

22/03/2001

ASS. REC. BY:

REF: CS/AWA18004877/Krd3

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person):

Kin Wong

of

AWACDate/Time: 13/3/18 @ 5:02pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLG 6477P

Insured:

FBH 3408Y

at Workshop m/s

Optima Werkz

Tel:

6484 9919

of

9A Serungau North Ave 5

Policy No:

AVFMSB0000591702

Claim No:

NSV1800/60

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 08/03/2018

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

H.O.D. Endorsement:

Date/Time:

10:11 am @ 14/3/18

Person Contacted:

Riza

Vehicle- IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLG 6477P - CS/SM018001742/Uvd3D.O.A: 8/3/2018FBH 3408Y - CS/SM018001742/Uvd3D.O.A: 8/3/2018Confirmed \$3415.40, 3 daysEst: \$390, 10%.

REF: AWA

## ASSIGNMENT

From: \_\_\_\_\_ Date: 16/03/2018

Estimated Cost: \_\_\_\_\_

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐

To Inspect Vehicle No: SLA 6477P

at Workshop m/s Optima Werkz

of 7A Serangoon Rd North Ave 5

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

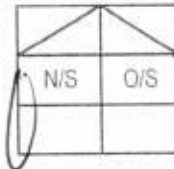
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: Riza

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLG 6477P Yr Regn: 10 / 16

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

Truck / Trailer or \_\_\_\_\_

Make: M. GLA 180 c.c. 1595

Colour: M. Silver A/C: Insured / Std / NI / NA

Sp. Reading: 21824 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDC 15694 22J096043

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/50R18

R: \_\_\_\_\_

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 4 mm R/Bal. 5 mm

L/Bal. 4 mm L/Bal. 5 mm

D.O.A. 8/13/18 D.O.I. 16/13/18

Survey held at \_\_\_\_\_

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

n/s Rec body

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

Date / Time Action / Instruction

19/3 File pass to Catherine

RECEIVED 31 MAY 2018

Date/Time, File Pass to?

☐ : Preli. Report

☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation

S + RS \$

Photos

Others

TOTAL

150

1)

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.I: (\$ 3415.40)

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

## Nivitha (LKK Auto)

**From:** Wong, Kin <Kin.Wong@awac.com> on behalf of Motorsurvey  
<Motorsurvey@awac.com>  
**Sent:** Tuesday, 13 March 2018 5:02 PM  
**To:** LKK (assignments@lkkauto.com)  
**Cc:** SUR (sur@lkkauto.com) (sur@lkkauto.com); 'riza@ow.sg'  
**Subject:** TP Survey assignment for SLG 6477P DOA: 08.03.2018 Our ref: NSV1800160

The above captioned accident refers.

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

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

3 <sup>rd</sup> Party Vehicle	:	SLG 6477P
Insured Vehicle	:	FBH 3408Y
Policy Number	:	AVFMSB0000591702
Name of Workshop	:	Optima Werkz Pte Ltd
Contact Number	:	6484 9919
Person to Contact	:	Riza
Estimated Cost of repairs	:	\$3,805.40

Regards,  
Claims Division

Copy to Optima Werkz Pte Ltd (Your Ref: SLG 6477P) via Email.

Note -

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

Regards  
Motor Claims  
Claims Group  
Global Market

The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and permanently delete the original e-mail (and any attachments hereto) and any copies or printouts thereof. Although this e-mail and any attachments hereto are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by Allied World Assurance Company Holdings, GmbH or its subsidiaries or affiliates, either jointly or severally, for any loss or damage arising in any way from its use.



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA18004877/Krd3

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

Date : 14-03-2018



Code : AWA

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBH 3408Y	Veh. Inspected	SLG 6477P
Policy No.	AVFMSB0000591702	Coverage (\$)	0.00
Claim No.	NSV1800160	Excess (\$)	0.00
Assign From	KIN WONG	Assign Date	14/03/2018

## 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	08/03/2018	Inspection Date
Survey held at	OPTIMA WERKZ PTE LTD 9A SERANGOON NORTH AVE 5 SINGAPORE 554500	

## 5a. Remarks

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

## 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 20:13
Date Of Accident	08/03/2018 15:30
Exact Location Of Accident	ALONG BARTLET RD TOWARDS THOMSON
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6477P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WOO MUN CHUN
NRIC No	S8675543B
Email Address	JOHNWOO@AG-SINGAPORE.COM
Mobile Phone No	(LOCAL) +65-93832464
Alternative Phone No	OFFICE-93832464

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01013746
Cover Note Number	

### Driver

Name of Driver	WOO MUN CHUN
NRIC No	S8675543B
Date Of Birth	05/02/1986
Occupation	INDOOR
Date Of Driving Pass	06/10/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93832464
Fax Number	
Contact Number	OFFICE-93832464
Email Address	JOHNWOO@AG-SINGAPORE.COM

