

11/1/18

ASS. REC. BY

REP cs/smo18010578/Dqd3 n2

Special Instruction

Surveyor: Bryen

ASSIGNMENT (Office)

From (Person): Grace Teo

of SMO

Date/Time 11/6/18 @

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLE 352R

Insured: SLB 4602 B

at Workshop m/s: Teamwork Garage

Tel: 6844 2475

of 53 ubi Avenue # 01-24

Policy No:

Claim No: CMTD1802408/NSW

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 06/06/18

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

H.O.D. Endorsement:

Date/Time: 1:46pm @ 11/6/18 Person Contacted: Duren

Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate	
	SLE 352R - NA EQI 18010439 / 24	D.O.A: 6/6/18
	SLB 4602 B - NA EQI 18010439 / 24	D.O.A: 6/6/2018

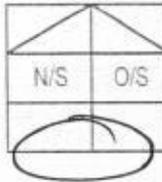
REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLE 352R Yr Regn: 2016 July
 Type: MC / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mitsubishi Attrage c.c. 1193
 Colour: Gray A/C: Insured / Std / NI / NA
 Sp. Reading: 117870 T/Radio: Insured / Std / NI / NA
 Eng/No: 3A92UDH3333
 C/No: MMBSTA13AHH001576
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil S/Rim / STD A/Rim or _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.



Tyre Size: F: 185/55 R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Bridgestone
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 06/06/2018 D.O.I. 12/06/2018
 Survey held at Teamwork Page Ubi
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 7 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	<u>Sompo SLB 46025</u>
<u>02/08/19</u>	<u>Final 2/5 6100/- with 7 days. (Red \$11164.40, 65%.)</u>

RECEIVED 05 AUG 2019

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to? _____

Days Of Repair: 7
 Resurvey No. of Trip: 2

Report Format: NER-TP
 Lump Sum / I.P.I. (\$) 6100

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

Survey Fee:	450
Transportation:	
____ \$ + RS ____ \$	
Photos	
Others	
TOTAL	

Nivitha (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Monday, 11 June 2018 10:09 AM
To: admin-d@lkkauto.com; assignments@lkkauto.com
Cc: TEAMWORK GARAGE CLAIMS; Ngo, Sau Wei Shawn; Choo, Thelma; Ye, Yong Kang Melvin
Subject: CMTD1802408/NSW - SUV(LKK)/ SLB4602B & SLE352R ACC ON 06.06.18 \YR REF : 1806-10
Attachments: 20180608113413987.pdf

Our Reference: CMTD1802408/NSW

Dear LKK AUTO,

Please make arrangement to conduct the survey for SLE352R.

Please be informed that Shawn Ngo the handler of this case.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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From: TEAMWORK GARAGE CLAIMS [mailto:claims@teamworkgarage.com]

Sent: Monday, June 11, 2018 10:01 AM

To: Teo, Grace

Cc: Ngo, Sau Wei Shawn; Choo, Thelma; Ye, Yong Kang Melvin; claims@teamworkgarage.com

Subject: RE: ***SPAM*** CMTD1802408/NSW - PRI/ SLB4602B & SLE352R ACC ON 06.06.18 \YR REF : 1806-10

Importance: High

Dear Sir,

We have agreed and selected the surveyor / surveyor company proposed by you to conduct the pre-repair inspection as a single joint expert whereby the cost of the pre-repair survey carried out by single joint expert will be bear by you.

We have selected :

LKK AUTO CONSULTANTS

as the motor surveyor / surveyor company named in your attached list.

Kindly forward your assignment to them asap so that we can arrange for the survey with them.

*Do get the surveyor / surveyor office to check with us on the availability of the car at the workshop before sending their surveyor down for PRI survey. We'll not be held responsible for wasted trips made to the workshop

Darren Ng
Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park
Singapore 408934
Tel: 68442475
Fax: 68442474

From: Teo, Grace [mailto:grace.teo@sompo.com.sg]

Sent: Friday, June 08, 2018 1:13 PM

To: CLAIMS TEAMWORK <claims@teamworkgarage.com>

Cc: Ngo, Sau Wei Shawn <Shawn.Ngo@sompo.com.sg>; Choo, Thelma <thelma.choo@sompo.com.sg>; Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>

Subject: *****SPAM***** CMTD1802408/NSW - PRI/ SLB4602B & SLE352R ACC ON 06.06.18 \YR REF : 1806-10

Our Reference: CMTD1802408/NSW

Your Reference: 1806-10

Without Prejudice

Date: 8th June 2018

**Attention:
M/S TEAMWORK GARAGE PTE LTD**

Dear Alison,

ACCIDENT INVOLVING SLB4602B & SLE352R ON 06.06.2018

We refer to your Notice of Accident dated 08/06/2018.

