

ASS. REC. BY:

REF: C93 / ICS 17019994 / MI 16-1

Special Instruction:

42 per survey

Surveyor:

Mk

ASSIGNMENT (Office)

From (Person):

Lorel - Chua

of

ICS

Date/Time:

16/03/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGY 1168X

Insured:

SJC 340J

at Workshop m/s

AT Performance

Tel:

9686 6219

of

160 Sin Ming Dr # 07-18/19

Policy No:

Claim No:

DMPC 1700597H

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

15.10.2017

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

17.10.2017

H.O.D. Endorsement:

Date/Time:

17.10.2017 447pm

Person Contacted:

AMN

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SGY 1168X - CE 6 / AXA 14019395 / Group 2-1

DN: 17.10.14

SJC 340J - X

Dismantle Part: 20.10.2017

9/4/18

Submit LS \$ 6950 (Reel 2600, 2790, 10 days)

6/4/2018.

RECEIVED 09 APR 2018

Surveyor

ASSIGNMENT

From: _____ Date: 19.10.2017

Estimated Cost:

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

To Inspect Vehicle No: S6Y 1188X

at Workshop m/s AT Performance

of 160 Sin ming Drive #07-18

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.

Bal. or Market Value: ~~1188X~~

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

4-5K- 6-7w/cdays

Veh No: S6Y 1188X Yr Regn: SEP. 2015

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

Truck / Trailer or

Make: THY. NISSAN. Elanza c.c. 1591

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

Sp. Reading: 57785 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHHDH 41 CMRQU 590737

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R:

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

TOYO / YOKO or

mc

Front

Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A: 15/10/2017 D.O.I: 19/10/2017

Survey held at AT Performance 16hrs.

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

OS Front

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

Date/Time, File Pass to?

☐ : Prel. Report

1) 14.11.2017

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. SI

) Photos

) Others

TOTAL

Report Format : PRS.

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$



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			
ECICS LTD		Ref : CS3/ICS17019994/M1vb-1	
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987		Date : 16-03-2018	
		Code : ICS	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJC 340J	Veh. Inspected	SGY 1188X
Policy No.		Coverage (\$)	0.00
Claim No.	DMPC1700597H	Excess (\$)	0.00
Assign From	LIONEL CHUA	Assign Date	16/03/2018
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	15/10/2017	Inspection Date	16/03/2018
Survey held at	A T PERFORMANCE BLK 14 SIN MING IND EST #01-21 SINGAPORE 575658		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

(cath)

Your ref: CS3/ICS17019994/M1bs2
Our ref : DMPC1700597H

BY FAX: 6256 4315 & POST

13 March 2018

**WITHOUT PREJUDICE
SAVE AS TO COSTS**

M/s LKK Auto Consultants Pte Ltd
51 Ubi Avenue 1
#01-25 Paya Ubi Ind. Park
Singapore 408933

Dear Sirs,

ACCIDENT INVOLVING SJC 340J & SGY1188X ON 15.10.2017

We refer to the above accident.

We wish to inform that we have received a third party claim brought in by third party solicitors in respect of the abovementioned claim.

We understand that you/your surveyor have rendered a Pre-Repair Inspection on vehicle bearing registration number SGY 1188X, however we have yet to receive any recommendations from you and/or your surveyor on following of the Pre-repair survey conducted at repairer, M/s AT Performance at No. 160, Sin Ming Drive, #07-19 Sin Ming Autocity Singapore 575722.

We are pleased to enclose a copy of the said third party survey report by KM Auto Assessors Pte Ltd for your ease of reference. Please check if the damage is consistent with the third party survey report and let us have your opinion on the best sum derived from your recommendation for this claim. We would appreciate it, if you could provide us a breakdown list, if possible.

Please take note that the Third-party lawyer is pestering us for an offer, failing which they will commence legal proceedings within the time frame stipulated in NIMA protocol.

Your kind assistance toward this matter would be greatly appreciated.

