

REF: CSI / LPC 18004193 / D + b52

Special Instruction:

4/5: \$4300.00

Third Parties:

Claimant:

Surveyor: Constants Appraiser

Workshop: Ton Painting

ASSIGNMENT (Office)

From (Person): Gerald Puh of LPC Date/Time: 11/04/2018
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLK 1170K Insured: SKM 9862X

at Workshop m/s Toh Painting Tel: _____

of Blk 3 Yew Tee Tnd Est 391C & 391G

Policy No: _____ Claim No: 17/18/18/VPO5/020441

Sum Insured: _____ Excess: _____

Make of Veh: D.O.A. 28022018

(Client's Record)

D.O.A. 28022018

H.O.D. Endorsement/Date: _____

Date/Time:	Person Contacted:	Vehicle IN / OUT
------------	-------------------	------------------

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

Date/Time: 25/4/18 Submit Final Fig 3050, 4 days (Red \$ 1250 / 29 %; Original 5 days)

Date/Time	Action/Instruction
-----------	--------------------

SLK 1170K - x

SKM 9862X - CS/LPC18004170/116682

25/04/18 To Submit 2/530501 - with 4 dg. of ✓
(Red)

(Red)

RECEIVED 25 APR 2018

Para(1) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add	
Transport	
Photos	
Others	
Total	

1) Date/Time 25/4/18 File Pass to TVBist

2) Date/Time File Return to

3) Date/Time _____ File Pass to _____

4) Date/Time File Return to

5) Date/Time _____ File Pass to _____

6) Date/Time File Return to _____

ASS. RAC. BY:

REF: CS3/LPC18004193/ tb

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Eric Woo of LPC Date/Time: 05032018 3:07pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLK 1170K Insured: SKM 9862X

at Workshop m/s Toh Painting Tel: 6763 1055.

of Blk 3 Yew Tee Ind Est 391-C & 391G

Policy No: Claim No: 17/18/18/VP05/020441

Sum Insured: Excess:

Make of Veh: D.O.A. 28022018
(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 05032018 3:30pm Person Contacted: Xuhui Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SLK 1170K - X
	SKM 9862X - CS/LPC18004193/1196 D.O.A. 280218
06032018	Wksp informed already start repair.

Catherine Chong (LKK Auto)

From: ERIC WOO JUN KIAT <ericwoo@lonpac.com>
Sent: Monday, 5 March, 2018 3:07 PM
To: assignments@lkkauto.com
Cc: MT_Claim_SG
Subject: Our Ref: 17/18/18/VP05/020441 Accident involving SKM9862X & SLK1170K along MCE on 28/2/18
Attachments: 3691_001.pdf; 05032018150458.pdf

Dear Catherine,

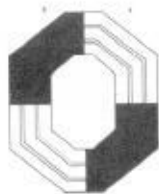
Kindly refer to our attachment.

Please proceed to conduct a survey of the vehicle SLK 1170K on without Prejudice Basis.

We look forward to receiving your report soon.

Thank you.

Best Regards,
Eric Woo
Claims Executive | Lonpac Insurance Bhd
300 Beach Road, #17-04/07 The Concourse, Singapore 199555
Tel: (65) 6279 9253 | Fax: (65) 6296 3767



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 17/18/18/VP05/020441

Your Ref : Not Advised

9 April 2018

M/s LKK Auto Consultants Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Pk
Singapore 408933

Dear Sirs/Madam

PAPER SURVEY OF SLK1170K

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SLK1170K
- b) GIA report of SLK1170K
- c) GIA report & photos of SKM9862X

Kindly study the documents and let us have your opinion on the adjusted repair cost within the next 10 days.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email : mt_claim@lonpac.com

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	01/03/2018 15:45
Date Of Accident	28/02/2018 18:45
Exact Location Of Accident	KPE TUNNEL TOWARDS TAMPINES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1170K
Insured/Policyholder	
Name Of Registered Owner	TEO SOO CHOON
NRIC No	S7615649B
Email Address	NIGEL_TEO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91079526
Alternative Phone No	OFFICE-91079526

