

AS: REC. BY:

REF: CS / AGZ180007117 / Tibon2 Special Instruction:

ASSIGNMENT (Office)

Surveyor:

From (Person): Albert Hong of AET Date/Time: 12/01/2018 11:59am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKF, 8897P Insured: SLD 9664L

at Workshop m/s Wearnes Tel: 81261237

of 249 Alexandra Rd

Policy No: Claim No: 110007261

Sum Insured: Excess:

Make of Veh: D.O.A. 11-01-2018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP 22.01.2018 @ after 1pm H.O.D. Endorsement:

Date/Time: 12/01/2018 1:42pm Person Contacted: Paul Vehicle: IN (OUT)

Date/Time	Action/Instruction ( ✓ ) Estimate
	SLD 9664L - x
	SKF 8897P - x
	Confirm \$5,983.47 , 3 days
	Red. \$ 6320.83, 51%.

Tamph

REF: AGI

ASSIGNMENT

From: Date: 22/01/2018

Estimated Cost:

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

To inspect Vehicle No: SLD9664L  
at Workshop: Weames Automotive  
of: 249 Alexandra Road

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

After 1pm  
Paul

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 'wp'

Date: Person Contacted:

Vehicle: IN / OUT

Paul

Date: Time Action / Instruction

SKF 8897 81261237

Veh No: SKF 8897P Vn Page: 2015 Aug

Type: (M) Cycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or

Make: Jaguar XF 2.0 CC: 1999

Colour: Maroon A/C Insured / Std / NI / NA

So Reading: 24 784 T/Radio: Insured / Std / NI / NA

Eng No:

G No: SAJA C05M2FP4 78 588

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / STD A/Rim / 245/47R18

Tyre Size: F: 245/47R18 R: 245/47R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / FIP / SUMI / TOYO / YOKO or

Front: R/Bal: 6 mm

L/Bal: 6 mm

D.O.A: 18th 22/1/18

Survey held at: Weames @ 1545

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

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

RECEIVED 20 APR 2018

Date/Time File Pass to: [ ] : Preli. Report

[x] : Final Report

Date/Time File Return to:

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee

Transporter

...

...

...

...

...

...

Add Fee: [ ] Site Insd \$

[ ] Inter View \$

[ ] Tech. Adv \$

[ ] Vehicle \$

Report Format:

Lum. Sum / I.B. / S

TR \$5989.47



350



# 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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18000747/T1rb

(BUDGET DIRECT INSURANCE)  
190 CLEMENCEAU AVENUE #03-01  
SINGAPORE SHOPPING CENTRESINGAPORE  
239924

Date : 12-01-2018



Code : AGI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKF 8897P	Veh. Inspected	SLD 9664L
Policy No.		Coverage (\$)	0.00
Claim No.	C10001261	Excess (\$)	0.00
Assign From	ALBERT HONG	Assign Date	12/01/2018

## 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	11/01/2018	Inspection Date
Survey held at	WEARNES AUTOMOTIVE PTE LTD 249 ALEXANDRA ROAD SINGAPORE 159935	

## 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)

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**From:** Albert Hong <albert.hong@budgetdirect.com.sg>  
**Sent:** Friday, 12 January, 2018 11:59 AM  
**To:** assignments  
**Cc:** SUR  
**Subject:** Appoint LKK to conduct TP survey; Our Ref: C10001261  
**Attachments:** SAS2339750.PDF; 1182\_001.pdf

**Sensitivity:** Confidential

Hi Team,

Please accept assignment and liaise with Wearnes.

Thank you.

Regards,

**Albert Hong**  
**Senior Executive, Claims**

T +65 6540 2182  
F +65 6725 0853  
E [albert.hong@budgetdirect.com.sg](mailto:albert.hong@budgetdirect.com.sg)

**Budget  
Direct**  
insurance

**Customer Care:** +65 6221 2111  
**Claims:** +65 6221 2199  
**Claims (Int.):** +65 6540 2199

190 Clemenceau Avenue  
#03-01, Singapore Shopping Centre  
Singapore 239924  
[budgetdirect.com.sg](http://budgetdirect.com.sg)

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as Budget Direct Insurance.