Yours faithfully,



Lionel Chua
Operation & Claims
DID: 6303 0167
Fax: 6338 9267

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	16/10/2017 14:59
Date Of Accident	15/10/2017 15:35
Exact Location Of Accident	JLN KUNING 80400 PASIR GUDANG, JOHORE, MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY1188X
Insured/Policyholder	
Name Of Registered Owner	NG CHUEN LENG (HUANG JUNLONG)
NRIC No	S8826219J
Email Address	NTTPRECISIONPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97764834
Alternative Phone No	OTHERS-97764834

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	5093878431
Cover Note Number	

Driver

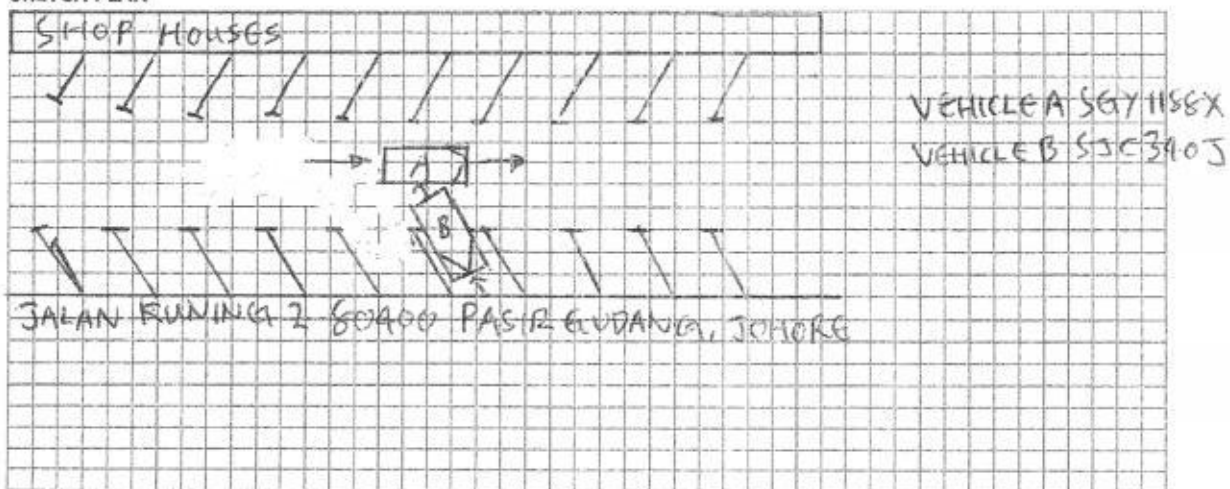
Name of Driver	NG CHUEN LENG (HUANG JUNLONG)
NRIC No	S8826219J
Date Of Birth	31/07/1988
Occupation	INDOOR
Date Of Driving Pass	05/07/2007
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97764834
Fax Number	
Contact Number	OTHERS-97764834
Email Address	NTTPRECISIONPL@GMAIL.COM

Phone Number

Email Address

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attached.

DECLARATION

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

Policyholder's Signature
Date & Time: 16/10/17
10:15AM

GIARMIC SketchPlanForm_V3

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

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



**SINGAPORE
POLICE FORCE**



F/20171015/2146

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171015/2146

Subjects Involved			
Others			
Person Name	Tang Yang Khee		
ID Type	NRIC NO	ID No	S1654150H
Gender	Male	Age	53
Nationality	SINGAPORE CITIZEN	Mobile No	91399402

Signature Of Officer Recording The Report:

F / Staff Sgt LOI SHI HUI

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
F / Sengkang N.P.C /
Staff Sgt LOI SHI HUI
Contact No.: 63438999

Authentication Stamp

Signature Of Informant:

Date/Time:
15/10/2017 20:26

Classification Of Case:



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) Pegawai Penyiasat : R171741
 Daerah : J/BAHRU SELATAN
 Kontinjen : JOHOR
 No Repot : TRAFIK JOHOR BAHRU(S)/023976/17
 Tarikh : 15/10/2017
 Waktu : 1643 PM
 Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : MOHD NOOR B MAHMUD No Personel : R146206 Pangkat : KPL
 Butir-butir Jurubahasa (Jika Ada)
 Nama : --- No K/P (Baru) : --- No Polis/Tentera : ---
 No Paspot : --- Bahasa Asal : ---
 Alamat : ---