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10800768
Cover Note Number	

Driver

Name of Driver	TEO SOO CHOON
NRIC No	S7615649B
Date Of Birth	26/05/1976
Occupation	INDOOR
Date Of Driving Pass	16/11/1996
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91079526
Fax Number	
Contact Number	OFFICE-91079526
Email Address	NIGEL_TEO@HOTMAIL.COM

Address BLK 134 LORONG AH SOO #07-466 SINGAPORE 530134

Postcode

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? YES

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: : CYNTHIA LOH
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PAYA LEBAR NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2899999 - FAX NO: 62815961

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NUMBER T20180301/2181 : On 28/02/2018 at about 1835hrs, I was driving my vehicle bearing registration number SLK1170K along KPE towards Tampines Rd on the most right lane. Suddenly I felt a collision from the rear and noticed that there was another vehicle bearing registration number SKM9862X had collided onto my rear portion of my vehicle while it was performing a change lane to the middle lane. I then went down to make a check and discovered my rear bumper came off and my rear portion of vehicle were dented. I then manage to establish the particular of the said driver and she was one namely Seow Lee Ling (51693419D, Hp: 81618717). There is no ambulance or Traffic police at scene. Both drivers then agreed to pursue insurance claims. As such both drivers then left scene. I wish to also state that there was one passenger on board my vehicle namely Cynthia Loh (Hp: 96806802) at the point of collision but there were no injuries obtained. There is an in-built CCTV installed in my vehicle but however the SD card is spoil. I am not sure if there is any CCTV at the said location. On 01/03/2018, I felt a pain on my rear neck and my back as such I went to seek medical attention and was given 3 days Medical Leave.

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 SKM9862X

Vehicle Make/Model/Colour NISSAN/MARCH 1.4L/GREEN

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	SEOW LEE LING
NRIC/Passport Number	S1693419D
Contact Number	81618717
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TEO SOO CHOON
Approximate Age	
Injuries Sustain	DISCOMFORT ON NECK
Injured person in which vehicle?	SLK1170K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

