

27/03/2012

ASS. REC. BY:

REF: CS / SMO 18001535 / R12/bnz Special Instruction:

SURVIVOR:

Rasul

ASSIGNMENT (Office)

From (Person):

Grace Teo

of

SMO

Date/Time:

24/01/2018 5:16pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLP 3133X

Insured:

FBD 2149L

at Workshop no/s

Vermogen

Tel:

of

6 Bendu sector

Policy No:

Claim No:

OMO 1800411 / HCY

Sum Insured:

Excess:

Make of Veh:

D.O.A.

22/01/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'Wp'

H.O.D. Endorsement:

Date/Time:

25/01/2018 10:00am

Person Contacted:

Pila

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLP 3133X - X

FBD 2149L - X

26/1/18 @ 11.49am revised to Barnard Han by email.

01/8/18 @ 1.10pm Rasul finalised with Paulo Balloz. US \$1000, 2 days. by email.

(Paid \$1591.50, 61%)

Signature: *[Signature]*

REF:

4597K

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLP 8133X
at Workshop m/s Vermogen
of by Premi sector
Insured: smo/wf
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.



Bel. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 7 days Res.: Yes or No
Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLP 8133X Yr Regn: 2017 Jan
Type: ☒ M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: MITSUBISHI LANCER 1-6A cc 1590
Colour: WHITE A/C: Insured / Std / NI / NA
Sp. Reading: 037598 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: 3MYSRCY1AGU006614
Gen. Cond: Good / ☒ Fair / Poor / Burnt
Steering: ☒ In order / Jammed / Leaked / Burnt or
Brake: ☒ In order / Jammed / Leaked / Burnt or
Modi: Nil / ☒ STD A/Rim / STD A/Rim or
Tyre Size: F: 205/60R16
R: 2

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

Front		Rear	
R/Bal.	<u>5</u> mm	R/Bal.	<u>5</u> mm
L/Bal.	<u>5</u> mm	L/Bal.	<u>5</u> mm
D.O.A.	<u>22/01/18</u>	D.O.I.	<u>25/01/18</u>

Survey held at Vermogen

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

Date/Time: File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time: File Return to?

Days Of Repair: 7

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

\$ - RS \$

Photos

Others

Report Format: 7P

Lump Sum / L.S.I.: \$ 1000

250



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

SOMPO INSURANCE SINGAPORE PL

Ref : CS/SMO18001535/R1qb

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERSINGAPORE 048623

Date : 25-01-2018



Code : SMO

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBD 2499L	Veh. Inspected	SLP 8133X
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1800411/HCY	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	24/01/2018

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

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5. General Information

Accident Date	22/01/2018	Inspection Date	25/01/2018
Survey held at	6 BENOI SECTOR		
Repairer	VERMOGEN ACE 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.

Catherine Chong (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Wednesday, 24 January, 2018 5:16 PM
To: admin-d@lkkauto.com; assignments@lkkauto.com
Cc: edmondvermogenace@gmail.com; Han, Bernard; Henry, Irene James
Subject: CMTD1800411/HCY - ACCIDENT INVLG FBD2499L & SLP8133X ON 22.01.18
Attachments: SLP8133X 22JAN2018 TP.PDF

Our Claim Reference: CMTD1800411/HCY

Dear LKK AUTO/ Mohd Rasul,

Please make arrangement to conduct the survey for SLP8133X.

Please be informed that Bernard Han the handler of this case.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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From: edmondvermogenace@gmail.com [mailto:edmondvermogenace@gmail.com]
Sent: Wednesday, January 24, 2018 5:13 PM
To: Teo, Grace
Cc: Han, Bernard; Henry, Irene James
Subject: RE: CMTD1800411/HCY - ACCIDENT INVLG FBD2499L & SLP8133X ON 22.01.18

Dear Grace,

We would like to arrange LKK Mr Rasul to survey this vehicle.