Butir-butir Pengadu

Nama : NG CHUEN LENG (HUANG JUNLONG)
 No K/P (Baru) : --- No Polis/Tentera : --- No Paspot : E3844696E
 No Sijil Beranak : ---
 Jantina : Lelaki Tarikh Lahir : 31/07/1988 Umur : 29 tahun 2 bulan
 Keturunan : Melayu Warganegara : Malaysia
 Pekerjaan : SWASTA
 Alamat Tempat Tinggal : BLK 415B FERNVALE LINK 10-56 SINGAPORE, 792415
 Alamat Ibu/Bapa : ---
 Alamat Pejabat : ---
 No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 6597764834

Pengadu Menyatakan:-

PADA 15/10/2017 JAM LEBIH KURANG 1530 HRS SAYA MEMANDU M/KAR SGY1188X DARI JALAN KUNING HENDAK KE JALAN KUNING 2. TIBA DI JALAN KUNING 2 SAYA BERJALAN LURUS. TIBA-TIBA SEBUAH M/KAR SJC340J SEDANG MENGUNDUR LAJU LALU TERLANGGAR M/KAR SAYA. SAYA TIDAK CEDERA DAN KEROSAKAN M/KAR SAYA DI BAHAGIAN TEPI SEBELAH KANAN BUMPER, BONET, LAMPU, MADGUD, CERMIN SISI, PINTU, TAYAR RIM LAIN-LAIN KEROSAKAN BELUM PASTI SEKIAN LAPORAN SAYA.

Tandatangan Pengadu: Tandatangan Jurubahasa (Jika ada): Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

PEJ. SALINAN REPORT
 R5760818 / 16/10/2017 08:19:46 PM
 TRAFIK JOHOR BAHRU (S)
 SALINAN YANG DISAHKAN BENAR
 (HANYA UNTUK TUNTUTAN SIVIL)

KETUA TRAFIK DAERAH JOHOR BAHRU (S) JOHOR
 TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN

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	16/10/2017 18:19
Date Of Accident	15/10/2017 15:30
Exact Location Of Accident	NO43 JALAN KUNING 2 JAMAN PELANG I 8400
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC340J
Insured/Policyholder	
Name Of Registered Owner	TANG YANG KHEE
NRIC No	S1654150H
Email Address	ANDY.TANG@SOONHIM.COM.SG
Mobile Phone No	(LOCAL) +65-91399402
Alternative Phone No	OTHERS-91399402

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 (A)
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	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC16A00484000
Cover Note Number	

Driver

Name of Driver	TANG YANG KHEE
NRIC No	S1654150H
Date Of Birth	11/04/1964
Occupation	INDOOR
Date Of Driving Pass	17/02/2011
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91399402
Fax Number	
Contact Number	OTHERS-91399402
Email Address	ANDY.TANG@SOONHIM.COM.SG

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SGY 1188 X

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NG CHUEN LING
388762-1J

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Individual Statement



redefining / insurance

Date: 16/10/2007

To: Owner of Vehicle Number SCC 3403

The following has been advised to you via your workshop, _____ through their staff, _____

Please tick the applicable box if you had been advised on the content as seen below:

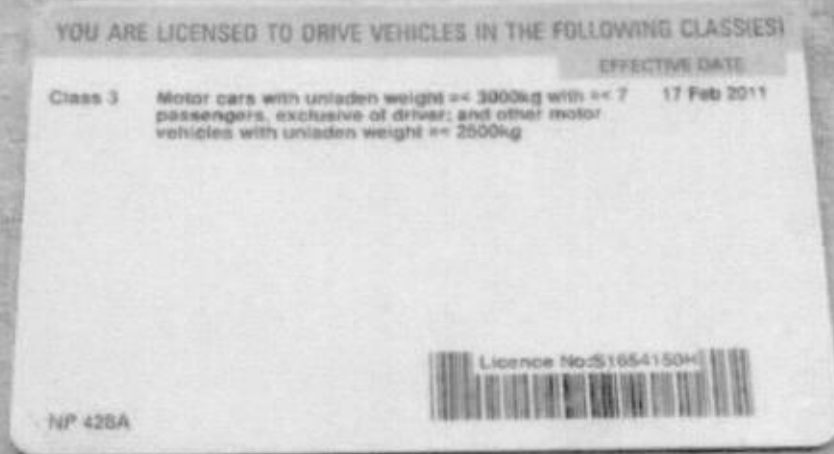
- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others Third Party claim