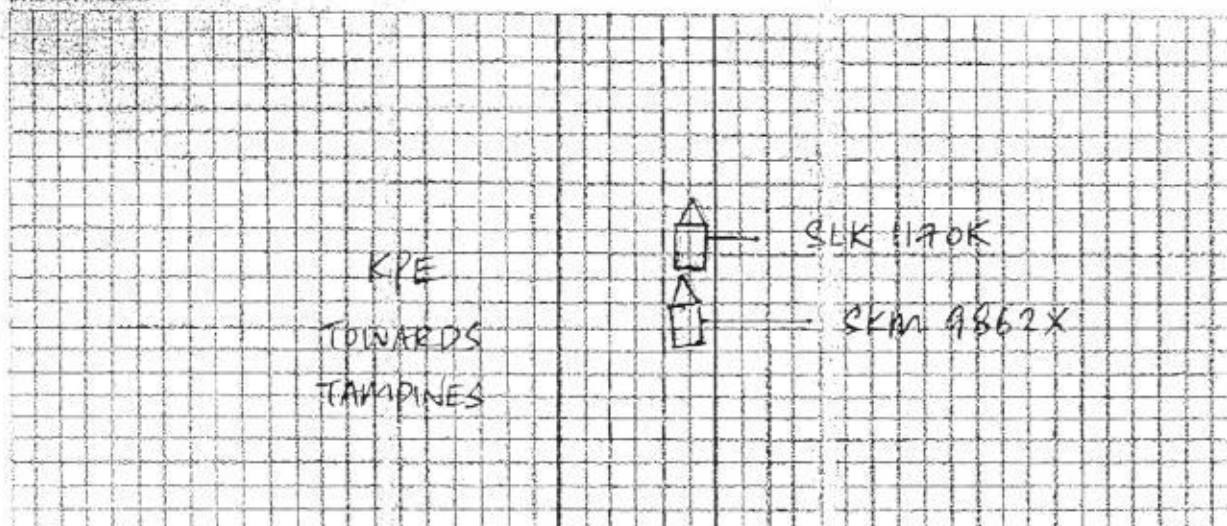


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28/2/18 @ ABOUT 1835 HR, I WAS TRAVELLING ALONG
 KPE TOWARDS TAMPINES, IN MY VEHICLE SLK 1170K.
 I WAS ON EXTREME RIGHT LANE. SUDDENLY I FELT
 AN IMPACT & REALIZED VEHICLE SKM 9862X COLLIDED
 ONTO MY VEHICLE'S REAR PORTION WHILE ATTEMPTING
 TO SWITCH TO THE MIDDLE LANE. I HAVE ONE
 PASSENGER ON BOARD WITH NO INJURIES. I FELT
 DISCOMFORT ON MY NECK & WILL BE SEEKING
 MEDICAL CONSULTATION.

DECLARATION

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

[Signature]

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.:

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	01/03/2018 11:03
Date Of Accident	28/02/2018 18:30
Exact Location Of Accident	ALONG MCE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM9862X
Insured/Policyholder	
Name Of Registered Owner	SEOW LEE LING
NRIC No	S1693419D
Email Address	JESSLL0409@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81618717
Alternative Phone No	OFFICE-81618717

Vehicle Particulars

Manufacturer	NISSAN
Model	MARCH-1.4 (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/17/VP05/015007-001
Cover Note Number	

Driver

Name of Driver	SEOW LEE LING
NRIC No	S1693419D
Date Of Birth	04/09/1965
Occupation	INDOOR
Date Of Driving Pass	05/05/1995
Driving Experience	22 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81618717
Fax Number	
Contact Number	OFFICE-81618717
Email Address	JESSLL0409@GMAIL.COM

Address	BLK861A TAMPINES AVE 5 #13-571
Postcode	1850
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)	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

AS PER SKETCH PLAN ATTACH.

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	SLK1170K
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO SOO CHOON
NRIC/Passport Number	S7615649B
Contact Number	91079526
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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:

1 Mar 18
10.50 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A) SKM 9862X

B) SLK 1170K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the 1st lane of MCE, traffic was heavy. As I wanted to filter to the 2nd lane checking that the traffic was clear and I have already on my indicator of my intention. As I filter I misjudge my distance and therefore collided into the rear left portion of the vehicle SLK 1170K. we exchange our particulars and took a photo of the damages and I went off.

DECLARATION

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

Policyholder's Signature

Date & Time: 1 Mar 18
10.50am

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/TIN No.:

Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1693419D



SEOW LEE LING

RACE
CHINESE
Date of Birth
04-09-1965 SEX
F
Country of Birth
SINGAPORE



Identity Card No. S1693419D



Group Date of issue
A+ 20-12-1993

APT. BLK D61A TAMPINES AVENUE 5
#13-571
SINGAPORE 1852

1127200

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE:

