

20000001

ASS. REC. BY:

REF:

CS/AWA18001915/Uvd3⁷²

Special Instruction:

Surveyor: Marcus

ASSIGNMENT (Office)

From (Person): Lee Fong Hew

of

AWAC

Date/Time: 31/1/18 @ 10.57am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKF 965D

Insured:

GBD 5582J

at Workshop m/s:

1BA Automotive

Tel:

6509 5521

of

1 Kaki Bkt Ave G # 02-47 Autobay

Policy No:

AVPPSB0539641701

Claim No:

NSV1800068/SG

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 25/01/2018

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time: 11:36am @ 31/1/18

Person Contacted:

Karen

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SKF 965D-X</u>
	<u>GBD 5582J - CS / EG117000509 / K / qbn2</u>
	<u>NOTA: 31/1/2017</u>

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

AWA/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SKF 965Dat Workshop m/s LBA

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

Q/A / PR Seen: 1 Consistent? : Yes or NoEst. Repairs: 5 days Res.: Yes or NoLum Sum: 70 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKF 965D Yr Regn: 5-10Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CarMake: BMW 318i c.c. 1995Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 70802 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W3APF720A 793753Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55-R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 25/1/18

Survey held at _____

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 3.1/1/18Des. of Damages: Rear / Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action / Instruction 12/1/18 12/1/18 2 yrs 4mth.CONFIRMED L/S @ 4650 with Jason. (Red 4155.96, 4790)

RECEIVED 13 FEB 2018

Date/Time, File Pass to? _____

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to? _____

2)

13/2 - typistReport Format: TPLump Sum / I.B.I. (\$) 4650/2Days Of Repair: 5Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

TOTAL

200

Survey Department Check List (Case Handler)

Reference No.: CS AWA 18001915 Uvd3

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

Case Handler

Typist

Admin (

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

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (

): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By:

VERON

Case Handler

13/2/18

Date

*C: Critical *N: Non-Critical

21/05/2018



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

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA18001915/Uvd3

(SINGAPORE BRANCH)
60 ANSON ROAD #08-01 (8th FLOOR)
MAPLE TREE ANSON
SINGAPORE 079914

Date : 31-01-2018



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBD 5582J	Veh. Inspected	SKF 965D
Policy No.	AVPPSB0539641701	Coverage (\$)	0.00
Claim No.	NSV1800068/SG	Excess (\$)	0.00
Assign From	LEE FONG HEW	Assign Date	31/01/2018

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	25/01/2018	Inspection Date	31/01/2018
Survey held at	LBA AUTOMOTIVE PTE. LTD. 1 KAKI BUKIT AVENUE 6 #02-47 AUTOBAY SINGAPORE 417883		

5a. Remarks

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

Nivitha (LKK Auto)

From: Hew, LeeFong <LeeFong.Hew@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>
Sent: Wednesday, 31 January 2018 10:57 AM
To: LKK (assignments@lkkauto.com)
Cc: SUR (sur@lkkauto.com); lbaautomotive@hotmail.com
Subject: TP Survey assignment for SKF 965D DOA: 25.01.2018 Our ref: NSV1800068/SG

The above captioned accident refers.

Pursuant to the Practice Directions Amendment No. 1 of 2016 which was effective on 1 April 2016, we like to advise that the third party claimant and us do have consensus in the appointment of Mr Marcus Chua, as the Single Joint Expert to conduct the pre-repair survey of the third party claimant's vehicle.

Please conduct "THIRD PARTY" survey on without prejudice basis. The information as are follows:

3 rd Party Vehicle	:	SKF 965 D
Insured Vehicle	:	GBD 5582 J
Policy Number	:	AVPPSB0539641701
Name of Workshop	:	LBA Automotive Pte Ltd
Contact Number	:	6509 5521
Person to Contact	:	Ms Karen
Estimated Cost of repairs	:	\$ N.A

Regards,
Claims Division

Copy to LBA Automotive Pte Ltd via Email

Note -

- (x)
1. This is to keep you informed that we have appointed surveyors to conduct inspection to your client's damaged vehicle on a without prejudice basis.
 2. **Please keep our motor surveyor and us informed so as to enable the surveyor to conduct a post repair inspection once your client's vehicle has been repaired and before returning the repaired vehicle to your customer.**
 3. Please quantify your client's claim with all relevant supporting documents once your client's vehicle has been repaired.
 4. Please do not construe this appointment of surveyor and our above request as an admission of liability.

The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and permanently delete the original e-mail (and any attachments hereto) and any copies or printouts thereof. Although this e-mail and any attachments

hereto are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by Allied World Assurance Company Holdings, GmbH or its subsidiaries or affiliates, either jointly or severally, for any loss or damage arising in any way from its use.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2698F
Vehicle Details	
Vehicle No.:	SKF965D
Vehicle to be Exported:	No
Intended De-registration Date:	31 Jan 2018
Vehicle Make:	B.M.W.
Vehicle Model:	318i 2.0 AT D/AB 2WD 4DR GAS/D SR DRL
Primary Colour:	Grey
Manufacturing Year:	2010
Engine No.:	B936I695N46B20BZ
Chassis No.:	WBAPF72080A793753
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$27,916.00
Original Registration Date:	27 May 2010
First Registration Date:	27 May 2010
Transfer Count:	1
Actual ARF Paid:	\$27,916.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 May 2020
PARF Rebate Amount:	\$16,749.00
Intended COE Rebate Details	
COE Expiry Date:	26 May 2020
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$42,001.00
COE Rebate Amount:	\$8,372.00
Total Rebate Amount:	\$25,121.00

The information contained herein is correct as at 31 Jan 2018.