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

IDENTITY CARD & DRIVING LICENCE (BACK)



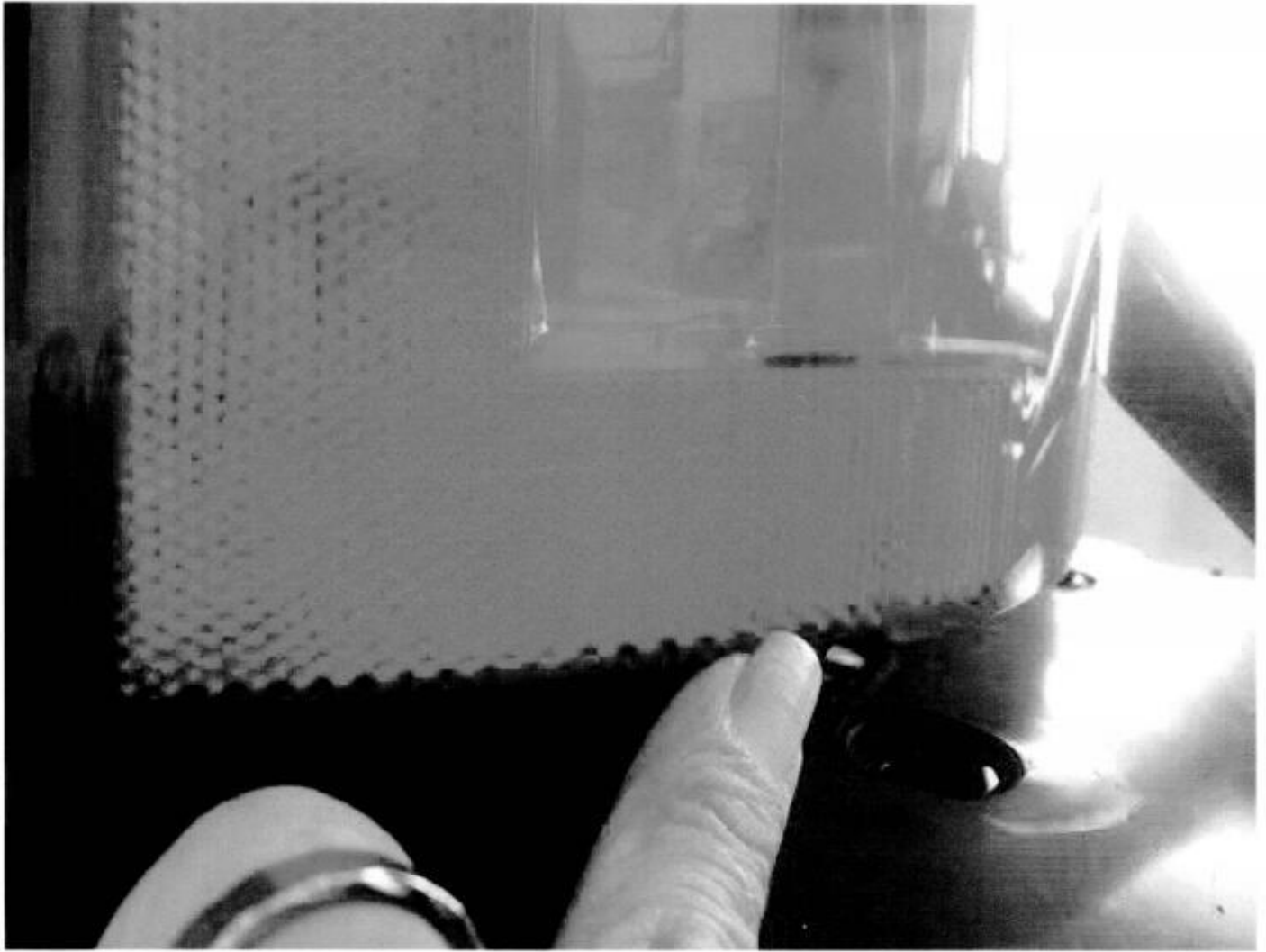
Accident Photo

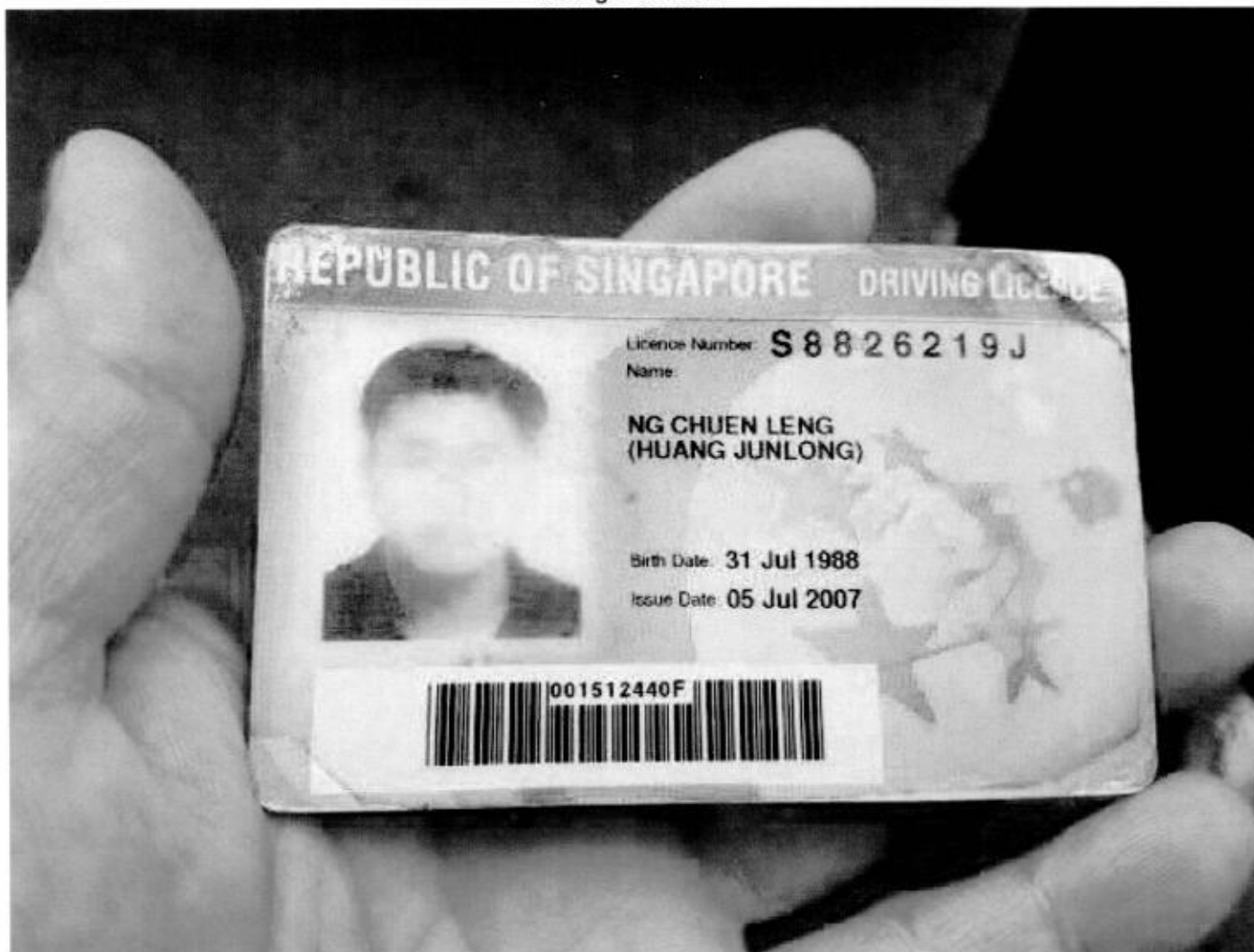


Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





KM AUTO ASSESSORS PTE. LTD.
 Insurance Loss Assessors / Adjusters
 47 Jalan Pemimpin
 #02-07 Halcyon 2
 Singapore 577200
 T: 6448 8208
 F: 6442 9690
 E: kmautoassessors@gmail.com
 Regn. No. 200907340Z

AUTOMOBILE INSPECTION REPORT

NO. 7/10/TP015/I

To: **NG CHUEN LENG (HUANG JUNLONG)**
BLK 415B FERNVALE LINK #10-56 S'PORE 792415

General Condition: Poor/Fair/Good/Excellent

Reg. No.	SGY 1188 X	Make/Model	HYUNDAI ELANTRA ELITE 1.6 AUTO			Year	2015		
Engine No.	G4FGFU281126	Chassis No.	KMHDH41CMGU590737			Colour	Metallic Silver		
Condition of Tyres					Speedometer Reading - Km				57785
Front N/S	MICHELIN 205/55R16	worn	10	%	Front O/S	MICHELIN 205/55R16	worn	10	%
Rear N/S	MICHELIN 205/55R16	worn	10	%	Rear O/S	MICHELIN 205/55R16	worn	10	%
As Requested By		YOURSELF			On	20-Oct-17		The Above Vehicle	
