

ASS. REC. BY:

REF:

CS3 / LPC17014059 / Sub-17^{N2}

Special Instruction:

Supervisor: SebastianASSIGNMENT (Office)

From (Person):

Gerald Poh

of

LPCDate/Time: 15/12/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKN 2635M

Insured:

SKA 2613H

at Workshop m/s

Eng Soon

Tel:

6760 6271

of

81K H Tan Tee Mu Est 393-J

Policy No:

Claim No:

17/17/17 / VR05 / 019998

Sum Insured:

Excess:

Make of Veh:

D.O.A 19/12/17

(Client's Record)

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

21/07/2017 @ morning

H.O.D. Endorsement:

Date/Time: 20/07/17 10:47am

Person Contacted:

Mr Teo

Vehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate

SKN 2635M - NO / TQ13008768 / U96315/12/2018SKN 2613H - X23/3/18 Lumpsum \$2050 (\$4579.49, 69%) 5 days

RECEIVED 22 MAR 2018

RRS

REF: LPC

ASSIGNMENT

From: _____ Date: 21/07/2017

Estimated Cost: _____

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

To inspect Vehicle No: SJN 2635M

at Workshop m/s Eng Soon

of Blk 4 Yew Tee Ind Est 393-J

Insured: _____

Policy No. _____

Claims No. _____

Sum insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

morning

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

21/7/2017 No GIA

24/7/17 Dismantle photo & After paint photo.

26/7/17 Submit PRS

Veh No: SJN 2635M Yr Regn: 10 Feb, 2009

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

Truck / Trailer or

Make: Chevrolet

C.C. 1399

Colour: Black

A/C: Insured / Std / NI / NA

Sp Reading: 143788

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C.No: KLISA 4871915 307811

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 175/RS R15 Yoko

R: 11" Michelin

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

TOYO / YOKO or

Front

Rear

R/Bal: 7 mm

R/Bal: 7 mm

L/Bal: 7 mm

L/Bal: 7 mm

D.O.A

D.O.I: 24/7/2017

Survey held at Eng Soon

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: File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time: File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ Site Insp (\$)

☐ S - RS ☐ SI

☐ Interview (\$)

☐ Photos

☐ Tech Invs (\$)

☐ Others

☐ Weekend (\$)

☐

Report Format: PRS

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

TOTAL

450

**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				
LONPAC INSURANCE BHD		Ref : CS3/LPC17014059/Snb-1		
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 06-03-2018		
		Code : LPC2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKA 2613H	Veh. Inspected	SJN 2635M	
Policy No.		Coverage (\$)	0.00	
Claim No.	17/17/17/VP05/019998	Excess (\$)	0.00	
Assign From	GERALD POH	Assign Date	15/02/2018	
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	19/07/2017	Inspection Date	06/03/2018	
Survey held at	ENG SOON PAINTING SVC BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

Survey Department Check List (Case Handler)

Reference No. **CS3/LPC17014059/Snb-1**

Policy Type: **OD / (TP) / TP RES / TL / EVA**

Case Handler **Rite**

Typist

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

Admin (

(1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
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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

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(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

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Check By:

Rite

Case Handler

22/3/18

Date

*C: Critical *N: Non-Critical

Catherine Chong (LKK Auto)

From: GERALD POH WEE BIN <geraldpoh@lonpac.com>
Sent: Thursday, 15 February, 2018 8:33 AM
To: assignments@lkkauto.com
Cc: MT_Claim_SG
Subject: PRE-REPAIR SURVEY OF SJN2635M
Attachments: 15022018082706.pdf

Part 1

Our Ref : 17/17/17/VP05/019998

Your Ref :CS3/LPC17014059/sgbn2

Dear Catherine,

We attached the survey report and photos of SJN2635M for your attention.

Kindly let us have your opinion on the adjusted repair costs within the next 10 days.