Address	BLK 324C SENGKANG EAST WAY #06-605 SINGAPORE 543324
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	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180308/2128. AT THE ABOVE MENTIONED TIME, DATE AND LOCATION, I WAS DRIVING ALONG BARTLEY RD, MAKING MY WAY BACK TO THE OFFICE. THE RIDER MENTIONED ABOVE WAS ON THE LANE ON MY LEFT. SUDDENLY, I THINK HE WAS SWITCHING LANES OR SOMETHING. HE SUDDENLY COLLIDED INTO THE REAR LEFT SIDE OF MY VEHICLE. AFTER THE ACCIDENT, I STOPPED MY CAR AND GOT OUT TO HELP HIM. HE WAS INJURED, THEN PASSERBY CALLED FOR POLICE OR AMBULANCE. AMBULANCE ARRIVED AT THE SCENE FOLLOWED BY POLICE. THE RIDER WAS CONVEYED AND TRAFFIC POLICE OFFICER ADVISED ME TO HEAD DOWN TO TPHQ TO MEET IO JERRY AND TO LODGE A POLICE A REPORT AS WELL AS PASS HIM MY CAR CAMERA FOOTAGE. THAT'S ALL.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH3408Y
Vehicle Make/Model/Colour	YAMAHA/YBR 125/RED
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LU DENGLIANG
NRIC/Passport Number	G2289647X
Contact Number	94993458
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

LU DENGLIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBH3408Y

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode



# Sketch Plan

## 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 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 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 be 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 making 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 claim 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 be 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 also 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.

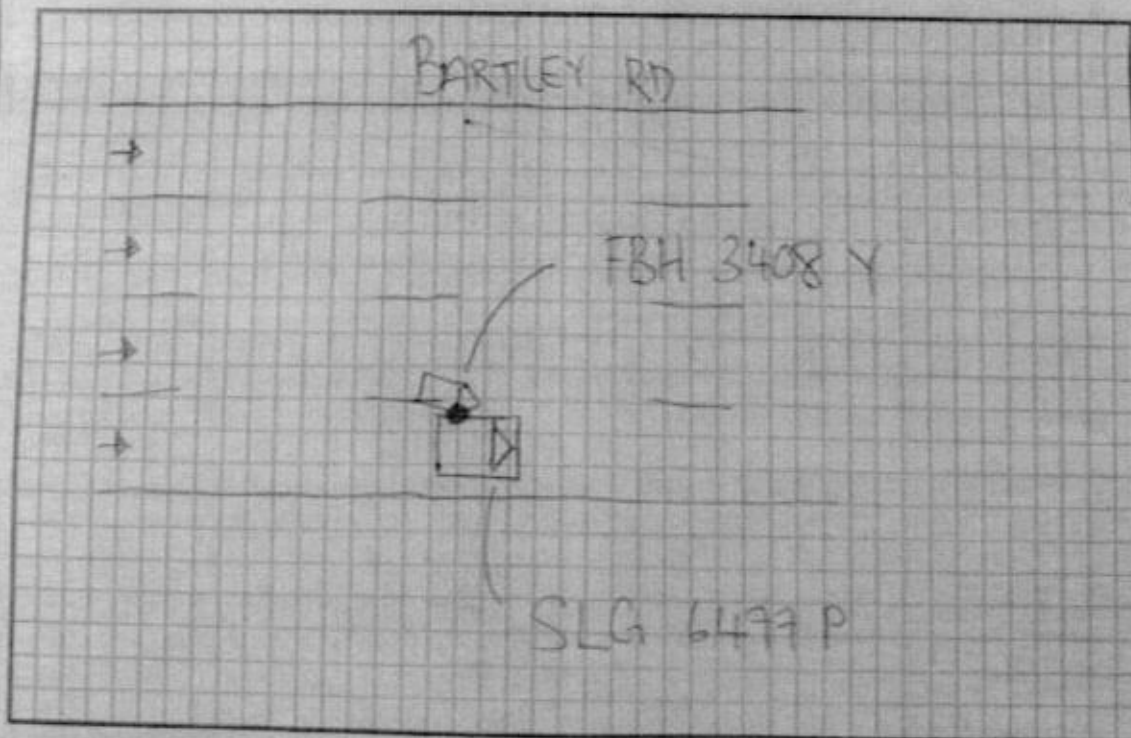
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MUHAMMAD SUMARDI BIN  
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

Sketch Plan



## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180308/2128

1 of 3

Report No. T/20180308/2128

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/03/2018 16:47	Vide Report No.: F/20180308/0166	Station Diary No.:
--	-------------------------------------	--------------------

