07-18</u>	TO EXPEDITE SETTLEMENT AS QUANTUM IS NOT MUCH.	
	RECEIVED 29 AUG 2018	

PRELIMINARY ADVICE Date/Time: 21/12/17 Sent By: Shirley Hwa

FINALIZATION Date/Time: 11.7.18 Confirm with: GARY Confirm by: MRB
 Repair Cost: P/P S\$2,086.26 (5 days) Reduction: 62 % Email Call

FINAL SETTLEMENT Date/Time: 21.8.18 Confirm with: GARY Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :
 Repair Cost: S\$2,232.30 OLD REAR ENDED TP
 Loss of Rental (LOR): S\$ 819.50 (8 days) x 109.94
 Loss of Use (LOU): S\$ - (\$ x days)
 Loss of Income (LOI): S\$ 330.00 (\$40 x 8 days)
 LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
 GIA/LTA Search S\$2.00
 Medical: S\$ -
 Disbursement: S\$ - (e.g. Tow/ Independent)
 Legal Cost S\$ -
 Total: S\$3,433.80 Global Sum S\$:
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: 1400

FINAL PAYMENT Date/Time: 21.8.18 Confirm with: GARY Email Call

Payee 1: S\$3,433.80 Name 1: PRIMER AUTOMOTIVE SERVICES PTE LTD
 Payee 2: (Strike if N.A.) S\$ Name 2:
 Payee 3: (Strike if N.A.) S\$ Name 3:

COPIES SENT
21/8/18

Qinzuor *Zhan*

REF: *STI EG*

49754

ASSIGNMENT

From: _____ Date: *20/12/17*

Estimated Cost: _____

OD TP WS TP RES OD RES EVA INV MV

To Inspect Vehicle No: *SHD 1485L*

at Workshop n/s *Komoco*

of *253 Alexandra Road*

Insured: _____

Policy No. _____

Claims No. _____

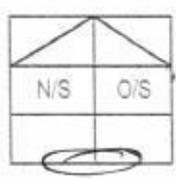
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: *5* days Res: Yes or No

Lum Sum: *-* % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS *wp?*

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

Veh No: *SHD 1485L* Yr Regn: *2017 OCT*

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

Truck / Trailer or

Make: *HYUNDAI I30 GDH 1.6* c.c. *1582*

Colour: *GREY* A/C: Insured / Std / NI / NA

Sp. Reading: *17337* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *TMA D281UV 4514-1988*

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: *195/65R15*
R: _____

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

TOYO / YOKO or *Hankook*

Front *6* mm Rear *6* mm

R/Bal. *6* mm L/Bal. *6* mm

D.O.A. *14/12/17* D.O.I. *20/12/17*

Survey held at *Komoco*

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

Table with 2 columns: Date / Time, Action / Instruction. Contains handwritten notes: p/p: +2.086.26 (RED: +3.346.59 62%)

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

3 - RS \$

Photos

Other

Report Format: _____

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

TOTAL

Empty table with 4 rows and 1 column for recording fees and totals.



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

EQ INSURANCE COMPANY LTD

Ref : CC3/EQI17024212/R1es3

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Date : 21-12-2017



Code : EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 1164Z	Veh. Inspected	SHD 1485L
Policy No.	DMBPHQ17-000066	Coverage (\$)	0.00
Claim No.	DM17HO02884-EC	Excess (\$)	0.00
Assign From		Assign Date	21/12/2017

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

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5. General Information

Accident Date	14/12/2017	Inspection Date	20/12/2017
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.
--

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

19-Dec-17

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1485 L

1 pc	Emblem I30		\$	27.80	new ✓
1 pc	Emblem CRDI		\$	29.40	new ✓
1 pc	Emblem Hyundai		\$	29.40	new ✓
1 pc	Rear bumper		\$	811.11	DE ✓
1 pc	Rear bumper sponge		\$	79.20	✓
1 pc	Rear bumper reinforcement		\$	815.64	✓ N/A
1 pc	Rear bumper reinforcement centre		\$	79.20	✓
2 pcs	Rear bumper n/s & o/s side bracket @ \$52.20		\$	104.40	✓
1 pc	Tailgate		\$	2,292.30	R ✓
1 pc	Tailgate lower garnish		\$	362.61	CRA ✓
			\$	4,631.06	
		Less 20%	\$	926.21	
			\$	3,704.85	
S/NETT					
1 set	Rear bumper clips		\$	48.00	new ✓
1 set	Reverse sensor		\$	280.00	220 ✓ N/A
1 set	Tailgate sticker		\$	100.00	new ✓
	Sundry		RM \$	50.00	✓
	To dismantle and replace reverse sensor and test system		\$	80.00	60 ✓
	To labour charge for dismantle and renew the accident damaged parts. Including to knock-out, straighten, repair, reshape of the same		\$	650.00	450 ✓
	To putty and spray painting on the rear bumper, tailgate lower garnish		\$	400.00	✓
	To apply rustproofing on the repaired and replaced panels		\$	120.00	20 ✓
		Total	\$	5,432.85	

(ALL THE REPAIR COSTS ARE SUBJECT TO GST)

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

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after 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:



Your ref: TBA
Our ref: CC3/EQI17024212/R1es3

Date: 21.12.2017

The Motor Claims Department
M/s EQ INSURANCE COMPANY LTD

PRELIMINARY ADVICE OF VEHICLE NO.