	PASS DATE
3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 May 1995



NP425A

Accident Photo



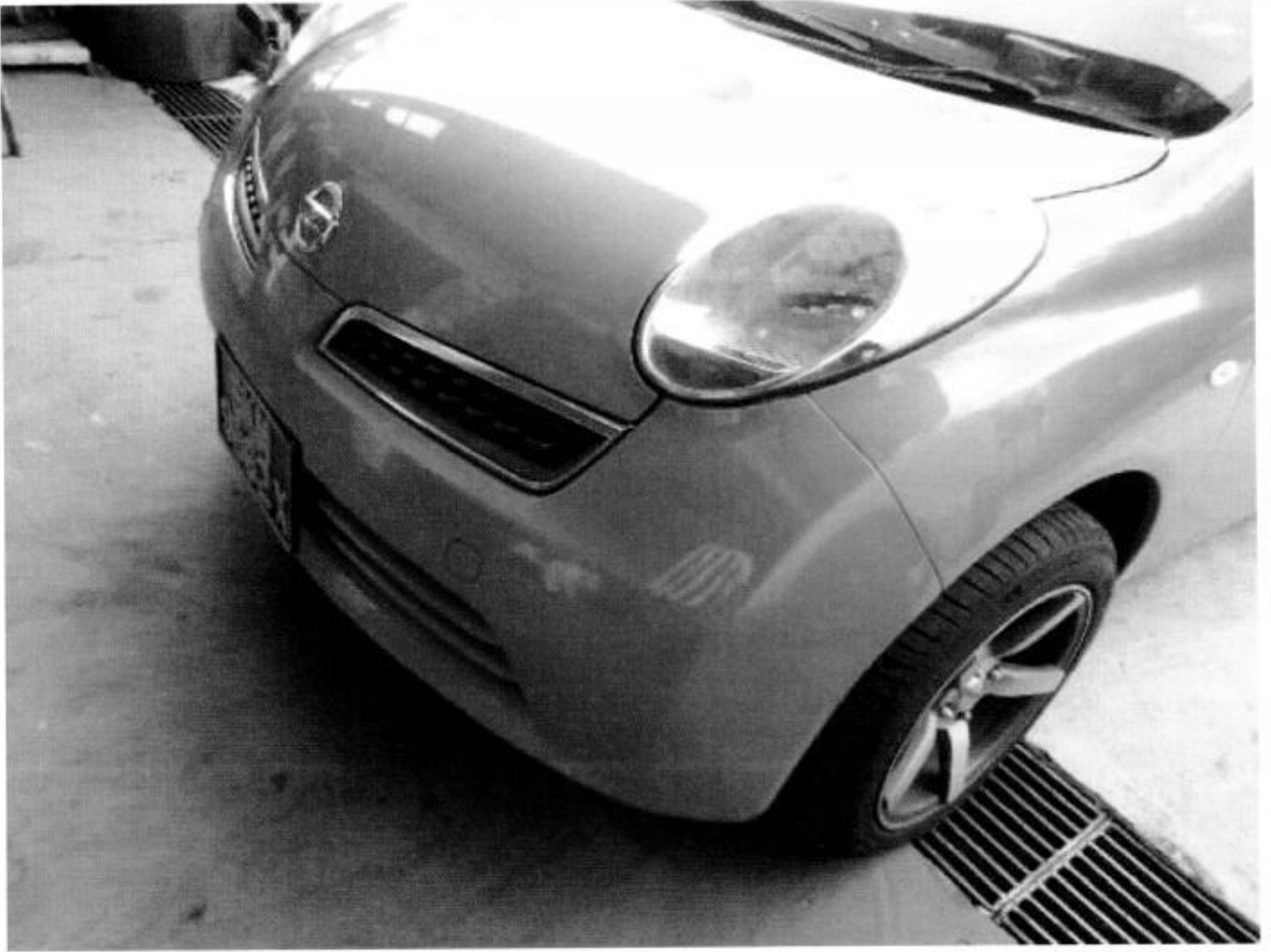
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



TOH PAINTING & SERVICES PTE LTD
Block 3 Woodlands Road Unit 391C&G
Yew Tee Industrial Estate
Singapore (677966)

Phone 67631055
Fax 67636151
GST Number 20-0311427-D

TAX INVOICE

TEO S00 CHOON
134 LORONG AH S00
#07-466
SINGAPORE 530134

Phone: 9107 9526

Fax:

Invoice Number: 101026

Date	Delivery	Customer	Order Number	Packing Slip	Internal Reference	Sales Person	Page
31 Mar-18		SLK1170K	H / CIVIC		SLK1170K	0000	1

Code	Description	Quantity	Unit	Price	Discount	Amount
	LUMP SUM REPAIRS					
	TO SUPPLY SPARE PARTS, REPAIR / PANEL BEATING, WELDING, WIRING CHECKING, PUTTY AND SPRAY PAINTING & OTHER CHARGES.	1		\$4,300.00		\$4,300.00

CONTRACT REPAIR AS RECOMMENDED.

