

INS. CASE OWNER:

CC4 / LPC1800

4633, F2 H6352

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

ASSIGNMENT

12/3/18

Date / Time:

12/3/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJN 4143C

Name of Insured:

H. FEE HANU

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

06/03/18

Claim No.:

18/18/18/15/02/459

Policy No.:

218VP07017454

Make / Model:

FIAT

Place of Accident:

SYET RWI RD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

FERNETH MONY A MONY HANU

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHD 34965



INSRS:

WSP:

Tel:

Liability:

RMKS:

UNRE
WY

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time:

SHD 34965 - X

SJN 4143C - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act: NO KA

Release Voucher:

Final Repair Bill: NO INVOICE

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others: LIA PHOTO

PRELIMINARY ADVICE

Date/Time:

20/1/18

Sent By:

WV

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

TOTAL LOSS

SS

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FINAL SETTLEMENT

Date/Time:

31/01/19

Confirm with:

CHRISTINE

Email:

Call:

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

DIL

Repair Cost:

TOTAL LOSS

SS

10,410.69

Loss of Rental (LOR):

SS

1,638.00

(14 days)

X 117

Loss of Use (LOU):

SS

700.00

50 x 14 days

(CHIKATO)

Loss of Income (LOI):

SS

700.00

50 x 14 days

(CROUSE)

LOR only

LOU only

LOR + LOU

LOR + LOI

Tick only one

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

Legal Cost

SS

Total:

SS

13,448.69

Global Sum SS:

-

FINAL PAYMENT

Date/Time:

13,448.69

Confirm with:

COMFORT TRANSPORTATION PTE LTD

Email:

Call:

Payee 1:

SS

13,448.69

Name 1:

-

Payee 2: (Strike if N/A.)

SS

Name 2:

-

Payee 3: (Strike if N/A.)

SS

Name 3:

-

(08/11/2018)

Name: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

OD / TP / RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Work shop m/s _____

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

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD34965 Yr Regn: 8 Sep 2016

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

Truck / Trailer or

Make: Hyundai ZKO C.C. 1685Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: - T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KAHLB414A69093479Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD Rim orTyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or Weste

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 6/3/18D.O.I. 12/3/18

Survey held at

CDGE (Loyang)

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

Front / N/S Front / o/s Front

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

Date / Time	Action / Instruction
	<u>Surveyed</u>
	<u>veh and stat</u>
	<u>Lopec</u>
	<u>PIP</u>
	<u>FRONT CHASSIS DAMAGED -</u>
	<u>BOOK VALUE: \$ 77,199.50</u>
	<u>LIA REPAIRS: \$ 48,176.00</u>
	<u>NETT VALUE: \$ 29,023.50</u>

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

☐ : Interview (\$ _____)

Photos _____

☐ : Tech. Insp (\$ _____)

Others _____

☐ : Other (\$ _____)

TOTAL _____



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 : CC4/LPC18004633/K1hb3	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Date : 12-03-2018	
			Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJN 4143C		Veh. Inspected	SHD 3496S
Policy No.			Coverage (\$)	0.00
Claim No.			Excess (\$)	0.00
Assign From			Assign Date	12/03/2018
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	06/03/2018		Inspection Date	12/03/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

am: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO: 305122921

OMER	REGN NO	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	SHD3496S	
7010045	MAKE	FUEL
OMER NO	HYUNDAI	E.....1/2.....F
ESS 383 SIN MING DRIVE	MODEL	DATE/TIME IN
Singapore SINGAPORE 575717	I-40	06.03.2018 05:45
65508755	YR OF MANU	TARGET DATE
(R)	08.09.2016	
(P)	CHASSIS CODE	COMPLETION DATE/TIME:
	KMHLB41UMGU093479	
UNT CARD NO.		

cident Date: 06.03.2018
TURE: 3P 06.03.18 * TRAFFIC POUND *

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHD3496S LIMITS

Vehicle No.: SHD3496S

Service Advisor Signature/Date Name of Service Advisor Date

Turned to Service Reception upon collection To be kept by Security Guard



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised
Our ref: CC4/LPC18004633/K1hb3