Best Regards

Gerald Poh

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706

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	29/07/2017 14:46
Date Of Accident	19/07/2017 07:00
Exact Location Of Accident	ALONG MANDAI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2613H
Insured/Policyholder	
Name Of Registered Owner	ABDUL RASHEED BIN LAILASANI
NRIC No	S9110689B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85228211
Alternative Phone No	OFFICE-85228211
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	-
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05014315
Cover Note Number	
Driver	
Name of Driver	ABDUL RASHEED BIN LAILASANI
NRIC No	S9110689B
Date Of Birth	26/03/1991
Occupation	INDOOR
Date Of Driving Pass	26/09/2011
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85228211
Fax Number	
Contact Number	OFFICE-85228211
EMail Address	NOEMAIL

Address

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

Was any body injured in the Accident? 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

REFER ATTACHED REPORT.

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 SJN2635M

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver TAN MING FENG

NRIC/Passport Number S8840548Z

Contact Number 96260590

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name




Phone Number

Email Address

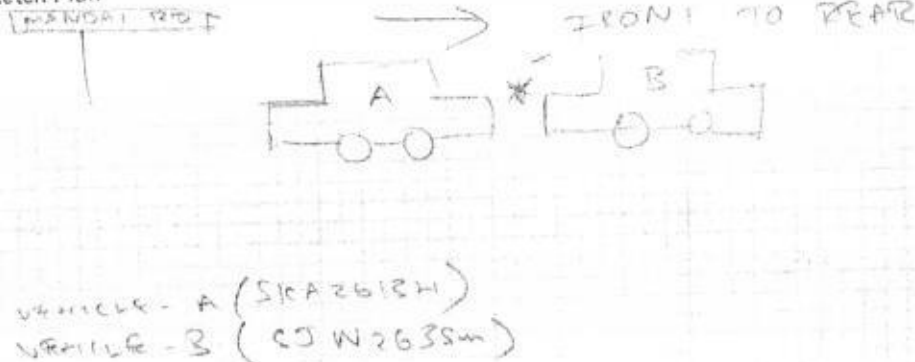
SKETCH PLAN

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 willful 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 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 yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 29.7.2017 1:20pm Policyholder's Signature / Date & Time	 29.7.2017 1:20pm Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan



Describe Circumstances of the Accident


TRAFFIC was Congested in the early hours. Time was around 6.45am-7am. Slow moving around along mandai rd awaiting to turn left NO BKE SW2685m vehicle was directly in front of me. I accidentally let my foot off the brake and so my vehicle was idling forward without me realising it. There was a slight bump, my front to his rear. my vehicle hit the other Party back of the vehicle at an approximately 2-4 km/h or less. I have got NO cam install but I believe the other party had it installed in his car. we exchanged particulars as he told me it was just for back-up. NO visible damage was seen at all and especially my car is in white and his in black, any slightest damage could have been seen easily. It was totally just a slight touch.


* NOTE

Accidents happen on 19.7.2017. I received the letter notifying me of a third-party claim. Soon after I received a letter & email straight to my insurance LOWRAC INSURANCE LTD. my email was attended by mr ONG L.L.L. And here this is due to my late reports. I apologised for any inconvenience caused. Few photos were also attached in the email for reference.

Declaration

(We declare the foregoing particulars are true in every respect)

 29.7.2017 1.40pm
Policyholder's Signature / Date & Time

 29.7.2017 1.40pm
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

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.

Is the Driver an employee of the Insurer?
Relationship of the Driver to the Insurer
Vehicle Registration Number

Insurance Company

General Insurance Type

ACCIDENT STATEMENT

Date Of Report 19/07/2017 15:38
Date Of Accident 19/07/2017 07:00
Exact Location Of Accident MANDAI ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN2635M
Insured/Policyholder
Name Of Registered Owner TAN MING FENG
NRIC No S8840548Z
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96260590
Alternative Phone No OFFICE-96260590
Vehicle Particulars
Manufacturer CHEVROLET
Model AVEO 1.4AT 5DR T255
Exact Purpose for which vehicle was being used at time of accident PRIVATE USE
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5087683275
Cover Note Number
Driver
Name of Driver TAN MING FENG
NRIC No S8840548Z
Date Of Birth 16/10/1988
Occupation INDOOR
Date Of Driving Pass 05/05/2009
Driving Experience 8 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96260590
Fax Number
Contact Number OFFICE-96260590
Email Address NOEMAIL