SGD: FOUR THOUSAND SIX HUNDRED ONE ONLY.

Authorised Signature for TOH PAINTING & SERVICES PTE LTD

Total Net	\$4,300.00
GST	\$301.00
Invoice Total Including GST	\$4,601.00

Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Tel/Fax: 6886 1106 Mobile: 9007 5234

Email: constant_as@yahoo.com.sg

RCB No. 53138015K

Automobile Inspection Report

To: Teo Soo Choon Blk 134 Lorong Ah Soo #07-466 Singapore 530134	Date : 28/03/2018 Reference No : CAS/18-03/068																				
<u>General Information</u> Registration No. : SLK 1170K Accident Date : 28/02/2018																					
<u>Particulars of Damaged Vehicle</u> Colour : Blue Engine Capacity : 1498 cc Mileage (KM) : 027202 Chassis No. : MRHFC1660GT000371 Registration Date : 05/01/2017 Make & Model : Honda Civic 1.5 Turbo Pre-Accident Condition : Good Engine No. : L15B71628129 Steering : In Order Brake : In Order																					
<u>Tyre Condition</u> <table><thead><tr><th></th><th>Size</th><th>Make</th><th>Balance</th></tr></thead><tbody><tr><td>R/H Front Tyre</td><td>215/50R17</td><td>YOKOHAMA</td><td>90%</td></tr><tr><td>L/H Front Tyre</td><td>215/50R17</td><td>YOKOHAMA</td><td>90%</td></tr><tr><td>R/H Rear Tyre</td><td>215/50R17</td><td>YOKOHAMA</td><td>90%</td></tr><tr><td>L/H Rear Tyre</td><td>215/50R17</td><td>YOKOHAMA</td><td>90%</td></tr></tbody></table>			Size	Make	Balance	R/H Front Tyre	215/50R17	YOKOHAMA	90%	L/H Front Tyre	215/50R17	YOKOHAMA	90%	R/H Rear Tyre	215/50R17	YOKOHAMA	90%	L/H Rear Tyre	215/50R17	YOKOHAMA	90%
	Size	Make	Balance																		
R/H Front Tyre	215/50R17	YOKOHAMA	90%																		
L/H Front Tyre	215/50R17	YOKOHAMA	90%																		
R/H Rear Tyre	215/50R17	YOKOHAMA	90%																		
L/H Rear Tyre	215/50R17	YOKOHAMA	90%																		
<u>Inspection</u> Repairer : Toh Painting & Services Pte Ltd Blk 3C Woodlands Road, 391C/G Yew Tee Industrial Estate, Singapore 677966																					
<u>Adjustment And Recommendation Cost Of Repair</u> Repairer's Estimate : \$5,745.25 Revised Amount : \$4,300.00 Less Excess : - Nett Total : \$4,300.00																					
<u>Remarks</u> (A) Survey was done on 07/03/2018 (B) Re-survey was done on 08/03/2018 (C) The survey was conducted entirely on WITHOUT PREJUDICE basis. (D) We have NOT given any instruction to authorize the repair of the vehicle.																					

NOTE: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage/item in this survey, kindly notified the company within 7 (seven) days from the date hereof. Otherwise, the revised amount shall be deem to be valid.