Date: 20.03.2018

The Motor Claims Department
M/s LONPAC INSURANCE BHD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHD3496S

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 12.03.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	73,054.50
Revised Estimate Amount	: S\$	16,789.10
"Check" Items Amount	: S\$	35,347.96
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
Front Portion & N/S Front Portion & O/S Front portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: TBA days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

\$91.50 ?

check item

1,526.00	/	
182.60	/	
50.90	/	
147.80	/	
73.92	/	
243.00	/	
47.50	/	
294.35	/	
562.30	/	
142.20	/	
526.10	/	
80.60	/	
62.50	/	
44.80	/	
49.20	/	
398.00	/	
1,067.50	/	
2,776.00	/	25.00 /
14.40	/	30.00 /
1,238.00	/	46.00 /
169.80	/	26.00 /
1,059.25	/	1,200.00 /
60.00	/	900.00 /
check ← 91.20	/	20.00 /
61.90	/	50.00 /
65.90	/	50.00 /
343.10	/	150.00 /
2,948.50	/	60.00 /
1,894.00	/	150.00 /
1,160.00	/	100.00 /
17,381.32	/	50.00 /
80%	100.00 /	REVISED
13,905.06	2,957.00 =	16,862.06
= 16,789.10		

850.20	/	3,151.70	/
792.95	/	1,165.90	/
13.00	/	535.80	/
47.40	/	260.80	/
47.40	/	155.00	/
48.00	/	481.90	/
70.00	/	2,236.90	/
173.50	/	279.60	/
156.50	/	14,808.00	/
18.40	/	342.50	/
128.40	/	1,664.40	/
206.05	/	1,140.00	/
633.35	/	816.00	/
1,137.35	/	921.90	/
658.90	/	25.90	/
233.30	/	229.70	/
2,857.55	/	113.30	/
55.45	/	167.05	/
225.00	/	244.55	/
	/	523.00	/
	/	3,326.00	/
	/	168.00	/
	/	835.10	/
	/	110.40	/
	/	386.00	/
	/	1,096.60	/
	/	1,212.40	/
	/	1,150.60	/
	/	1,180.50	/
	/	4,880.50	/
43,610.00	207.00 /		
80%	180.00 /	CHECK	
34,888.00	387.00 =	35,275.00	
= 35,347.96			

= 52,137.06
TOTAL

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3496S

MAKE :

MODEL : HYUNDAI i40

LONPAC-P/P)

DATE 9/3/2018

Fri

P1/3

TS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet			\$ 1,526.00
	Bonnet Hinge (LH/RH)		\$ 91.30	\$ 182.60
	Bonnet Lock			\$ 50.90
	Bonnet Absorber		\$ 73.90	\$ 147.80
	Bonnet Insulator			\$ 73.92
	Bonnet Insulator Clips			\$ 243.00
	Bonnet Cable			\$ 47.50
	Radiator Grille			\$ 294.35
	Front Bumper Cover			\$ 562.30
	Front Bumper Sponge			\$ 142.20
	Front Bumper Reinforcement			\$ 526.10
	Front Bumper Grille (LH/RH)		\$ 40.30	\$ 80.60
	Front Bumper Lip			\$ 62.50
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH)		\$ 24.60	\$ 49.20
	Headlamp Support Top Cover			\$ 398.00
	Headlamp Support Panel Assy			\$ 1,067.50
	Headlamp (LH/RH)		\$ 1,388.00	\$ 2,776.00
	Headlamp Halogen Bulb (LH)			\$ 14.40
	Radiator			\$ 850.20
	Radiator Fan Blade, Cowling, Motor Assy			\$ 792.95
	Radiator Bracket (RH/LH)		\$ 6.50	\$ 13.00
	Radiator Hose Upper			\$ 47.40
	Radiator Hose Lower			\$ 47.40
	Radiator Expansion Tank			\$ 48.00
	Radiator Guard		\$ 35.00	\$ 70.00
	Horn Unit (LH/RH)		\$ 86.75	\$ 173.50
	Horn Wire			\$ 156.50
	Front Fender (LH/RH)		\$ 619.00	\$ 1,238.00
	Front Fender Shield (LH/RH) LHX RH		\$ 169.80	\$ 339.60
	Front Fender Retainer		\$ 9.20	\$ 18.40
	Air Cleaner Assy			\$ 128.40
	Air Duct			\$ 206.05
	Air Flow Sensor			\$ 633.35
	Aircon Condenser			\$ 1,137.35
	Aircon Suction & Liquid Hose			\$ 658.90
	Aircon Discharge Hose			\$ 233.30
	Aircon Compressor			\$ 2,857.55
	Battery Tray			\$ 55.45
	Frt Pillar Upper Cover			\$ 225.00
	Front Windscreen Glass			\$ 1,059.25
	Front Windscreen Moulding			\$ 60.00
	Front Windscreen Pillar Outer(RH) x 2			\$ 1,843.10
	Wiper Panel Top Garnish			\$ 91.20
	Wiper Container			\$ 61.90
	Wiper Container Motor			\$ 65.90