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**From:** Paul Ong Qing Yong [mailto:[paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)]  
**Sent:** Friday, 12 January, 2018 9:40 AM  
**To:** Claims <[claims@budgetdirect.com.sg](mailto:claims@budgetdirect.com.sg)>  
**Subject:** TP Claim - SKF8897P; TP Vehicle SLD9664L  
**Sensitivity:** Confidential

Hi,

Attached for TP Claim,

Kindly advise if direct settlement is possible,

Thank you.

Best Regards,

**Paul Ong**  
Service Consultant  
Bodyshop & Paint



**Wearnes Automotive Pte Ltd**  
249 Alexandra Road Singapore 159935  
M (65) 8126 1237 D (65) 6378 9336  
[www.wearnesauto.com](http://www.wearnesauto.com) [paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)

*This email, including any attachment, is confidential and may also be privileged.  
If you have received it in error, please notify us immediately by reply email and then delete this message from your system.  
Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

## 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	11/01/2018 17:11
Date Of Accident	11/01/2018 07:25
Exact Location Of Accident	ALONG MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF8897P
-----------------------------	----------

#### Insured/Policyholder

Name Of Registered Owner	CHOO SNG TING (ZHU SHENGTING) @LIM SNG TING
NRIC No	S7719303J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92395608
Alternative Phone No	OTHERS-92395608

#### Vehicle Particulars

Manufacturer	JAGUAR
Model	XF-2.0 GTDI LUXURY (A)

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 THIRD PARTY

Vehicle Category PRIVATE CAR

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100424916-02
Cover Note Number	

#### Driver

Name of Driver	CHOO SNG TING (ZHU SHENGTING) @LIM SNG TING
NRIC No	S7719303J
Date Of Birth	14/07/1977
Occupation	INDOOR
Date Of Driving Pass	22/06/2004
Driving Experience	13 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92395608
Fax Number	
Contact Number	OTHERS-92395608
Email Address	NOEMAIL

Address	108 HIGHLAND ROAD
Postcode	545012
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 REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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

Refer to attached

#### 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	SLD9664L
Vehicle Make/Model/Colour	
Details Of Properties	
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

### 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 reputate 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 firms/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' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

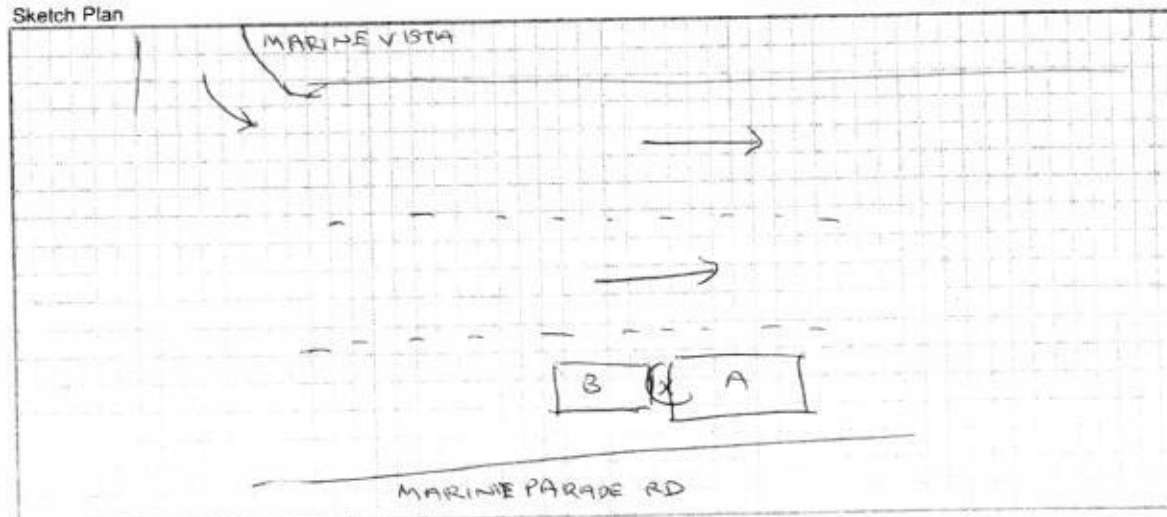
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Page 4

A - SKF8877P

B - SLD9664L



**Describe Circumstance of the Accident**

On 11/01/2018 @ 0729, my vehicle (SKF 8897P) was on the right most lane of MARINE PARADE ROAD at a stop as there were multiple vehicles in front of my vehicle. All of a sudden, there was a loud impact from the rear. It was then that I noted my vehicle has been rear ended by a third party vehicle, STD 9664L.