BLK 428B YISHUN AVENUE 11 #10-168

762428

Is the driver an employee of the Insured's Company? NO

Relationship of the Driver with the Insured OWNER

Is the Registration Number of Driver's Own Vehicle -

Is the 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

Was any body injured in the Accident? YES

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

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 ATTACHMENT

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 SKA2613H

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver ABDUL RASHEED BIN LAILASANI

NRIC/Passport Number S9110689B

Contact Number 85228211

Address YISHUN STREET 72 #04-444

Postcode 760758

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name TAN MING FENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJN2635M

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address BLK 428B YISHUN AVENUE 11 #10-168

Postcode 762428

DETAILS OF INJURED PERSON 2

Name TAN GEOK MENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJN2635M

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address BLK 428B YISHUN AVENUE 11 #10-168

Postcode 762428

[illegible][illegible]

1. *Chlamydomonas reinhardtii* (Chlamydomonadales, Chlorophyta) is a unicellular green alga that has been extensively studied as a model organism for photosynthesis, flagellar motility, and cell cycle regulation. It is a haploid organism that reproduces asexually by forming zoospores. The cell cycle is regulated by a circadian clock, which is controlled by a set of genes including *CAL1*, *CAL2*, and *CAL3*. The *CAL1* gene encodes a protein that is involved in the regulation of the cell cycle, and its expression is controlled by the circadian clock. The *CAL2* gene encodes a protein that is involved in the regulation of the cell cycle, and its expression is controlled by the circadian clock. The *CAL3* gene encodes a protein that is involved in the regulation of the cell cycle, and its expression is controlled by the circadian clock.

Figure 1. *Phragmites* and *Spartina* coverages in the marsh.



A. SHADON
B. SKADCE

Sketch Plan #2

Details Circumstances of the Incident

July 19 7 AM

Vehicle A came to full stop @ Mandai Road traffic light (before BLK2 exit)

(before R152 exit)

Vehicle A stopped for about 1-3s before Vehicle B rear-ended Vehicle A.

rear-ended Vehicle A.

1. *Phragmites australis* (Cav.) Trin. ex Steud.

DOI: 10.1002/for

7-03/19/17

$$\frac{d}{dt} \left(\frac{1}{\rho} \right) = - \frac{1}{\rho^2} \frac{d\rho}{dt}$$
$$\frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx = \frac{1}{\sqrt{\pi}} \left(\frac{1}{2} + \frac{1}{2} \right) = \frac{1}{\sqrt{\pi}}$$

05113 113

$$\frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx = \frac{1}{\sqrt{\pi}} \left(\frac{1}{2} \right)^{\frac{n-1}{2}} \Gamma\left(\frac{n+1}{2}\right)$$

Figure 1

[Signature]

[illegible]

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 47011
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

Report Ref : TP17070003

Date: 31 July 2017

Tan Ming Feng
C/o Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969

THIRD PARTY SURVEY ACCIDENT OCCURED ON 19 July 2017

Workshop Name and Address

Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969

As per your instruction dated 21 July 2017
We have carried out a physical inspection on the said
We enclosed herewith our report and findings as follows:

with regard to the above matter.
SJN 2635 M

1. VEHICLE PARTICULARS

Registration No : SJN 2635 M
Model : CHEVROLET AVEO 1.4AT
Year / Capacity : 2009 / 1399 cc
Chassis No : KL1SA48719B309515