OK

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2698F
Vehicle Details	
Vehicle No.:	SKF965D
Vehicle to be Exported:	Yes
Intended De-registration Date:	26 Jan 2018
Vehicle Make:	B.M.W.
Vehicle Model:	318i 2.0 AT D/AB 2WD 4DR GAS/D SR DRL
Primary Colour:	Grey
Manufacturing Year:	2010
Engine No.:	B936I695N46B20BZ
Chassis No.:	WBAPF72080A793753
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$27,916.00
Original Registration Date:	27 May 2010
First Registration Date:	27 May 2010
Transfer Count:	1
Actual ARF Paid:	\$27,916.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 May 2020
PARF Rebate Amount:	\$16,749.00
Intended COE Rebate Details	
COE Expiry Date:	26 May 2020
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$42,001.00
COE Rebate Amount:	\$8,420.00
Total Rebate Amount:	\$25,169.00

The information contained herein is correct as at 26 Jan 2018

OK

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	26/01/2018 12:42
Date Of Accident	25/01/2018 13:30
Exact Location Of Accident	UPP EAST COAST RD TWDS SIGLAP CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF965D
Insured/Policyholder	
Name Of Registered Owner	JASPREET KAUR
NRIC No	S8182698F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90623677
Alternative Phone No	OFFICE-90623677

Vehicle Particulars

Manufacturer	BMW
Model	318i
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMAP17S500957
Cover Note Number	

Driver

Name of Driver	JASPREET KAUR
NRIC No	S8182698F
Date Of Birth	15/01/1981
Occupation	INDOOR
Date Of Driving Pass	03/04/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90623677
Fax Number	
Contact Number	OFFICE-90623677
Email Address	NOEMAIL

Address 12 KEPPEL BAY DRIVE #06-14
 Postcode 098641
 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 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? 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) 4
 Passenger 1 NAME: : EKTA
 GENDER: : FEMALE
 Passenger 2 NAME: : AARAV
 GENDER: : MALE
 Passenger 3 NAME: : ARJUN
 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

I WAS TRAVELLING ALONG UPPER EAST COAST ROAD TOWARDS SIGLAP CENTRE ON 25/01/2018 AT ABOUT 1.30PM. DUE TO RED LIGHT, I SLOWED DOWN AND STOP. AFTER FEW SECONDS, VEHICLE B COLLIDED INTO THE REAR PORTION OF MY VEHICLE.

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 GBD5582J
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 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

SKETCH PLANIMPORTANT 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.

Jasput Kaur

Policyholder's Signature
Date & Time:

Jasput Kaur

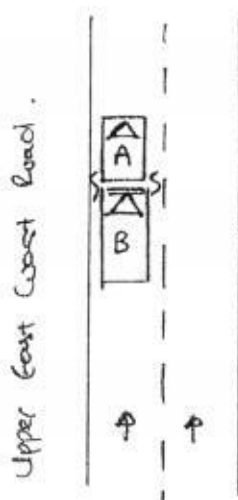
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

LEE BROTHERS

Sketch Plan #2 Pg. 1

SKETCH PLAN



A = SKF 965D

B = GBD 5582J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Upper East Coast Road towards Siglap Centre on 25/1/2018 at about 1:30 p.m. Due to red light, I slow down and stop, after few seconds, vehicle B collided into the rear portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Jaspreet Kaur

Policyholder's Signature

Date & Time:

Jaspreet Kaur

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

LBA AUTOMOTIVE PTE.LTD

NO 1 KAKI BUKIT AVE 6 #02-47

AUTOBAY SINGAPORE 417883

Tel : 6509 5521 / 65095524 Fax : 6509 5523

The Motor Claims Dept.

M/S ALLIED WORLD ASSURANCE COMPANY LTD

60 ANSON ROAD

#09-01 MAPLETREE ANSON

SINGAPORE 079914

GBD5582J

ESTIMATE

DATE : 30.01.2018

VEHICLE NO : SKF965D

MAKE/MODEL : BMW 318I

ACC DATE : 25.01.2018

PARTICULAR

UNIT PRICE

AMOUNT

SS

SS

LIST PRICE

1	1	REAR BOOT LOGO	69.50	69.50
2	1	REAR BOOT RUBBER	80.25	80.25
3	1	REAR BUMPER	1,082.00	1,082.00
4	2	REAR BUMPER BRACKET RH/LH	55.65	111.30
5	2	REAR BUMPER RETAINER RH/LH	61.25	122.50
6	4	REAR BUMPER PDC SENSOR	236.85	947.40
7	1	REAR REINFORCEMENT	713.90	713.90
8	1	REAR END PANEL	880.40	880.40
9	1	REAR END PANEL GARNISH	173.50	173.50
10	2	REAR TAILLAMP RH/LH	377.85	755.70
11	1	REAR EXHAUST BOX	986.90	986.90
12	2	REAR EXHAUST BOX MOUNTING	33.65	67.30
13	2	FRT SEAT HEAD REST REPAIR KIT	152.55	305.10