**IMPORTANT NOTE**

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**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

Witnessed by Reporting Centre Personnel

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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 liability.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident

Date: 11/01/2018 Time: 0729

Exact Location of Accident

ALONG MARINE PARADE ROAD

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKF 8897P

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

CHOO SENG TING

Personal Identification - NRIC (Singaporean/PR)

S7717303J

- FIN/Passport Number

- Not Applicable

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer JAGUAR Model XF

Type of Vehicle\*

☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others, \_\_\_\_\_

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?

☐ Yes ☒ No (If No, Pls select: ☐ Third Party ☐ Reporting)

Vehicle Category\*

☒ Private ☐ Commercial ☐ Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company \*

AIG

Type of Policy

☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☒ No

Policy Number

2100 424 916-02

Motor CI

## DRIVER

☐ Same as Insured above

Name of Driver

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

Date of Birth

14 dd/ 07 mm/ 77 yy

Driving Date Pass

22 dd/ 06 mm/ 04 yy

Year of Driving Experience

Year(s)

Month(s)

Occupation

☒ Indoor ☐ Outdoor

Gender

☐ Male ☒ Female

Contact Number / Mobile Phone / Fax No.

9239 5608

Address of Driver	Postcode ( )
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	HEAD-REAR
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others
Road Surface	<input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others

### OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Number of Passengers (Including Driver)	01

### DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)

### DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SLD 9664L
Vehicle Make/ Model/ Colour	HONDA
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles)



WEARNES

## SERVICE ESTIMATE

82022 - C00001 SL: SERVICE SALES - PC

Ms Choo Sng Ting (Zhu Shengting) @Lim Sng Ting  
108 Highland Road

GST Reg.No:M28920628X

Inv.No. : B&amp;P 0 Page 1

Inv.date. : 12/01/2018

WIP No. : 39630

Veh.In/Out:

\*Tel.No. : Mobile: 92395608

Reg.No. : SKF8897P

Reg.date. : 12/08/2015

Mileage : 0

Chassis No: SAJAC05M2FPU78588

Singapore 545012

Closed by .... : Paul Ong Qing Yong

Svc Consultant :

Remarks ..... : Ms Choo Sng Ting (Zh

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR VALANCE, SENSORS, ETC	0	2550.00	0		2,550.00	S 1275
800	TO PUTTY SPRAYPAINT ON REAR BUMPER, BOOTLID, ETC	0	2250.00	0		2,250.00	S 750
802	TO REPLACE EXHAUST ASSY	0	1700.00	0		1,700.00	S Xnn
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	486.00	0		486.00	S ✓
	BUMPER COVER REAR XF	1.0 EA	1885.00			1,885.00	S cra ✓ 1696.5
	REAR VALANCE V6 S207	1.0 EA	566.70			566.70	S cut ✓ 510.03
	BUMPER BRACKET REAR	1.0 EA	46.50			46.50	S ✓ 41.85
	BUMPER BRACKET REAR	1.0 EA	46.50			46.50	S ✓ 41.85
	BUMPER BRACKET REAR	1.0 EA	115.50			115.50	S ✓ 103.95
	PARKING AID FRT/REAR	4.0 EA	198.10			792.40	S Xnn
	EXHAUST REAR RH XF 2	1.0 EA	1263.00			1,263.00	S Xnn
	JC2Z18894/BADGE 'XF'	1.0 EA	102.30			102.30	S Xnn
	JC2Z29706/BADGE 'LEA	1.0 EA	142.10			142.10	S Xnn
	ADHESIVE SEALER FL2	1.0 EA	358.30			358.30	S rec 322.47
Gross Total.						12,304.30	
Labour Total						6,986.00	
Parts Total						5,318.30	
Package Total						0.00	
Net.....						12,304.30	
GST @ 7.0%						861.30	
Total.....						13,165.60	
Paid.....						0.00	
Please Pay..						13,165.60	13060.12

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

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

Wearnes Automotive Pte. Ltd.