Engine No : F14D37013721
Mileage : 143 788 km
Colour : metallic Black

2. TYRES CONDITION

	<u>Size</u>	<u>Made</u>	<u>Balance</u>	<u>Rim</u>
FRONT O/S :	195/50/R15	Bridgestone	9.00 mm	Sport
REAR O/S :	195/50/R15	Bridgestone	9.00 mm	Sport
FRONT N/S :	195/50/R15	Bridgestone	9.00 mm	Sport
REAR N/S :	195/50/R15	Bridgestone	9.00 mm	Sport

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road, #07-280, Singapore 470110

Mobile : 9855 6879

Email : automaxsurvey@gmail.com

Registration No. 53110062J

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 05 working days to complete

5. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.

6. Should you discover any discrepancy in the report, please kindly notify us within 1 week, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

Vehicle Number : SJN 2635 M

SPARE PARTS

NR COST

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
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List Items

1 pc	Rear bumper	bent	\$ 861.00	\$ 861.00
2 pcs	Rear bumper side retainer	damaged	\$ 52.00	\$ 52.00
1 pc	Rear bumper sponge	bent	\$ 441.00	\$ 441.00
2 pcs	Rear bumper bracket (TOP)	distorted	\$ 60.00	\$ 60.00
10 pcs	Rear bumper clips	necessary	\$ 60.00	\$ 60.00
2 pcs	Rear bumper lower bracket	bent	\$ 50.00	\$ 50.00
1 pc	Rear end panel	bent	\$ 282.10	\$ 282.10
1 pc	Bootlid	bent	\$ 531.00	\$ 531.00
1 pc	Bootlid lock	bent	\$ 113.00	\$ 113.00
1 pc	Bootlid weatherstrip	distorted	\$ 79.00	\$ 79.00
1 pc	Bootlid badge	necessary	\$ 27.00	\$ 27.00
1 pc	Bootlid emblem 'CHERVOLET'	necessary	\$ 55.00	\$ 55.00
1 pc	Bootlid emblem 'AVEO'	necessary	\$ 55.00	\$ 55.00
Parts Sub-Total			\$ 2,666.10	\$ 2,666.10
Discount 10.00%			\$ 266.61	\$ 266.61
			\$ 2,399.49	\$ 2,399.49

242
35
X 51C
X 2
X 51C
2% 1466
1172.80

Vehicle Number : SJN 2635 M

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
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Special Nett Items

1 set	Reverse sensor with control unit	electronically shocked	\$ 380.00	\$ 350.00
Special Nett Sub-Total			\$ 380.00	\$ 350.00
Spare Parts Total			\$ 2,779.49	\$ 2,749.49

200

Our Revised
Estimation
(S\$)

OUR COST

JOB DESCRIPTIONS

Workshop
Estimation
(S\$)

Our Revised
Estimation
(S\$)

Spare Parts Total c/f \$ 2,779.49 \$ 2,749.49

- | | | | | | | |
|---|--|----|----------|----|----------|-----|
| 1 | Towing | \$ | 80.00 | \$ | 80.00 | X |
| 2 | To check wiring system | \$ | 80.00 | \$ | 60.00 | 30 |
| 3 | To remove and refix interior upholstery | \$ | 180.00 | \$ | 150.00 | 60 |
| 4 | To tuff coat affected areas | \$ | 180.00 | \$ | 150.00 | X |
| 5 | To remove and replace reverse sensor. | \$ | 180.00 | \$ | 150.00 | 50 |
| 6 | To respary affected areas | \$ | 1,600.00 | \$ | 1,400.00 | 600 |
| 7 | To renew damaged parts, straighten and repair rear LH fender and aligned all parts | \$ | 1,400.00 | \$ | 1,200.00 | 500 |
| 8 | To remove and transfer bootlid mechanism | \$ | 150.00 | \$ | 120.00 | X |

Total 6,479.49 5,939.49

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair of :