6,295.75

LESS 5%

314.79

5,980.96

SPECIAL NETT ITEMS

1	1	(SET) REAR BUMPER CLIP	45.00	45.00
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LABOUR CHARGES :

1	TO KNOCK OUT DENT, CUT/WELD REAR PANEL AND ACCIDENT PARTS.	900.00
2	TO SPRAY PAINTING ON ACCIDENT PORTION	1,000.00
3	TO CHECK WIRING	30.00
4	TO REMOVE, REFIX CUSHION AND INNER TRIM	120.00
5	TO REMOVE, REPLACE EXHAUST BOX	180.00
6	TO REMOVE, REPAIR HEAD REST	180.00
7	TO REPROGRAMME AIR BAG SYSTEMS	280.00
8	TO TUFF KOTE	90.00

TOTAL: 2,780.00

LKF 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 Co.

ESTIMATE PARTS AND LABOUR GRAND TOTAL : \$ 8,805.96

Acknowledged by Repairer

Signature:

Date:



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

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA18001915/Uvd3n2

(SINGAPORE BRANCH)

60 ANSON ROAD #08-01 (8th FLOOR)

MAPLETREE ANSON

SINGAPORE 079914

Date : 14-02-2018



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBD 5582J	Veh. Inspected	SKF 965D
Policy No.	AVPPSB0539641701	Coverage (\$)	0.00
Claim No.	NSV1800068/SG	Excess (\$)	0.00
Assign From	LEE FONG HEW	Assign Date	31/01/2018

2. Vehicle Particulars & Condition

Make & Model	B.M.W 318I (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	WBAPF72080A793753	Colour	GREY
Odometer	70802	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55 R16	BRIDGESTONE	6 mm
L/H Front Tyre	205/55 R16	BRIDGESTONE	6 mm
R/H Rear Tyre	205/55 R16	BRIDGESTONE	6 mm
L/H Rear Tyre	205/55 R16	BRIDGESTONE	6 mm

4. Description of Damages

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

5. General Information

Accident Date	25/01/2018	Inspection Date	31/01/2018
Survey held at	LBA AUTOMOTIVE PTE. LTD. 1 KAKI BUKIT AVENUE 6 #02-47 AUTOBAY SINGAPORE 417883		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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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. SKF 965D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BOOT LOGO	NECESSARY	69.50	69.50
1	REAR BOOT RUBBER	NOT NECESSARY	80.25	-
1	REAR BUMPER	DENTED / DEFORMED	1,082.00	1,082.00
2	REAR BUMPER BRACKET RH/LH @\$55.65	NOT NECESSARY	111.30	-
2	REAR BUMPER RETAINER RH/LH @\$61.25	BENT	122.50	122.50
4	REAR BUMPER PDC SENSOR @\$236.85	SHORTED (2 PCS ONLY)	947.40	473.70
1	REAR REINFORCEMENT	DENTED	713.90	713.90
1	REAR END PANEL	BADLY DENTED	880.40	880.40
1	REAR END PANEL GARNISH	NOT NECESSARY	173.50	-
2	REAR TAILLAMP RH/LH @\$377.85	CRACKED	755.70	755.70
1	REAR EXHAUST BOX	TO REPAIR SEE LABOUR	986.90	-
2	REAR EXHAUST BOX MOUNTING @\$33.65	NOT NECESSARY	67.30	-
2	FRT SEAT HEAD REST REPAIR KIT @\$152.55	ACTIVATED	305.10	305.10
	LESS 5% DISCOUNT		-314.79	-220.14
			5,980.96	4,182.66
	<u>SPECIAL NETT ITEMS</u>			
1	SET REAR BUMPER CLIP (SN)	NECESSARY	45.00	45.00
			45.00	45.00
	<u>LABOUR</u>			
	TO KNOCK OUT DENT,CUT/WELD REAR PANEL AND ACCIDENT PARTS.INCLUSIVE OF THE REPAIR OF REAR EXHAUST BOX.		900.00	600.00
	TO SPRAY PAINTING ON ACCIDENT PORTION.		1,000.00	800.00
	TO CHECK WIRING.		30.00	20.00
	TO REMOVE,REFIX CUSHON AND INNER TRIM.		120.00	60.00
	TO REMOVE,REPLACE EXHAUST BOX.	NOT NECESSARY	180.00	-
	TO REPROGRAMME AIR BAG SYSTEMS. }		280.00	100.00
	TO REMOVE,REPAIR HEAD REST. }		180.00	-
	TO TUFF KOTE.		90.00	30.00
			2,780.00	1,610.00
	GRAND TOTAL		8,805.96	5,837.66

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,650.00
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CHUA KANG SENG

Licensed Appraiser

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