Thank you

Best Regards,

Edmond Lim
Vermogen Ace Pte Ltd
1 Bukit Batok Crescent
#05-23 Wcega Plaza
Singapore 658064
Tel: 6904 4596
Fax: 6694 4929

From: Teo, Grace [<mailto:grace.teo@sompo.com.sg>]
Sent: Wednesday, 24 January 2018 5:04 PM
To: edmondvermogenace@gmail.com
Cc: Han, Bernard <Bernard.han@sompo.com.sg>; Henry, Irene James <irene.henry@sompo.com.sg>
Subject: RE: CMTD1800411/HCY - ACCIDENT INVLG FBD2499L & SLP8133X ON 22.01.18

Our Claim Reference: CMTD1800411/HCY
Your Reference: SLP8133X

Without Prejudice

Date: 24TH January 2018

Attention:
M/S VERMOGEN ACE PTE LTD

Dear Edmond,

ACCIDENT INVLG FBD2499L & SLP8133X ON 22.01.18

We refer to your Notice of Accident dated 24/01/2018.

Please be informed that Bernard Han the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

Pre-Repair Survey

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

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From: Teo, Grace

Sent: Wednesday, January 24, 2018 4:18 PM

To: 'edmondvermogenace@gmail.com'

Cc: Han, Bernard; Henry, Irene James

Subject: CMTD1800411/HCY - ACCIDENT INVLG FBD2499L & SLP8133X ON 22.01.18

Our Claim Reference: CMTD1800411/HCY

Your Reference: SLP8133X

Hi Edmond,

We acknowledged receipt of your claim documents and your request is noted.

Please be informed that Bernard Han the handler of this case.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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From: edmondvermogenace@gmail.com [<mailto:edmondvermogenace@gmail.com>]

Sent: Wednesday, January 24, 2018 3:17 PM

To: Claims - Motor Survey

Subject: FW: SOMPO:PLEASE ARRANGE TP SURVEY FOR (OUR REF:SLP8133X) YOUR REF:FBD2499L
DOA:22/1/2018

Dear Arrange survey dept

Kindly arrange TP survey on 25/01/2017 (THURSDAY) following detail & attach here GIA report:

Survey before repair

Your Vehicle:FBD2499L

Our Vehicle: SLP8133X

DOA : 22/01/2018

AOL :CHOA CHU KANG DRIVE

Vehicle Location: 6 BENOI SECTOR SINGAPORE 629904

Thank You.

Best Regards,

Edmond Lim
Vermogen Ace Pte Ltd
1 Bukit Batok Crescent
#05-23 Wcega Plaza
Singapore 658064
Tel: 6904 4596
Fax: 6694 4929

Shiau Chan (LKKAUTO)

From: Baldoz Juan Paulo Bongon <paulo.b@vermogen-group.com>
Sent: Monday, 6 August 2018 1:10 PM
To: Rasul (LKKAUTO)
Cc: Asher Sng (LKKAUTO); Admin-D (LKKAUTO); Janice Lee (LKKAUTO); Hsiao Tong (LKKAUTO); Veron Chen (LKKAUTO); SUR; Vmg admin; Glorioso Eric Paul Patambang; Tezano Exequiel Dawal; Minoko Chan; Pila Ng; Edmond Lim; Lina Rosli; Luis Tan; Paul Tan; Desmond Kor
Subject: Re: SLP8133X DOA: 22/01/2018 TO FINALISE (SOMPO TP)

Hi Rasul,

Confirmed COR @ **\$1,000** bef gst (lump sum) 2 working days.

Excluded: PRS, RS, WEEKENDS, PH.

Thank you

Best Regards,

Paulo Baldoz
Vermogen Ace Pte Ltd
Operation Address:
6 Benoi Sector Singapore 629904
Tel: 6358 3031
Fax: 6694 4929

Mailing Address:
1 Bukit Batok Crescent #04-54
Wcega Plaza Singapore 658064

On Mon, Aug 6, 2018 at 12:25 PM, Rasul (LKKAUTO) <Rasul@lkkauto.com> wrote:

Hi Paulo,

Finalised amount of \$ 1,000.00 / 2 days L/S is confirmed

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Friday, 26 January 2018 11:49 AM
To: 'Teo, Grace'; assignments; 'Han, Bernard'
Cc: 'Henry, Irene James'; SUR
Subject: RE: CMTD1800411/HCY - ACCIDENT INVLG FBD2499L & SLP8133X ON 22.01.18
Attachments: CSSMO18001535R1qb.pdf

Dear Bernard,

Enclosed herewith preliminary advice of SLP 8133X.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto)

Sent: Thursday, 25 January 2018 10:22 AM

To: 'Teo, Grace' <grace.teo@sompo.com.sg>; assignments <assignments@lkkauto.com>

Cc: 'Han, Bernard' <Bernard.han@sompo.com.sg>; 'Henry, Irene James' <irene.henry@sompo.com.sg>; SUR <sur@lkkauto.com>

Subject: RE: CMTD1800411/HCY - ACCIDENT INVLG FBD2499L & SLP8133X ON 22.01.18

Dear Grace,

Thank you for the assignment.