\$ 4,750.00

Fong Kok Heng
Qualified Appraiser

4750 - 2050 = 2700

6679.49

1240

5 days

ENG SOON PAINTING SERVICES

Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677978
Tel: 6760 6271

TAN MING FENG

c/o M/s Eng Soon Painting Services
Block 4 Yew Tee Ind Est 393-J
Woodlands Road
Singapore 677969

Date: 31 July 2017

Dear Sir,

Date of accident : 19/07/2017
Final repair bill to SJN 2635 M

To Supply,

Lump Sum repairs recommended

By the surveyor \$4,750.00

Total \$4,750.00

Dollars : FOUR THOUSAND SEVEN HUNDRED AND FIFTY ONLY




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				
LONPAC INSURANCE BHD		Ref : CS3/LPC17014059/Snbn2-1		
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 26-03-2018		
		Code : LPC2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKA 2613H	Veh. Inspected	SJN 2635M	
Policy No.	Z17VP05014315	Coverage (\$)	0.00	
Claim No.	17/17/17/VP05/019998	Excess (\$)	0.00	
Assign From	GERALD POH	Assign Date	15/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	CHEVROLET	c.c	1399	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	KL1SA48719B309515	Colour	BLACK	
Odometer	143788	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/55 R15	YOKOHAMA	7 mm	
L/H Front Tyre	195/55 R15	YOKOHAMA	7 mm	
R/H Rear Tyre	195/55 R15	MICHELIN	7 mm	
L/H Rear Tyre	195/55 R15	MICHELIN	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	19/07/2017	Inspection Date	21/07/2017	
Survey held at	ENG SOON PAINTING SVC BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJN 2635M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	BENT	861.00	861.00
2	REAR BUMPER SIDE RETAINER	DAMAGED	52.00	52.00
1	REAR BUMPER SPONGE	BENT	441.00	242.00
2	REAR BUMPER BRACKET (TOP)	DISTORTED	60.00	60.00
10	REAR BUMPER CLIPS	NECESSARY	60.00	35.00
2	REAR BUMPER LOWER BRACKET	SERVICEABLE	50.00	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	282.10	-
1	BOOTLID	TO REPAIR SEE LABOUR	531.00	-
1	BOOTLID LOCK	SERVICEABLE	113.00	-
1	BOOTLID WEATHERSTRIP	DISTORTED	79.00	79.00
1	BOOTLID BADGE	NECESSARY	27.00	27.00
1	BOOTLID EMBLEM "CHEVROLET"	NECESSARY	55.00	55.00
1	BOOTLID EMBLEM "AVEO"	NECESSARY	55.00	55.00
	LESS 10% DISCOUNT		-266.61	-
	LESS 20% DISCOUNT		-	-293.20
			2,399.49	1,172.80
SPECIAL NETT ITEMS				
1	SET REVERSE SENSOR WITH CONTROL UNIT (SN)	ELECTRONICALLY SHOCKED	380.00	200.00
			380.00	200.00
LABOUR				
	TOWING.	NOT NECESSARY	80.00	-
	TO CHECK WIRING SYSTEM.		80.00	30.00
	TO REMOVE AND REFIX INTERIOR UPHOLSTERY.		180.00	60.00
	TO TUFF COAT AFFECTED AREAS.	NOT NECESSARY	180.00	-
	TO REMOVE AND REPLACE REVERSE SENSOR.		180.00	50.00
	TO RESPRAY AFFECTED AREAS.		1,600.00	600.00
	TO RENEW DAMAGED PARTS,STRAIGHTEN AND REPAIR REAR LH FENDER AND ALIGNED ALL PARTS.INCLUSIVE OF THE REPAIR OF REAR END PANEL AND BOOTLID.		1,400.00	500.00

Report Ref No. CS3/LPC17014059/Snbn2-1



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND TRANSFER BOOTLID MECHANISM.	NOT NECESSARY	150.00	-
			3,850.00	1,240.00
GRAND TOTAL			6,629.49	2,612.80

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,050.00
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Report Ref No. CS3/LPC17014059/Snbn2-1

YEANG WAI KEEN

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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