Was Inspected At (20-Oct-17) A T PERFORMANCE 160 SIN MING DR #07-18-19 SIN MING AUTOCITY S'PORE 575722									

And The Undermentioned Damage Was Noted:-

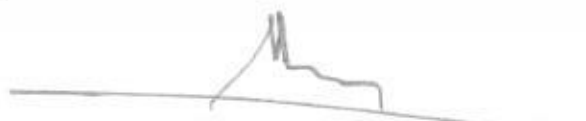
Bonnet assy. bent and shifted, support panel bent and snapped, o/s headlamp grazed and broken, bumper grazed, sliced, torn, twisted and dislodged, o/s fender buckled and folded, inner shield buckled and folded, o/s inner panel and body member bent, o/s front wheel assy. grazed, bent and out of alignment, o/s front door bent and sandwiched, door front pillar bent, n/s fender, inner panel and body member bent and distorted, bulkhead assy. pushed to the n/s.

Photographs:-	219 Copies	were taken at time of inspection and are attached .
The Repairers estimate was for a total amount of	\$	15,661.70
After adjustment the estimate was revised and agreed at	\$	11,961.72

SPECIAL REMARKS

The Repairers were **NOT AUTHORISED** to proceed with the repairs.
Survey was carried out without prejudice.
 The above were due to impact to the frontal o/s portion of the vehicle.

The Repairer had requested for repair on a Lump Sum basis instead, which was agreed **@\$9,550/- Nett.**