1630

TS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Wheel Rim (LH/RH) ✕		\$ 351.90	\$ 703.80
	Front Wheel Hub Cap (LH/RH) ✕		\$ 150.70	\$ 301.40
	Front Wheel Bearing ✕		\$ 258.50	\$ 517.00
	Front Shock Absorber (Assy) (LH/RH) ✕		\$ 342.20	\$ 684.40
	Front Shock Absorber Mounting (LH/RH) ✕		\$ 75.10	\$ 150.20
	Front Drive Shaft (LH/RH) ✕		\$ 1,069.55	\$ 2,139.10
	Rack & Pinion Assy ✕			\$ 2,184.00
	STG Tie End ✕		\$ 69.50	\$ 139.00
	Stabilizer Bar ✕			\$ 252.30
	Stabilizer Bar Bush (LH/RH) ✓		\$ 14.20	\$ 28.40
	Stabilizer Bar Link ✕		\$ 81.70	\$ 163.40
	Stabilizer Bracket ✕		\$ 24.00	\$ 48.00
	Front Suspension Lower Arm (LH/RH) ✕		\$ 715.10	\$ 1,430.20
	Front Chasis Member ?		\$ 1,575.85	\$ 3,151.70
	Knuckle Arm (LH/RH) ?		\$ 582.95	\$ 1,165.90
	Timing Cover Assy ?			\$ 535.80
	Timing Tensioner Assy ?			\$ 260.80
	Fan Belt ?			\$ 155.00
	Engine Mounting ?			\$ 481.90
	Engine Under Cover ✓			\$ 343.10
	Engine Crossmember ?			\$ 2,236.90
	Engine Mtg (Rear) ?			\$ 279.60
	Gearbox ?			\$ 14,808.00
	Gearbox Mounting ?			\$ 342.50
	Instrumental Panel ?			\$ 1,664.40
	Starter Motor Assy ?			\$ 1,140.00
	Steering Wheel Horn Button Assy ?			\$ 816.00
	Inter Cooler ?			\$ 921.90
	Inter Cooler Mounting (2 PCS) ?			\$ 25.90
	Hose B To Inter Cooler ?			\$ 229.70
	Hose C To Inter Cooler Inlet ?			\$ 113.30
	Pipe To Inter Cooler ?			\$ 167.05
	Pipe To Inter Cooler Outlet ?			\$ 244.55
	ABS Sensor ?		\$ 261.50	\$ 523.00
	Wiring-Engine ?			\$ 3,326.00
	Wiring-FEM ?			\$ 168.00
	Actuator - Swirl Control ?			\$ 835.10
	Auto Gear Oil ?			\$ 110.40
	Engine Top Cover ?			\$ 386.00
	Throttle Body Assy ?			\$ 1,096.60
	Intake Manifold Assy ?			\$ 1,212.40
	Airbag Complete ✓			\$ 2,948.50
	Airbag Control Module ✓			\$ 1,894.00
	Steering Angle Assy ?			\$ 1,150.60
	Sensor Assy Impact -Frt Impact ?			\$ 1,180.50
	Airbag Sensor ✓		\$ 580.00	\$ 1,160.00
	Electric Power Steering ?			\$ 4,880.50
	Front LH/RH seat Belt ✓			
	SUB TOTAL			\$ 80,098.12
	LESS 20%			\$ 16,019.62
	DISCOUNTED TOTAL			\$ 64,078.50