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: Teo, Grace [<mailto:grace.teo@sompo.com.sg>]

Sent: Wednesday, 24 January, 2018 5:16 PM

To: admin-d@lkkauto.com; assignments@lkkauto.com

Cc: edmondvermogenace@gmail.com; Han, Bernard <Bernard.han@sompo.com.sg>; Henry, Irene James <irene.henry@sompo.com.sg>

Subject: CMTD1800411/HCY - ACCIDENT INVLG FBD2499L & SLP8133X ON 22.01.18

Our Claim Reference: CMTD1800411/HCY

Dear LKK AUTO/ Mohd Rasul,

Please make arrangement to conduct the survey for SLP8133X.

Please be informed that Bernard Han the handler of this case.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: CMTD1800411/HCY

Date: 26th January 2018

Our Ref: CS/SMO18001535/R1qb

Without Prejudice

The Motor Claims Department
Sompo Insurance

Attn: Grace

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SLP 8133X .

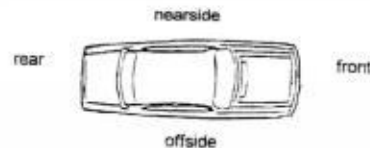
We thank you for the instruction on 24/01/2018.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 25/01/2018 at the premises of M/s VERMOGEN and have the following to report:-

Workshop Estimate Amount	: S\$ <u>2,581.50</u> .
Revised Estimate Amount	: S\$ <u>1,270.00</u> .
"Check" Items Amount	: S\$ <u>-</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.

Days of repair: 2 days.

We have not authorized repair.

Yours faithfully

Rasul
Automobile Assessor

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 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	23/01/2018 18:09
Date Of Accident	22/01/2018 03:30
Exact Location Of Accident	CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8133X
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	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	HIRER
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	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	LIM BOON LEONG (LIN WENLIANG)
NRIC No	S7711872A
Date Of Birth	23/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	22/01/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90106639
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 6 BENOI SECTOR

Postcode

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 - MAJOR/MINOR RD

Weather Conditions CLEAR

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? NO

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) 2

Passenger 1 NAME: : UNKNOWN

GENDER: : MALE

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 ATTACHED, 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 FBD2499L

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)

Accident Sketch Plan Pg. 1

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 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 lodgment 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' lawyers/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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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.:

Accident Sketch Plan Pg. 2

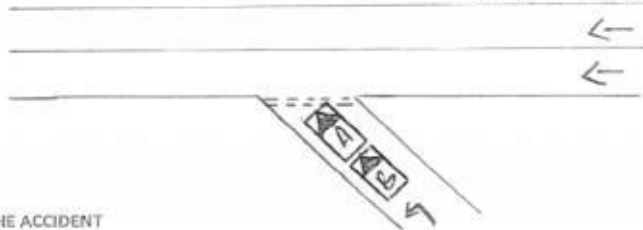
SKETCH PLAN

Choa Chu Kay Drive

Ⓐ SLP81331

Ⓑ FBD 2499L

CKJE(BKE)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Choa Chu Kay Drive, I was stationary while waiting for oncoming traffic to clear before making a turn to CKJE(BKE). However I felt an impact coming from the rear of my car and realized vehicle B has collided into my rear portion and cause the damaged.