MICHAEL EE Dip. A Eng., AMIRTE, AMSAE, AMSDE, AMIMI, MSAAA

Date **27-Oct-17**

APPENDIX 'A'**TO REPORT NO:****7/10/TP015/I****REGN. NO:****SGY 1188 X****KM AUTO ASSESSORS PTE. LTD.**

Insurance Loss Assessors / Adjusters

47 Jalan Pemimpin

#02-07 Halcyon 2

Singapore 577200

T 6448 8208

F 6442 9690

E kmautoassessors@gmail.com

Regn. No. 200907340Z

Nature of Work and Materials	Repairers Estimate \$	Remarks	Amount Revised \$
b/f	10,361.70		8,181.72
Remove and renew engine compartment's wire-harness assy.	250.00	80	180.00
Remove lamps, necessary wirings and electrical fittings to enable necessary repairs, check, replace damaged parts, refit same, test electrical-circuit and refocus headlights.	60.00		30.00
Dismantle and remove o/s front suspensions assy. to enable necessary, repairs, check, replace damaged parts, reassemble, refit same, bleed brakes.	300.00		200.00 180
Check and realign wheels (computerised).	100.00		60.00
Remove necessary o/s front door's fittings to enable to repair door, check and refit same. Remove damaged parts, jack out, straighten up damaged body panels, repair body parts and fittings, whichever possible and necessary, replace necessary damaged parts, refit and align whichever parts necessary (incl. alignment of body structure).	1,600.00		1,000 1,200.00
Realign body structure on Chassis Alignment System.	450.00		250.00 X 1100
Paint replacement parts and repaint damaged sections in and outside.	1,800.00		1,400.00
Rustproof replacement parts and touch-up damaged sections.	300.00		200.00 60
Reset ABS system.	160.00		80.00
Conduct diagnostic programming and calibration.	280.00		180.00
		10w days	
TOTAL	15,661.70		11,961.72
Total Amount Revised	\$	11,961.72	
Lump Sum Repairs Amount	\$	9,550.00	
It is estimated that the repairs will take	TEN	days to complete.	