45 Leng Kee Road, Singapore 159103 T +65 6430 4700 www.wearnesauto.com

Acknowledged by Repairer

Co reg no. 199501400R / GST reg no. M28920628X

Signature:

Date:

Taufik 97495749

WP

22/01/18 @ 1545

Resurvey before paint.

3 days.

sur@lkkauto.com.

Signature  
24/1/18

Supp 1107.

### SERVICE ESTIMATE

O - B00017 SL: BUDGET DIRECT INSURANCE  
 BUDGET DIRECT INSURANCE  
 190 CLEMENCEAU AVE  
 #03-01 SPORE SHOPPING CENTRE  
 SINGAPORE 239924

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1  
 Inv.date. : 27/03/2018  
 WIP No. . : 39630  
 Veh.In/Out: 22/01/2018 26/01/2018  
 \*Tel.No. . : 62212111  
 Reg.No. . : SKF8897P  
 Reg.date . : 12/08/2015  
 Mileage . : 24,784  
 Chassis No: SAJAC05M2FPU78588

Closed by . . . : Paul Ong Qing Yong  
 Svc Consultant : ACC  
 Remarks . . . : Ms Choo Sng Ting (Zh

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER BEAM REAR XF	1.0 EA	839.80	10		755.82	S ✓

Labour Total	0.00
Parts Total	755.82
Package Total	0.00

Gross Total.	755.82
Net.....	755.82
GST @ 7.0%	52.91
Total.....	808.73
Paid.....	0.00
Please Pay..	808.73

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

## SERVICE ESTIMATE

0 - B00017 SL: BUDGET DIRECT INSURANCE  
 BUDGET DIRECT INSURANCE  
 190 CLEMENCEAU AVE  
 #03-01 SPORE SHOPPING CENTRE  
 SINGAPORE 239924

GST Reg.No: M28920628X

Inv.No. : B&P 0 Page 1  
 Inv.date. : 27/03/2018  
 WIP No. : 39630  
 Veh.In/Out: 22/01/2018 26/01/2018  
 \*Tel.No. : 62212111  
 Reg.No. : SKF8897P  
 Reg.date : 12/08/2015  
 Mileage : 24,784  
 Chassis No: SAJAC05M2FPU78588

Closed by .... : Paul Ong Qing Yong  
 Svc Consultant : ACC  
 Remarks ..... : Ms Choo Sng Ting (Zh)

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,	0	1275.00	0		1,275.00	S
	REAR VALANCE, SENSORS, ETC						
800	TO PUTTY SPRAYPAINT ON	0	750.00	0		750.00	S
	REAR BUMPER						
280	TO CHECK WIRING INCLUDE	0	486.00	0		486.00	S
	RESETTING OF ALL ELECTRICAL MODULES						
	BUMPER COVER REAR XF	1.0 EA	1885.00	10		1,696.50	S
	REAR VALANCE V6 S207	1.0 EA	566.70	10		510.03	S
	BUMPER BRACKET REAR	1.0 EA	46.50	10		41.85	S
	BUMPER BRACKET REAR	1.0 EA	46.50	10		41.85	S
	BUMPER BRACKET REAR	1.0 EA	115.50	10		103.95	S
	BUMPER BEAM REAR XF	1.0 EA	839.80	10		755.82	S sup. bt v
	ADHESIVE SEALER FL2	1.0 EA	358.30	10		322.47	S

Gross Total. 5,983.47

Labour Total 2,511.00  
 Parts Total 3,472.47  
 Package Total 0.00

Net..... 5,983.47  
 GST @ 7.0% 418.84  
 Total..... 6,402.31  
 Paid..... 0.00  
 Please Pay.. 6,402.31