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.:

IDENTIFICATION CARD & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7711872A**

Name: **LIM BOON LEONG (LIN WENLIANG)**

Date of Birth: **23 Apr 1977**

Issue Date: **16 Jan 2003**

10001301633J

VMG USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7711872A

Name: **LIM BOON LEONG (LIN WENLIANG)**
林文良

Race: **CHINESE**

Date of birth: **23-04-1977** Sex: **M**

Country of birth: **SINGAPORE**

S7711872A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which (laden does not exceed 2500 kilograms)

Issue Date: **22 Jan 1997**

122A

License No: **S7711872A**

10001301633J

S7711872A

Date of issue: **15-05-2007**

Address: **APT BLK 124 KIM TIAN PLACE
#01-189
SINGAPORE 160124**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



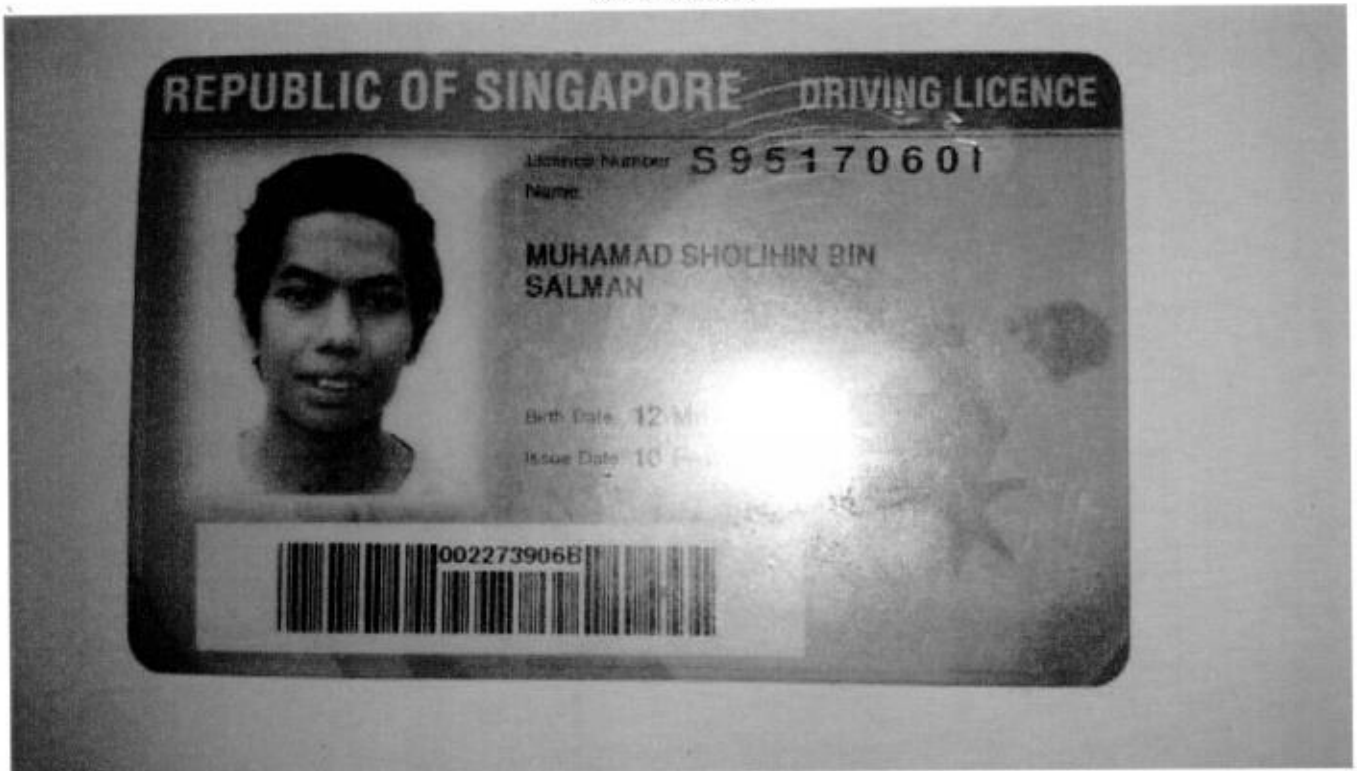
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo





SLP8133X

Vermogen Ace Pte Ltd (Co.Reg. No: 20160623C)
6 Benoi Sector, Singapore (629904)
Tel : 6358 3031/6904 4596 | Fax No : 6694 4929

ACCIDENT REPAIR ESTIMATE

TP INSURER : SOMPO
OWN INSURER : AIG
CLAIM TYPE : TP
Date of Accident : 22/1/2018

Vehicle Reg. No. : SLP8133X
Vehicle Reg. Date: 20-Jun-2017
Make / Model : MIT. LANCER EX 1.6 AT
Engine No. : 4A92CP0695
Chassis No. : JMYSRCY1AGU006614