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				
ECICS LTD		Ref : CS3/ICS17019994/M1vbs2-1		
7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987		Date : 11-04-2018		
		Code : ICS		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJC 340J	Veh. Inspected	SGY 1188X	
Policy No.		Coverage (\$)	0.00	
Claim No.	DMPC1700597H	Excess (\$)	0.00	
Assign From	LIONEL CHUA	Assign Date	16/03/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI ELANTRA	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHDH41CMGU590737	Colour	SILVER	
Odometer	57785	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/55R16	MICHELIN	6 mm	
L/H Front Tyre	205/55R16	MICHELIN	6 mm	
R/H Rear Tyre	205/55R16	MICHELIN	6 mm	
L/H Rear Tyre	205/55R16	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	15/10/2017	Inspection Date	19/10/2017	
Survey held at	160 SIN MING DRIVE #07-18			
Repairer	A T PERFORMANCE			
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:		10 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGY 1188X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT SUPPORT PANEL C/W TOP PANEL	BENT / SNAPPED / TWISTED	949.30	949.30
1	O/S HEADLAMP ASSY	GRAZED / BROKEN	1,756.40	1,756.40
1	O/S HEADLAMP LOWER BRACKET	TWISTED	31.60	31.60
1	FRONT GRILLE ASSY. C/W EMBLEM	FASTENER SNAPPED - NECESSARY	159.30	159.30
1	FRONT BUMPER FASCIA	GRAZED / SLICED / TWISTED / TORN	443.40	443.40
1	FRONT BUMPER LOWER CENTER GRILLE	FASTENER SNAPPED	298.40	298.40
1	FRONT BUMPER O/S FOG LAMP ASSY	FASTENER SNAPPED	233.50	233.50
1	FRONT BUMPER O/S FOG LAMP GARNISH	FASTENER SNAPPED	31.50	31.50
1	FRONT BUMPER INNER SPONGE	TORN	110.70	110.70
1	FRONT BUMPER REINFORCEMENT	DENTED / BENT	515.10	515.10
2	FRONT BUMPER SIDE RETAINERS	O/S SNAPPED	36.60	18.30
1	WINDSCREEN WASHER CONATINER	BUCKLED	53.00	53.00
1	O/S FRONT FENDER	BUCKLED / FOLDED	456.10	456.10
1	O/S FRONT FENDER INNER SHIELD	BUCKLED / FOLDED	98.80	98.80
1	O/S FRONT FENDER REAR TOP GARNISH	DISLODGE / FASTENER SNAPPED	88.60	88.60
1	WIPER GARNISH	BENT / SNAPPED	227.80	227.80
1	ENGINE COMPARTMENT WIRE - HARNESS	TO REPAIR SEE LABOUR	1,519.60	-
1	O/S FRONT WHEEL HUB	WARPED	165.70	165.70
1	O/S FRONT KNUCKLE ARM	BENT	359.60	359.60
1	O/S FRONT KNUCKLE ARM BEARING	NECESSARY	145.10	145.10
1	O/S FRONT BALL-JOINT C/W LOWER ARM	BENT / LOOSENED / TWISTED	310.80	310.80
1	O/S FRONT SHOCK ABSORBER	BENT / STIFFENED	310.90	310.90