Please be informed that Shawn Ngo the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

Pre-Repair Survey

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffrey Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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From: CLAIMS TEAMWORK [<mailto:claims@teamworkgarage.com>]

Sent: Friday, June 08, 2018 11:37 AM

To: Claims - Motor Survey

Cc: TEAMWORK - CLAIMS

Subject: OUR REF : 1806-10 YOUR REF: SLB4602B PRE-REPAIRINSPECTION FOR SLE352R

Importance: High

WITHOUT PREJUDICE

OUR REF: 1806-10

YOUR REF: SLB4602J

Dear Sir/Madam,

**PRE-REPAIR INSPECTION FOR SLE352R
ACCIDENT INVOLVING SLE352R AND SLB4602B ON 06.06.18**

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

Please let us have your list of surveyors for us to select as stated in the Practice Direction – Amendment No. 1 of 2016; Pre-action Protocol within 2 working days as of the date of our notice to you.

Please take note: We will not entertain any of your surveyor calling us for the above inspection, without you giving us your list of surveyors for us to select by the Practice Direction of Pre-repair Inspection.

Thank you.

Jia Qian
Teamwork Garage Pte Ltd
53 Ubi Ave 1 #01-23/24
Paya Ubi Industrial Park
Singapore 408934
Tel : 6844 2475
Fax : 6844 2474

XX
Please do not change the subject heading for easier reference. Thank you.
XX

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 judgement 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	07/06/2018 17:25
Date Of Accident	06/06/2018 20:35
Exact Location Of Accident	YIO CHU KANG RD TWDS SERANGOON NEAR GREENWICH V MA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE352R
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000185
Cover Note Number	

Driver

Name of Driver	TAY CHENG YEW (ZHENG QINGYAO)
NRIC No	S8504545H
Date Of Birth	04/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85777643
Fax Number	
Contact Number	OFFICE-85777643
EMail Address	NOEMAIL

Address	BLK 268C COMPASSVALE LINK #04-17
Postcode	543268
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180607/2109.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB4602J
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG WEI SHAN
NRIC/Passport Number	S8426067C
Contact Number	98176333
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAY CHENG YEW (ZHENG QINGYAO)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLE352R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

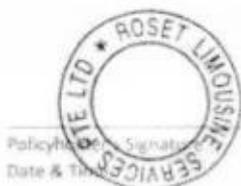
SKETCH PLAN

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 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.

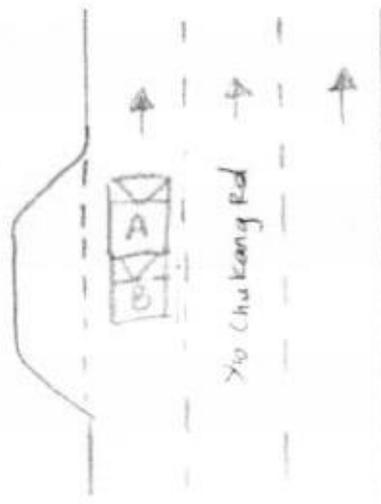


Driver's Signature
(If driver is not the policyholder)
Date & Time

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

Accident Sketch Plan

SKETCH PLAN



A - SLE 352R
B - SLB 4602J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

DECLARATION

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

Policyholder's
Date & Time



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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180607/2109

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No: T/20180607/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2018 14:54		Vide Report No :		Station Diary No.: 80	
Informant's Particulars					
Name of Informant: TAY CHENG YEW			Address: APT BLK 288C COMPASSVALE LINK #04-17 SINGAPORE 54326R		
ID Type / ID No.: NRIC NO / S8504545H		Contact No Home/Office		Mobile: 85777643	
Nationality: SINGAPORE CITIZEN			Email		
Sex: Male	Age: 33	Date of Birth: 04/02/1985	Type of Informant: Driver		
Race: Chinese		Language		Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

General information of the Accident

Type of Accident	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/06/2018 20:35	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG ROAD				
Yio Chu Kang Road towards Serangoon, near to Greenwich V mall.				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB4602J	Car				Slightly Damaged	0
SLE352R	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: Nil
Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20180607/2109

Police Station Of Origin:
Geylang N.P.C
132 Peya Lebar Road SINGAPORE 409614
Tel No. 1571-3488999

2 of 3

Report No. T/20180607/2109

CONTINUATION OF REPORT

Driver			
Name	ANG WEISHAN	ID No.	S8426067C
Related Vehicle	SLB4602J (Car)	Contact No.	98176333
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
Driver			
Name	TAY CHENG YEW	ID No.	S8504545H
Related Vehicle	SLE352R (Car)	Contact No.	85777643
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/06/2018	Date Discharge	07/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 06/06/2018 at about 2035hrs, I was driving my vehicle along Yio Chu Kang Road to pick up a passenger. Suddenly, the car that was travelling in front of me slowed down and came to a complete stop. I had managed to keep a safe distance between my car and the car ahead of me and followed to stop at a safe distance. Suddenly, I felt a hard impact on the rear of my car. I made a check and realized that the car that was travelling behind my car had hit onto the rear bumper of my car. I immediately alighted from my car to make a check. I realized that my rear bumper was damaged. I called for both the police and the ambulance and they came to scene. I was not conveyed by the ambulance and went back home. On the same night, I felt pain on my back, dizzy and breathing difficulty. The doctor informed that I had suffered a whiplash. I went for medical treatment the next day and was given 5 days MC. I am a GRAB driver and the car that I am driving is a rented vehicle. I have since notified the rental company about the accident and they acknowledged.