LONPAC

B/B

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Number Plate			\$ 25.00	Nett
	Front No Plate Trim Cover			\$ 30.00	Nett
	New Battery			\$ 207.00	Nett
	Front Tyre (LH/RH) X		\$ 216.00	\$ 432.00	Nett
	Front Windscreen Sealant			\$ 46.00	Nett
	Front ERP Sticker			\$ 26.00	Nett
				\$ 766.00	
	Labour Charge				
	Panel Beating			\$ 3,000.00	200
	Spray Painting Charge			\$ 1,800.00	90
	Wiring Charge			\$ 100.00	20
	Tuff Kote			\$ 150.00	50
	Towing Charge			\$ 50.00	
	Frt Chassis Alignment			\$ 400.00	150
	Remove/Refix Undercarriage (FRT)			\$ 400.00	X
	Frt Wheel Alignment			\$ 120.00	X
	Remove/Refix Aircon & Refill Gas			\$ 150.00	60
	Remove/Refix Engine/Gearbox			\$ 650.00	X
	Remove/Refix Dashboard			\$ 450.00	150
	Remove/Refix Fuse Box			\$ 180.00	?
	Remove/Refix Front Windscreen Glass			\$ 120.00	100
	Remove/Refix Cushion & Upholstery Front			\$ 90.00	50
	Re-programme Air Bag & Safety Belt System			\$ 550.00	100
	TOTAL LABOUR			\$ 8,210.00	
	ESTIMATE TOTAL			\$ 73,054.50	
	Kalini (LKK) 12/3/18 1100hr TBA Repair Shop P/P Before put p lls check book value front both chassis maybe				Front both chassis maybe to scrapped
	This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the 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 - Car/Chassis/Engine(s) must be resurveyed and is subject to final approval from Insurance Company Signature:

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>9-3-18</u> Time Received:	3. Vehicle Type: ☐ Private ☐ Taxi (CTPL/CCPL) ☐ Fleet ☐ STK (Boon Lay)	4. Type of Towing: ☐ Normal Tow ☐ King Dolly ☐ Flat Bed ☐ Crane-up
2. ☐ New ☐ SPARK Kakis Name of Customer : Contact No. : Vehicle No. : Make / Model / Colour : Email :	5. Nature of Service: ☐ Jumpstart ☐ Recovery ☐ Change Tyre / Battery	6. Parts Replaced/Remarks:

7. Location: TP Pound

9. Preferred Workshop:

- | | | |
|--|--|--|
| ☐ Braddell | ☒ Loyang | ☐ Pandan |
| ☐ Sin Ming | ☐ Sungei Kadut | ☐ Ubi |
| ☐ Senoko | ☐ Komoco (UBI / Leng Kee) | ☐ Cycle & Carriage (PD) |
| ☐ Others: _____ | | |

8. Vehicle Tow - In Workshop:

- | | |
|--|--|
| ☐ Smoky Exhaust | ☐ Wheel Jammed |
| ☐ Overheating | ☐ Steering Faulty |
| ☐ Brake Faulty | ☐ Alternator Faulty |
| ☐ Starting Problem | ☐ Loss Power |
| ☒ Accident | ☐ Engine Stalled |
| ☐ Return Taxi | |

10. Odometer Reading : _____

Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player

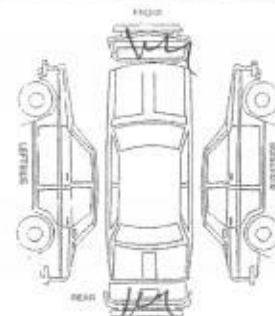
- ☐
- OK
-
- ☐
- Faulty
-
- ☐
- Not tested