COST OF CLAIMS

Parts Cost / List Items :	\$	1,535.00
Plus/Less <u>10%</u>	\$	153.50
Total Cost / List :	\$	1,381.50
Special Nett Items :	\$	-
Total Parts Amount :	\$	1,381.50
Total Labour Amount :	\$	1,200.00
Gross Total :	\$	2,581.50
GST % : <u>7%</u>	\$	180.71
Nett Amount :	\$	2,762.21

Surveyor Name and Company :

RASUL CLKK)
Date of survey : 25/01/18 @ 1600
Part by Part / (Lump Sum) 2 days
Resurvey Before Paint / (After Paint)
Authorize/Not Authorize/Without Prejudice
Email : rasul@kkant.com
Fax No : _____
HP No : 90010068

This claim is handled by : EDMOND


26/1/18

Vermogen Ace Pte Ltd (Co.Reg. No: 20160623C)

6 Benoi Sector, Singapore (629904)

Tel : 63583031/6904 4596 | Fax No : 6694 4929

Vehicle Reg. No. : **SLP8133X**
 Vehicle Reg. Date: **20/6/2017**
 Make / Model : **MIT. LANCER EX 1.6 AT**
 Engine No. : **4A92CP0695**
 Chassis No. : **JMYSRCY1AGU006614**

PAGE 1

Estimates on Parts

No	Qty	PARTICULARS	CONDITION	AMOUNT	S/N	ADJUSTED AMOUNT
1	1	Rear bumper	OK /	\$ 815.00	/	
2	1set	Rear bumper clip	rec /	\$ 50.00	/	
3	1	Rear bumper centre retainer upper	X su	\$ 110.00		
4	1	Rear bumper reinforcement	X su	\$ 210.00		
5	1	Rear number plate with base	PA /	\$ 50.00	35	
6	1	Reverse sensor	X su	\$ 300.00		
7	0	0				
8	0	0				
9	0	0				
10	0	0				
11	0	0				
12	0	0				
13	0	0				
14	0	0				
15	0	0				
16	0	0				
17	0	0				
18	0	0				
19	2	0				
20	0	0				
21	0	0				
22	0	0				
23	0	0				
24	0	0				
25	0	0				
26	0	0				
27	0	0				
28	0	0				
29	0	0				
30	0	0				
31	0	0				
32	0	0				
33	0	0				
34	0	0				
35	0	0				
36	0	0				
37	0	0				
38	0	0				
39	0	0				
40	0	0				

6 Benoi Sector, Singapore (629904)

Vehicle Reg. No. :	SLP8133X
Vehicle Reg. Date:	20/6/2017
Make / Model :	MIT. LANCER EX 1.6 AT
Engine No. :	4A92CP0695
Chassis No. :	JMYSRCY1AGU006614

Estimates on Labour

[illegible]

Signature: _____

Date:



SLP8133X

Vermogen Ace Pte Ltd (Co.Reg. No: 20160623C)
6 Benoi Sector, Singapore (629904)
Tel : 6358 3031/6904 4596 | Fax No : 6694 4929

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Chassis No. : JMYSRCY1AGU006614

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Parts Cost / List Items : \$ 1,535.00
Plus/Less 10% \$ 153.50
Total Cost / List : \$ 1,381.50
Special Nett Items : \$ -
Total Parts Amount : \$ 1,381.50
Total Labour Amount : \$ 1,200.00
Gross Total : \$ 2,581.50
GST % : 7% \$ 180.71
Nett Amount : \$ 2,762.21

Surveyor Name and Company :

RASUL CLKK

Date of survey : 25/01/18 @ 1610

Part by Part / Kump Sum 2 days

Resurvey Before Paint / After Paint

Authorize/Not Authorize/Without Prejudice

Email : rasul@kkanti.com

Fax No : _____

HP No : 90010068

$$\begin{array}{r} P = 900 \\ - 10\% \\ \hline 810 \\ L = 460 \\ \hline 1270 \\ - 20\% \\ \hline 1016 \end{array}$$

1270 - 20% = 1016

This claim is handled by : EDMOND

Vermogen Ace Pte Ltd (Co.Reg. No: 20160623C)