Adjustment On Repair Costs And Replacement Of Parts:

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)	
<u>PARTS REPLACEMENT – LIST ITEMS</u>						
1	1pc	Bootlid	Dented/Twisted	657.92	657.92	P
2	1pc	Bootlid lock	Bent/Jammed	92.20	92.20	SVC
3	1pc	Bootlid lock catch	Serviceable	20.70	-	
4	1pc	Bootlid weatherstrip	Necessary	93.04	93.04	✓
5	1pc	Bootlid emblem Civic	Necessary	24.04	24.04	✓
6	1pc	Bootlid emblem Vtec	Necessary	35.88	35.88	✓
7	1pc	Bootlid emblem Turbo	Necessary	71.20	71.20	✓
8	2pcs	Bootlid rubber stopper @ \$13.92	Necessary	27.84	27.84	✓
9	1pc	Taillamp LH	Grazed/Broken	308.78	308.78	✓
10	1pc	Rear bumper	Dented/Broken	709.78	709.78	✓
11	1pc	Rear bumper diffuser	Grazed/Deformed	158.54	158.54	✓
12	1pc	Rear bumper diffuser reflector	Grazed	31.20	31.20	NH
13	1pc	Rear bumper side grille LH	Grazed	55.10	55.10	✓
14	1pc	Rear bumper side grille reflector LH	Grazed	16.45	16.45	✓
15	1pc	Rear bumper lower side lid LH	Grazed	35.65	35.65	✓
16	1pc	Rear bumper retainer LH	Broken	20.93	20.93	✓
17	1pc	Rear bumper reinforcement	Dented/Twisted	184.92	184.92	✓
18	1pc	Rear bumper side holder LH	Broken	19.44	19.44	✓
19	1pc	Rear air vent LH	Broken	33.12	33.12	✓
20	1pc	Rear end panel	Dented	361.91	361.91	✓
21	1pc	Rear end panel garnish	Serviceable	58.54	-	
22	1pc	Rear parking sensor LH	Damaged	153.90	153.90	✓
23	1pc	Rear parking sensor outer LH	Damaged	153.90	153.90	✓
24	1pc	Rear smart buzzer sensor	Damaged	104.08	104.08	✓
				3,429.06	3,349.82	
				(685.81)	(669.96)	
Sub total				2,743.25	2,679.86	
<u>PARTS REPLACEMENT – SPECIAL NETT ITEMS</u>						
1	1set	Bootlid inner trim clip	Necessary	34.00	34.00	NH
2	1set	Rear bumper clip	Necessary	55.00	55.00	301
3	1set	Rear end panel garnish clip	Necessary	28.00	28.00	NH

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
<u>PARTS REPLACEMENT – SPECIAL NETT ITEMS (CONT'D)</u>					
4	1pc	Rear exhaust chrome pipe LH 205/-	Dented	175.00	175.00 ✓
			Sub total	3,035.25	2,971.86
<u>LABOUR & MISC. CHARGES</u>					
1		Repair & replace damaged parts	1590/-	1,000.00	900.00 700/-
2		Spray paint affected area		1,000.00	900.00 700/-
3		Remove & refix rear trim board & garnish		100.00	80.00 ✓
4		Remove & renew reverse sensor		80.00	60.00 40/-
5		Check wiring system		50.00	40.00 30/-
6		Spray anti rust on affected area		80.00	60.00 40/-
7		Diagnose & reset system after repair		400.00	320.00 NH
			Grand total	5,745.25	5,331.86
Recommended cost of lump sum repair (To its pre-accident condition)					4,300.00

3849.80

1/5 3050/-

Adjustment/Recommendations

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a lump sum of **\$4,300.00** on a contractual basis. Under normal circumstances, the repair period would be about **5 (Five)** working days.

4 days

Yours faithfully,

Constant Appraiser Services

Lim Yong Tian (Sebastian)
Licensed Appraiser
Adv. Dip. In Mechanical Engineering (AUS)
MSAAA



Your Ref: 17/18/18/VP05/020441

Date: 27th April 2018

Our Ref: CS1/LPC18004193/Dtbs2

M/s Lonpac Insurance Bhd
300 Beach Road
#17-04/07 The Concourse
Singapore 199555
(The Motor Claims Department)

Attn : Gerald Poh

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO:
SLK 1170K
INSURED VEHICLE: SKM 9862X
ACCIDENT DATE: 28/02/2018