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☒ QA ☐ GAO ☐ TZ ☐ YISHUN ☐ OTHERSName of Driver : WEEVehicle No. : GBE 2073BTime Dispatch : 9-3-18

Time of Arrival : _____

Time Completed : _____

No Key

: Cracked X : Dented
 / : Scratched O : Missing

[Signature]
 Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

9-3-18

Date

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COP

SHD 34965.

$$\textcircled{1} \text{ Cost of taxi} = 91774.70$$

$$\text{ARR } 65\% = 14039$$

$$\text{Depreciation} = (91774.70 - 14039) \div 96 \\ = 809.75$$

$$\textcircled{2} \text{ Book value} = (809.75 \times 78) + 14039 \\ = 77199.50$$

$$\textcircled{3} \text{ net value} = 77199.50 - 48176 \\ = \underline{\underline{\$29023.50}}$$

Nivitha (LKK Auto)

From: GERALD POH WEE BIN <geraldpoh@lonpac.com>
Sent: Monday, 12 March 2018 10:12 AM
To: assignments@lkkauto.com
Cc: MT_Claim_SG
Subject: PRE-REPAIR SURVEY OF SHA3496S
Attachments: 12032018095618.pdf

10:17am @ 12/3/2018
vehicle in
surveyor @ Calvin

Our Ref : 18/18/18/VP05/020459

Dear Catherine,

We attached a copy of fax from ComfortDelgro for your attention.

Kindly proceed to survey on without prejudice as it could be a suspected case of Drink- Driving.

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

Shu Pei (LKKAUTO)

From: GERALD POH WEE BIN <geraldpoh@lonpac.com>
Sent: Wednesday, 14 March 2018 8:51 AM
To: Shu Pei (LKKAUTO)
Cc: MT_Claim_SG
Subject: RE: PRE-REPAIR SURVEY OF SHD3496S ***LKK REF:CC4/LPC18004633/K1hb3
Attachments: 14032018084832.pdf

Dear Shu Pei,

We attached a copy of insured's GIA report for your attention.

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

From: Shu Pei (LKKAUTO) [mailto:shupeil@lkkauto.com]
Sent: Tuesday, 13 March, 2018 6:40 PM
To: GERALD POH WEE BIN
Cc: MT_Claim_SG; Admin A; Vic (LKKAUTO); Asher Sng (LKKAUTO)
Subject: RE: PRE-REPAIR SURVEY OF SHD3496S ***LKK REF:CC4/LPC18004633/K1hb3

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

This is a TP direct settlement case. We had inspected TP vehicle SHD 3496S at M/s ComfortDelGro Engineering Pte Ltd.

Please be informed that estimated cost of repair and preliminary advice is not ready yet.

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Our case handler in-charge is Vic and he can be contacted at DID: 6841 2096.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Admin-D (LKKAuto)
Sent: Monday, 12 March 2018 10:19 AM
To: 'GERALD POH WEE BIN' <geraldpoh@lonpac.com>; assignments <assignments@lkkauto.com>
Cc: 'MT_Claim_SG' <mt_claim@lonpac.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: PRE-REPAIR SURVEY OF SHA3496S

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,
G.Nivitha | Admin
LKK Auto Consultants Pte Ltd
Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: GERALD POH WEE BIN [<mailto:geraldpoh@lonpac.com>]
Sent: Monday, 12 March 2018 10:12 AM
To: assignments@lkkauto.com
Cc: MT_Claim_SG <mt_claim@lonpac.com>
Subject: PRE-REPAIR SURVEY OF SHA3496S

Our Ref : 18/18/18/VP05/020459

Dear Catherine,

We attached a copy of fax from ComfortDelgro for your attention.

Kindly proceed to survey on without prejudice as it could be a suspected case of Drink- Driving.