**Informant's Particulars**

Name of Informant: WOO MUN CHUN			Address: 324C SENGKANG EAST WAY #06-605 HDB-KANGKAR SINGAPORE 543324		
ID Type / ID No.: NRIC NO / S8675543B			Contact No.: Home/Office: Mobile: 93832464		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 05/02/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Auditor (accounting)			Driving Licence information: Class: 2B,3		Date of Expiry:

**General information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/03/2018 15:30	Type of Location: Straight Road
Location: Along Road 1 BARTLEY ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH3408Y	Motorcycle				Slightly Damaged	0
SLG6477P	Car	MERCEDES BENZ	GLA180 AUTO	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG6477P	TENET SOMPO INSURANCE PTE LTD.	D17MTPV0101374 6	07/10/2017	06/10/2018

Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No. 65470000



Report No. T/20180305/PT28

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LU DENGLIANG	ID No.	G2289647X
Related Vehicle	FBH3408Y (Motorcycle)	Contact No.	94993458
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	WOO MUN CHUN	ID No.	S8675543B
Related Vehicle	SLG6477P (Car)	Contact No.	93832464
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION,

I WAS DRIVING ALONG BARTLEY RD. MAKING MY WAY BACK TO THE OFFICE. THE RIDER MENTIONED ABOVE WAS ON THE LANE ON MY LEFT. SUDDENLY, I THINK HE WAS SWITCHING LANES OR SOMETHING. HE SUDDENLY COLLIDED INTO THE REAR LEFT SIDE OF MY VEHICLE. AFTER THE ACCIDENT, I STOPPED MY CAR AND GOT OUT TO HELP HIM. HE WAS INJURED, THEN PASSERBY CALLED FOR POLICE OR AMBULANCE. AMBULANCE ARRIVED AT THE SCENE FOLLOWED BY POLICE. THE RIDER WAS CONVEYED AND TRAFFIC POLICE OFFICER ADVISED ME TO HEAD DOWN TO TPHQ TO MEET IO JERRY AND TO LODGE A POLICE A REPORT AS WELL AS PASS HIM MY CAR CAMERA FOOTAGE.

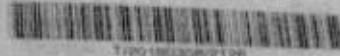
THAT'S ALL

Police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180308/2128

3 of 3

Report No. T/20180308/2128

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
KHALED AMR HASSAN MOHSSEN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/03/2018 16:47

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMED AKBAR BIN MEERA HUSSAIN  
Contact No.: 65573313

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

Continued

Kr

## OPTIMA WERKZ PTE LTD

Head office : 6 Kung Chong Road Singapore 159143

Tel : +65 6472 1313 Fax : +65 6472 2112

Branch office : 9A Serangoon North Ave 5 Singapore 554500 Tel : +65 6484 9919 Fax : +65 6481 1011

Co. Reg. No. 201212455W

Date: 09 March 2018

Third Party Insurer: ALLIED WORLD

Vehicle No: SLG6477P

Third Party Veh No: FBH3408Y

Model: MERCEDES BENZ CLA 180

Date of Accident: 08/03/18

Chassis: WDC15694ZZJ096043

### ESTIMATE

QTY	DESCRIPTION	UNIT S\$	AMOUNT S\$
1	REAR DOOR LH		<i>B</i> \$1,740.00 ✓
1	REAR DOOR STONE PROTECTIVE STICKER LH		<i>m</i> \$140.00 ✓
1	REAR DOOR WEATHERSTRIP LH		<i>m</i> \$280.00 ✓
1	REAR FENDER ARCH GARNISH LH		<i>Cur</i> \$208.00 ✓
1	REAR 18" SPORT RIM ORIGINAL LH		<i>m</i> \$638.00 ✓
SUB TOTAL			\$3,006.00
Less 10%			\$300.60
PARTS TOTAL			\$2,705.40 ✓

### LABOUR CHARGES:

TO REMOVE & REPLACED WITH PANEL BEATING ALL ACCIDENT PORTION

\$500.00 *300*

TO PUTTY & SPRAY PAINTING WITH SEALANT ALL ACCIDENT PORTION

\$250.00 ✓

TO DISMANTLE AND REINSTALL REAR LH SPORT RIMS

\$50.00 *20*

TO SEND VEHICLE FOR 3D COMPUTERISED CHECK & ADJUSTED  
WHEEL ALIGNMENT

\$80.00 *60*

TO DISMANTLE & REINSTALL REAR LH DOOR INNER COMPONENT MECHANISM  
TO FACILITATE REPAIR WITH CHECK FOR FUNCTION

\$220.00 *80*

LABOUR TOTAL \$1,100.00 *70*

WINSON

TOTAL

\$3,805.40

P- 2705.40  
L- 710.00  
\$ 3415.40 ✓ ok

*Not Authorised*  
*Repair by paint*  
*3 days*  
*16 MAR 2018*



# OPTIMA WERKZ PTE LTD

Head office : 6 Kung Chong Road Singapore 159143

Tel : +65 6472 1313 Fax : +65 6472 2112

Branch office : 9A Serangoon North Ave 5 Singapore 554500 Tel : +65 6484 9919 Fax : +65 6481 1011