6 Benoi Sector, Singapore (629904)

Tel : 63583031/6904 4596 | Fax No : 6694 4929

Vehicle Reg. No. : SLP8133X
 Vehicle Reg. Date: 20/6/2017
 Make / Model : MIT. LANCER EX 1.6 AT
 Engine No. : 4A92CP0695
 Chassis No. : JMYSRCY1AGU006614

PAGE 1

Estimates on Parts

No	Qty	PARTICULARS	CONDITION	AMOUNT	S/N	ADJUSTED AMOUNT
1	1	Rear bumper	DE /	\$ 815.00		
2	1set	Rear bumper clip	ALL /	\$ 50.00		
3	1	Rear bumper centre retainer upper	X	\$ 110.00		
4	1	Rear bumper reinforcement	X	\$ 210.00		
5	1	Rear number plate with base	TA /	\$ 50.00	35	
6	1	Reverse sensor	X	\$ 300.00		
7	0	0				
8	0	0				
9	0	0				
10	0	0				
11	0	0				
12	0	0				
13	0	0				
14	0	0				
15	0	0				
16	0	0				
17	0	0				
18	0	0				
19	2	0				
20	0	0				
21	0	0				
22	0	0				
23	0	0				
24	0	0				
25	0	0				
26	0	0				
27	0	0				
28	0	0				
29	0	0				
30	0	0				
31	0	0				
32	0	0				
33	0	0				
34	0	0				
35	0	0				
36	0	0				
37	0	0				
38	0	0				
39	0	0				
40	0	0				

P = 900

Tel : 6358 3031/6904 4596 | Fax No : 6694 4929

PAGE 1

No	MECHANICAL / ELECTRICAL / PANEL / PAINT LABOUR	AMOUNT	ADJUSTED AMOUNT
1	To straighten and panel beating . To cut/weld panels. Rear Portion.	\$ 600.00	200
2	To putty, respray painting and polish affected areas. Rear Portion.	\$ 400.00	200
3	To remove and refit reverse sensor.	\$ 100.00	60
4	To rust proof affected areas.	\$ 100.00	X

Rasul

90010068

2 days

4/3

Resurvey after repair

25/01/18 P 1660

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

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

$$L = 460$$




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				
SOMPO INSURANCE SINGAPORE PL		Ref : CS/SMO18001535/R1qbn2		
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 16-08-2018		
		Code : SMO		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FBD 2499L	Veh. Inspected	SLP 8133X	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1800411/HCY	Excess (\$)	0.00	
Assign From	GRACE TEO	Assign Date	24/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI LANCER 1.6A	c.c	1590	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JMYSRCY1AGU006614	Colour	WHITE	
Odometer	37598	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	ACHILLES	5 mm	
L/H Front Tyre	205/60 R16	ACHILLES	5 mm	
R/H Rear Tyre	205/60 R16	ACHILLES	5 mm	
L/H Rear Tyre	205/60 R16	ACHILLES	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	22/01/2018	Inspection Date	25/01/2018	
Survey held at	6 BENOI SECTOR			
Repairer	VERMOGEN ACE 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:		2 Working Days		



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLP 8133X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	815.00	815.00
1	SET REAR BUMPER CLIP	NECESSARY	50.00	50.00
1	REAR BUMPER CENTRE RETAINER UPPER	SERVICEABLE	110.00	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	210.00	-
1	REAR NUMBER PLATE WITH BASE	BENT	50.00	35.00
1	REVERSE SENSOR	SERVICEABLE	300.00	-
	LESS 10% DISCOUNT		-153.50	-90.00
			1,381.50	810.00
LABOUR				
	TO STRAIGHTEN AND PANEL BEATING.TO CUT/WELD PANELS.REAR PORTION.		600.00	200.00
	TO PUTTY,RESPRAY PAINTING AND POLISH AFFECTED AREAS.REAR PORTION.		400.00	200.00
	TO REMOVE AND REFIT REVERSE SENSOR.		100.00	60.00
	TO RUST PROOF AFFECTED AREAS.	NOT NECESSARY	100.00	-
			1,200.00	460.00
GRAND TOTAL			2,581.50	1,270.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,000.00

Report Ref No. CS/SMO18001535/R1qbn2

MOHAMMED RASUL BIN MOHD YUNUS
Automotive Assessor

ADRIAN LING WAI PING
B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI
Licensed Appraiser

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