We thank you for your instruction on 11/04/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SLK 1170K from M/s Constant Appraiser Services.
- b) Final Repair Bill of SLK 1170K from M/s Toh Painting & Services Pte Ltd.
- c) Singapore Accident Statement of Vehicles SLK 1170K and SKM 9862X.
- d) Colour damaged vehicle photographs of SLK 1170K.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SLK 1170K
Make & Model	: Honda Civic 1.5 Turbo
Year of Registration	: 2017
Chassis Number	: MRHFC1660GT000371
Engine Capacity	: 1498 cc

2. We recommend that the repairs of the entire damage require about 4 (Four) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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. SLK 1170K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOTLID	TO REPAIR SEE LABOUR	657.92	-
1	BOOTLID LOCK	SERVICEABLE	92.20	-
1	BOOTLID LOCK CATCH	SERVICEABLE	20.70	-
1	BOOTLID WEATHERSTRIP	NECESSARY	93.04	93.04
1	BOOTLID EMBLEM CIVIC	NECESSARY	24.04	24.04
1	BOOTLID EMBLEM VTEC	NECESSARY	35.88	35.88
1	BOOTLID EMBLEM TURBO	NECESSARY	71.20	71.20
2	BOOTLID RUBBER STOPPER @ \$13.92	NECESSARY	27.84	27.84
1	TAILLAMP LH	GRAZED / BROKEN	308.78	308.78
1	REAR BUMPER	DENTED / BROKEN	709.78	709.78
1	REAR BUMPER DIFFUSER	GRAZED / DEFORMED	158.54	158.54
1	REAR BUMPER DIFFUSER REFLECTOR	NOT NECESSARY	31.20	-
1	REAR BUMPER SIDE GRILLE LH	GRAZED	55.10	55.10
1	REAR BUMPER SIDE GRILLE REFLECTOR LH	GRAZED	16.45	16.45
1	REAR BUMPER LOWER SIDE LID LH	GRAZED	35.65	35.65
1	REAR BUMPER RETAINER LH	BROKEN	20.93	20.93
1	REAR BUMPER REINFORCEMENT	DENTED / TWISTED	184.92	184.92
1	REAR BUMPER SIDE HOLDER LH	BROKEN	19.44	19.44
1	REAR AIR VENT LH	BROKEN	33.12	33.12
1	REAR END PANEL	DENTED	361.91	361.91
1	REAR END PANEL GARNISH	SERVICEABLE	58.54	-
1	REAR PARKING SENSOR LH	DAMAGED	153.90	153.90
1	REAR PARKING SENSOR OUTER LH	DAMAGED	153.90	153.90
1	REAR SMART BUZZER SENSOR	DAMAGED	104.08	104.08
	LESS 20% DISCOUNT		-685.81	-513.70
			2,743.25	2,054.80
SPECIAL NETT ITEMS				
1	SET BOOTLID INNER TRIM CLIP (SN)	NOT NECESSARY	34.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	55.00	30.00

Report Ref No. CS1/LPC18004193/Dtbs2



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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET REAR END PANEL GARNISH CLIP (SN)	NOT NECESSARY	28.00	-
1	REAR EXHAUST CHROME PIPE LH (SN)	DENTED	175.00	175.00
			292.00	205.00
	LABOUR			
	REPAIR & REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF BOOTLID.		1,000.00	700.00
	SPRAY PAINT AFFECTED AREA.		1,000.00	700.00
	REMOVE & REFIX REAR TRIM BOARD & GARNISH.		100.00	80.00
	REMOVE & RENEW REVERSE SENSOR.		80.00	40.00
	CHECK WIRING SYSTEM.		50.00	30.00
	SPRAY ANTI RUST ON AFFECTED AREA.		80.00	40.00
	DIAGNOSE & RESET SYSTEM AFTER REPAIR.	NOT NECESSARY	400.00	-
			2,710.00	1,590.00
	GRAND TOTAL		5,745.25	3,849.80
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONSITION)			3,050.00

Report Ref No. CS1/LPC18004193/Dtbs2

ANG BRYAN TANI

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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