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

**Janice Lee (LKKAUTO)**

---

**From:** Paul Ong Qing Yong <paul.ong@wearnes.com>  
**Sent:** Tuesday, March 27, 2018 9:54 AM  
**To:** SUR; Veron Chen (LKKAUTO)  
**Subject:** SKF8897P Finalise  
**Attachments:** 20180123143123107.jpg; 20180123143123847.jpg; 20180123143143077.jpg;  
20180123155916555.jpg; 20180123155926308.jpg; 20180124101616889.jpg;  
20180123143132265.jpg; 20180123143133848.jpg; 2005\_001.pdf; 2006\_001.pdf

**Sensitivity:** Confidential

Hi,

Attached for finalise

Best Regards,

**Paul Ong**  
Service Consultant  
Bodyshop & Paint



**Wearnes Automotive Pte Ltd**  
249 Alexandra Road Singapore 159935  
M (65) 8126 1237 D (65) 6378 9336  
[www.wearnesauto.com](http://www.wearnesauto.com) [paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)

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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

Affiliated to Federation Internationale Des Experts En Automobile

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18000747/T1rbn2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01  
SINGAPORE SHOPPING CENTRESINGAPORE  
239924

Date : 24-04-2018



Code : AGI

## Policy Particulars :- THIRD PARTY CLAIM

1.

Insured Veh.	SLD 9664L	Veh. Inspected	SKF 8897P
Policy No.		Coverage (\$)	0.00
Claim No.	C10001261	Excess (\$)	0.00
Assign From	ALBERT HONG	Assign Date	12/01/2018

2.

## Vehicle Particulars & Condition

Make & Model	JAGUAR XF 2.0	c.c	1999
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	SAJAC05M2FPU78588	Colour	MAROON
Odometer	24784	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3.

## Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	245/45 R18	PIRELLI	6 mm
L/H Front Tyre	245/45 R18	PIRELLI	6 mm
R/H Rear Tyre	245/45 R18	PIRELLI	6 mm
L/H Rear Tyre	245/45 R18	PIRELLI	6 mm

4.

## Description of Damages

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

5.

## General Information

Accident Date	11/01/2018	Inspection Date	22/01/2018
Survey held at	WEARNES AUTOMOTIVE PTE LTD 249 ALEXANDRA ROAD SINGAPORE 159935		

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:	3 Working Days
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Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKF 8897P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BUMPER COVER REAR XF (SN)	CRACKED	1,885.00	1,696.50
1	REAR VALANCE V6 S207 (SN)	CUT	566.70	510.03
1	BUMPER BRACKET REAR (SN)	NECESSARY	46.50	41.85
1	BUMPER BRACKET REAR (SN)	NECESSARY	46.50	41.85
1	BUMPER BRACKET REAR (SN)	NECESSARY	115.50	103.95
4	PARKING AID FRT/REAR (SN)	NOT NECESSARY	792.40	-
1	EXHAUST REAR RH XF 2 (SN)	NOT NECESSARY	1,263.00	-
1	JC2Z18894/BADGE "XF" (SN)	NOT NECESSARY	102.30	-
1	JC2Z29706/BADGE "LEA" (SN)	NOT NECESSARY	142.10	-
1	ADHESIVE SEALER FL2 (SN)	NECESSARY	358.30	322.47
1	BUMPER BEAM REAR XF (ADDITIONAL)(SN)	BENT	755.82	755.82
			6,074.12	3,472.47
<b>LABOUR</b>				
	TO REPLACE REAR BUMPER,REAR VALANCE,SENSORS,ETC.		2,550.00	1,275.00
	TO PUTTY SPRAYPAINT ON REAR BUMPER,BOOTLID,ETC.		2,250.00	750.00
	TO REPLACE EXHAUST ASSY.	NOT NECESSARY	1,700.00	-
	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES.		486.00	486.00
			6,986.00	2,511.00
<b>GRAND TOTAL</b>			<b>13,060.12</b>	<b>5,983.47</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>5,983.47</b>

Report Ref No. CS/AGI18000747/T1rbn2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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