Co. Reg. No. 201212455W

Date: 09 March 2018

Third Party Insurer:

ALLIED WORLD

Vehicle No: SLG6477P

Third Party Veh No:

FBH3408Y

Model: MERCEDES BENZ CLA 180

Date of Accident:

08/03/18

Chassis: WDC15694ZZJ096043

## ESTIMATE

QTY	DESCRIPTION	UNIT S\$	AMOUNT S\$
1	REAR DOOR LH		<i>12</i> \$1,740.00
1	REAR DOOR STONE PROTECTIVE STICKER LH		<i>12</i> \$140.00
1	REAR DOOR WEATHERSTRIP LH		<i>12</i> \$280.00
1	REAR FENDER ARCH GARNISH LH		<i>12</i> \$208.00
1	REAR 18' SPORT RIM ORIGINAL LH		<i>12</i> \$638.00
		SUB TOTAL	\$3,006.00
		Less 10%	-\$300.60
		PARTS TOTAL	\$2,705.40

## LABOUR CHARGES:

TO REMOVE & REPLACED WITH PANEL BEATING ALL ACCIDENT PORTION

\$500.00 *300*

TO PUTTY & SPRAY PAINTING WITH SEALANT ALL ACCIDENT PORTION

\$250.00 *✓*

TO DISMANTLE AND REINSTALL REAR LH SPORT RIMS

\$50.00 *200*

TO SEND VEHICLE FOR 3D COMPUTERISED CHECK & ADJUSTED  
WHEEL ALIGNMENT

\$80.00 *600*

TO DISMANTLE & REINSTALL REAR LH DOOR INNER COMPONENT MECHANISM  
TO FACILITATE REPAIR WITH CHECK FOR FUNCTION

\$220.00 *800*

LABOUR TOTAL \$1,100.00

WINSON

TOTAL \$3,805.40

*Not Authorised  
Resurvey 84 paint  
3 days*

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer:  
Signature:  
Date:



## LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA18004877/Krd3n2

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

Date : 04-06-2018



Code : AWA

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBH 3408Y	Veh. Inspected	SLG 6477P
Policy No.	AVFMSB0000591702	Coverage (\$)	0.00
Claim No.	NSV1800160	Excess (\$)	0.00
Assign From	KIN WONG	Assign Date	13/03/2018

### 2. Vehicle Particulars & Condition

Make & Model	MERCEDES GLA180 (A)	c.c	1595
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WDC1569422J096043	Colour	METALLIC SILVER
Odometer	21824	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	235/50 R18	DUNLOP	4 mm
L/H Front Tyre	235/50 R18	DUNLOP	4 mm
R/H Rear Tyre	235/50 R18	DUNLOP	5 mm
L/H Rear Tyre	235/50 R18	DUNLOP	5 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR BODY. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	08/03/2018	Inspection Date	16/03/2018
Survey held at	OPTIMA WERKZ PTE LTD 9A SERANGOON NORTH AVE 5 SINGAPORE 554500		

### 5a. Remarks

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

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLG 6477P**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR DOOR LH	BENT	1,740.00	1,740.00
1	REAR DOOR STONE PROTECTIVE STICKER LH	NECESSARY	140.00	140.00
1	REAR DOOR WEATHERSTRIP LH	NECESSARY	280.00	280.00
1	REAR FENDER ARCH GARNISH LH	CUT	208.00	208.00
1	REAR 18" SPORT RIM ORIGINAL LH	DENTED	638.00	638.00
	LESS 10% DISCOUNT		-300.60	-300.60
			2,705.40	2,705.40
	<b><u>LABOUR</u></b>			
	TO REMOVE & REPLACED WITH PANEL BEATING ALL ACCIDENT PORTION.		500.00	300.00
	TO PUTTY & SPRAY PAINTING WITH SEALANT ALL ACCIDENT PORTION.		250.00	250.00
	TO DISMANTLE AND REINSTALL REAR LH SPORT RIMS.		50.00	20.00
	TO SEND VEHICLE FOR 3D COMPUTERISED CHECK & ADJUSTED WHEEL ALIGNMENT.		80.00	60.00
	TO DISMANTLE & REINSTALL REAR LH DOOR INNER COMPONENT MECHANISM TO FACILITATE REPAIR WITH CHECK FOR FUNCTION.		220.00	80.00
			1,100.00	710.00
	<b>GRAND TOTAL</b>		<b>3,805.40</b>	<b>3,415.40</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>3,415.40</b>

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**KONG SENG CHEONG**

Licensed Appraiser

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