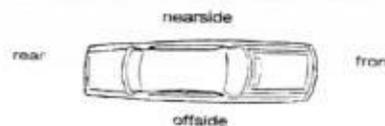
SHD 1485L

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 20.12.2017 at the premises of M/s Premier Automotive Services Pte Ltd (Changi South) and have the following to report:

Workshop Estimate Amount	: S\$	<u>5,432.85</u>
Revised Estimate Amount	: S\$	<u>2,086.26</u>
"Check" Items Amount	: S\$	<u>1,082.75</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
Rear Portion



Comments/Present Status:
Damages Consistent
Estimated normal period for repairs: 5.0 days

Yours faithfully,

MOHD. RASUL
Licensed Appraiser

Shirley Hiew (LKK Auto)

From: Elaine Cheong <elaine.cheong@eqinsurance.com.sg>
Sent: Monday, 15 January 2018 2:50 PM
To: Shirley Hiew (LKK Auto)
Cc: Admin A; Asher Sng (LKKAuto); Vic (LKKAuto)
Subject: RE: Direct Settlement - Accident Involving PC1164Z (OI : EQI - DM17HO02884-EC) AND SHD1485L (TP : LKK REF - CC3/EQI17024212/R1es3) on 14/12/2017
Attachments: OI - PC1164Z.PDF

Dear Shirley,

Attached a copy of our insured's GIA report for your perusal.

Regards,

Elaine Cheong
Senior Executive | Claims



EQ Insurance Company Limited
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190
www.eqnsurance.com.sg

 A Member of Citystate



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From: Shirley Hiew (LKK Auto) [mailto:ShirleyHiew@lkkauto.com]
Sent: Monday, January 15, 2018 1:57 PM
To: Elaine Cheong
Cc: Admin A; Asher Sng (LKKAuto); Vic (LKKAuto)
Subject: RE: Direct Settlement - Accident Involving PC1164Z (OI : EQI - TBA) AND SHD1485L (TP : LKK REF - CC3/EQI17024212/R1es3) on 14/12/2017

WITHOUT PREJUDICE

Dear Elaine,

We refer to the above matter.

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

Thank you.

Best Regards,

Shirley Hiew | Admin

LKK Auto Consultants Pte Ltd

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

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



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

EQ INSURANCE COMPANY LTD

Ref : CC3/EQI17024212/R1ea3s2

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Date : 05-09-2018



Code : EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 1164Z	Veh. Inspected	SHD 1485L
Policy No.	DMBPHQ17-000066	Coverage (\$)	0.00
Claim No.	DM17HO02884-EC	Excess (\$)	0.00
Assign From		Assign Date	20/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I30 GDH 1.6	c.c	1582
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	TMAD281UVHJ141988	Colour	GREY
Odometer	17337	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	HANKOOK	6 mm
L/H Front Tyre	195/65R15	HANKOOK	6 mm
R/H Rear Tyre	195/65R15	HANKOOK	6 mm
L/H Rear Tyre	195/65R15	HANKOOK	6 mm

4. Description of Damages

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

5. General Information

Accident Date	14/12/2017	Inspection Date	20/12/2017
Survey held at	KOMOCO - 253 ALEXANDRA ROAD		
Repairer	PREMIER AUTOMOTIVE SERVICES PTE LTD		

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: **5 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 1485L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	EMBLEM I30	NECESSARY	27.80	27.80
1	EMBLEM CRDI	NECESSARY	29.40	29.40
1	EMBLEM HYUNDAI	NECESSARY	29.40	29.40
1	REAR BUMPER	DEFORMED	811.11	811.11
1	REAR BUMPER SPONGE	NOT NECESSARY	79.20	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	815.64	-
1	REAR BUMPER REINFORCEMENT CENTRE	NOT NECESSARY	79.20	-
2	REAR BUMPER N/S & O/S SIDE BRACKET @ \$52.20	NOT NECESSARY	104.40	-
1	TAILGATE	TO REPAIR SEE LABOUR	2,292.30	-
1	TAILGATE LOWER GARNISH	CRACKED	362.61	362.61
	LESS 20% DISCOUNT		-926.21	-252.06
			3,704.85	1,008.26
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	48.00	48.00
1	SET REVERSE SENSOR (SN)	NOT NECESSARY	280.00	-
1	SET TAILGATE STICKER (SN)	NECESSARY	100.00	100.00
1	SUNDRY (SN)	NOT NECESSARY	50.00	-
			478.00	148.00
<u>LABOUR</u>				
	TO DISMANTLE AND REPLACE REVERSE SENSOR AND TEST SYSTEM.		80.00	60.00
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING TO KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE OF THE SAME. INCLUSIVE OF THE REPAIR OF TAILGATE.		650.00	450.00
	TO PUTTY AND SPRAY PAINTING ON THE REAR BUMPER, TAILGATE LOWER GARNISH.		400.00	400.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.		120.00	20.00
			1,250.00	930.00
GRAND TOTAL			5,432.85	2,086.26



RECOMMENDED COST OF REPAIRS			2,086.26
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Report Ref No. CC3/EQ117024212/R1ea3s2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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