1	O/S FRONT ABS SENSOR	SERVICEABLE	234.90	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 20% DISCOUNT		-	-1,352.78
			8,536.70	5,411.12
	<u>SPECIAL NETT ITEMS</u>			
1	SET GRILLE CLIPS (SN)	NECESSARY	18.00	14.00
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	45.00	35.00
1	SET FRONT PARKING SENSORS (SN)	DISTORTED / S/CIRCUITED	280.00	220.00
1	SET O/S FRONT FENDER INNER SHIELD CLIPS (SN)	NECESSARY	36.00	28.00
1	SET WIPER GARNISH CLIPS (SN)	NECESSARY	36.00	28.00
1	O/S FRONT ALLOY WHEEL RIM (SN)	SERVICEABLE	700.00	-
1	O/S FRONT TYRE (SN)	SERVICEABLE	380.00	-
			1,495.00	325.00
	<u>LABOUR</u>			
	REMOVE NECESSARY AIR CON PARTS AND FITTINGS TO ENABLE NECESSARY REPAIRS, CHECK, REFIT SAME, VACUUM AND RECHARGE GAS.		180.00	120.00
	REMOVE RADIATOR ASSY AND ALL FITTINGS TO ENABLE NECESSARY REPAIRS, CHECK, REFIT AND TEST ENGINE COOLING SYSTEM.		150.00	80.00
	REMOVE AND RENEW ENGINE COMPARTMENT'S WIRE-HARNESS ASSY.		250.00	80.00
	REMOVE LAMPS, NECESSARY WIRINGS AND ELECTRICAL FITTINGS TO ENABLE NECESSARY REPAIRS, CHECK, REPLACE DAMAGED PARTS, REFIT SAME, TEST ELECTRICAL-CIRCUIT AND REFOCUS HEADLIGHTS.		60.00	30.00
	DISMANTLE AND REMOVE O/S FRONT SUSPENSIONS ASSY TO ENABLE NECESSARY, REPAIRS, CHECK, REPLACE DAMAGED PARTS, REASSEMBLE, REFIT SAME, BLEED BRAKES.		300.00	180.00
	CHECK AND REALIGN WHEELS (COMPUTERISED).		100.00	60.00
	REMOVE NECESSARY O/S FRONT DOOR'S FITTINGS TO ENABLE TO REPAIR DOOR, CHECK AND REFIT SAME. REMOVE DAMAGED PARTS, JACK OUT, STRAIGHTEN UP DAMAGED BODY PANELS, REPAIR BODY PARTS AND FITTINGS, WHICHEVER POSSIBLE AND NECESSARY, REPLACE NECESSARY DAMAGED PARTS, REFIT AND ALIGN WHICHEVER PARTS NECESSARY (INCL. ALIGNMENT PF BODY STRUCTURE). INCLUSIVE OF THE REPAIR OF ENGINE COMPARTMENT WIRE - HARNESS.		1,600.00	1,000.00
	REALIGN BODY STRUCTURE ON CHASSIS ALIGNMENT SYSTEM.	NOT NECESSARY	450.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	PAINT REPLACEMENT PARTS AND REPAINT DAMAGED SECTIONS ON AND OUTSIDE.		1,800.00	1,100.00
	RUSTPROOF REPLACEMENT PARTS AND TOUCH-UP DAMAGED SECTIONS.		300.00	60.00
	RESET ABS SYSTEM.		160.00	80.00
	CONDUCT DIAGNOSTIC PROGRAMMING AND CALIBRATION.		280.00	180.00
			5,630.00	2,970.00
GRAND TOTAL			15,661.70	8,706.12
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				6,950.00

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MA CHIN FOOK

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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