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 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: 08/03/2018 17:46
Date Of Accident: 06/03/2018 05:40
Exact Location Of Accident: SYED ALWI ROAD
Country/State of Loss: SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SJN4143C
Insured/Policyholder:
Name Of Registered Owner: HO KEE CHONG
NRIC No: S7508692Z
Email Address: NOEMAIL
Mobile Phone No: (LOCAL) +65-86666675
Alternative Phone No: OFFICE-86666675

Vehicle Particulars

Manufacturer: FIAT
Model: DOBLO PANORAMA-1.4 ACTIVE (M)

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: Z18VP05017474
Cover Note Number:

Driver

Name of Driver: KENNETH CHONG @ CHONG CHAN YANG
Passport No/FIN: G7023920K
Date Of Birth: 23/03/1982
Occupation: INDOOR
Date Of Driving Pass: 01/06/2015
Driving Experience: 2 YEARS AND 9 MONTHS
Gender: MALE
Mobile Number: (LOCAL) +65-87005597
Fax Number:
Contact Number:
Email Address: NOEMAIL

Scanned
7/3/18

Address BLK 3 BEACH RD
#09-4823
Postcode 190003
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
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?
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

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 UNKNOWN SHD 34965
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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.:

Form 1 (Supp) 2017

Sketch Plan Pg. 2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE SN 4143 C ACCIDENT DATE & TIME 6/3/18 5.40a.m
CONTACT NUMBER 87005597 E-MAIL ADDRESS:
LOCATION Infront Swee Choon, Syed Alwi Road.

When I was driving along Syed Alwi Road at the junction
my intention is to cross over the road, but realise that
it against traffic flow
opposite no entrance sign, and I slow down, but suddenly
a great impact from my right side, a taxi has
collided into my vehicle. My vehicle was badly
damaged on the right side.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

☒ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

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/PIN No. _____

Enquire Transfer Fee

Vehicle Details

Vehicle No.:	SJN4143C
Vehicle Type:	P11 - Passenger Station Wagon/Jeep/Land Rover
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	FIAT
Vehicle Model:	DOBLO PANORAMA 1.4 M ACTIVE
Chassis No.:	ZFA22300005578423
Propellant:	Petrol
Engine No.:	350A10004159074
Engine Capacity:	1368 cc
Maximum Power Output:	57.0 kW (76 bhp)
Maximum Laden Weight:	1830 kg
Unladen Weight:	1230 kg
Year Of Manufacture:	2008
Original Registration Date:	13 Feb 2009
Lifespan Expiry Date:	-
COE Category:	E - Open Category
Quota Premium:	\$6,509.00
COE Expiry Date:	12 Feb 2019

Transfer Fee Enquiry

Road Tax Expiry Date: 12 Aug 2018

PARF Eligibility Expiry Date: 12 Feb 2019

Inspection Due Date: 12 Feb 2020

Intended Transfer Date: 30 Mar 2018

CO2 Emission: -

CO Emission: -

HC Emission: -

NOx Emission: -

PM Emission: -

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use [Enquire Road Tax Payable](#) for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK Print



Your Ref : 18/18/18/VP05/020459

Comfort Transportation Pte Ltd
CityCab Pte Ltd
383 Sin Ming Drive Singapore 575717

Mainline +65 6555 1188
Facsimile +65 6453 3183

Our Ref : 28.4/3.18/SHD3496 HO TL

www.cdgtaxi.com.sg

Company Registration No. 199303821R
Company Registration No. 199502839G

8 February 2019

LKK Auto Consultants Pte Ltd
Blk 51 Paya Ubi Industrial Park
Ubi Avenue 1 #02-25
Singapore 408933
Attn: Vic Alpeh

Dear Sirs

ACCIDENT ON 6.3.2018
ALONG SYED ALWI ROAD
INVOLVING SHD3496S AND SJN4143C

We refer to your email on 7/2/2019.

We return herewith the duly completed discharge voucher for your kind attention.

Please let us have your cheque made payable to "Comfort Transportation Pte Ltd" and mail it to 383 Sin Ming Drive, Singapore 575717.

Thank you.

Yours faithfully

Christine Tay
Manager, Fleet Safety

Encl.

Members of

COMFORTDELGRO