Police Report



SINGAPORE
POLICE FORCE



T/20180607/2108

Police Station Of Origin:
Geylang N.P. 12
132 Paya Lebar Road SINGAPORE 408014
Tel No: 1800-6486885

3 of 3

Report No: (20180607/2108)

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:
G /
Sgt 3 ABDUL SARHAN BIN ABDUL RIFFIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/06/2018 14:54

Officer In Charge Of Case
TP / GIT /
Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No: 65476904

Classification Of Case:

Authentication Stamp
NP158

SIGNATURE



Teamwork Garage Pte Ltd
 53 Ubi Avenue 1 #01-23/24 Spore 408934
 Paya Ubi Industrial Park
 Tel : 6844 2475
 E-mail : claims@teamworkgarage.com
 Register number : 201015366H
 ROC number : 201015366H
 3RD PARTY CLAIM ESTIMATION

Sompo Insurance Pte Ltd
 50 Raffles Place , #05-01/06
 Singapore Land Tower
 Singapore 048623

Vehicle number	SLE352R
Make / Model	MITSUBISHI/ATTRAGE
Chassis number	MMBSTA13AHH001576
Accident date	06 June 2018
Reference	1806-10

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	REAR NUMBER PLATE LAMP NH	68.00 X
1	REAR NUMBER PLATE WIRE NH	105.00 X
1	REAR BUMPER Dent	705.00 814.00 ✓
1	REAR BUMPER TOW COVER NS	45.00 X
2	REAR BUMPER SIDE RETAINER SVC	56.00 X
2	REAR BUMPER SIDE REFLECTOR o/s chrome n/s NH	34.00 68.00 ✓
1	END PANEL Dent	503.00 602.00 ✓
1	END PANEL TOP GARNISH mostly deformed	165.00 ✓
1	END PANEL KEYLESS SENSOR mostly broken	195.00 ✓
2	TAILLAMP broken / mostly broken	576.00 ✓
2	TAILLAMP SEALER NH	30.00 X
1	REAR EXHAUST SILENCER NH	671.00 X
2	REAR EXHAUST MOUNTING NH	48.00 X
1	REAR EXHAUST HEAT SHIELD NH	90.00 X
2	REAR FENDER INNER TRIM vst / torn	458.00 ✓
1	BOOTLID Dent	928.00 ✓
1	BOOTLID WEATHERSTRIP deformed	61.00 ✓
1	BOOTLID EMBLEM Hec	51.00 ✓
1	BOOTLID EMBLEM - ATTRAGE Hec	42.00 ✓
1	BOOTLID EMBLEM - MIVEC Hec	58.00 ✓
1	BOOTLID LOCK vst / Dam	294.00 ✓
1	BOOTLID STRIKER fan	40.00 X
2	BOOTLID HINGE NH	192.00 X
2	BOOTLID ABSORBER NS	300.00 X
1	BOOTLID OUTER CHROME GARNISH SVC	156.00 X
1	SPARE TYRE TOP BOARD broken	185.00 258.00 ✓
1	REAR FLOOR COMPARTMENT PANEL fan	1128.00 X
2	REAR FENDER o/s Dent n/s fan	858.00 1716.00 ✓
2	REAR FENDER AIR VENT deformed o/s n/s NH	55.00 110.00 ✓
1	REAR RH CHASSIS FRAME fan	918.00 X
1	REAR WINDSCREEN MOULDING Hec	40.00 ✓
		10243.00
		10% Less 20%
		2048.60
		Subtotal
		8194.40
		Balance C/F
		8194.40

5208.00
 4687.20

<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
	Balance B/F	8194.40
1	REAR NUMBER PLATE NH	70.00 X
1 SET	REAR BUMPR CLIP Hec	50.00 30/-
1 SET	REAR FENDER INNER TRIM CLIP Hec	40.00 20/-
1 SET	REAR REVERSE SENSOR Dam	400.00 220/-
1	JOINT SEALANT Hec	150.00 40/-
	350.00	
1	WINDSCREEN SEALANT Hec	150.00 40/-
1	FLOOR INSULATOR NH	150.00 X
1	REAR REVERSE CAMERA NH	500.00 X
	Subtotal	1510.00
	Balance C/F	9704.40
<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
	Balance B/F	9704.40
1	CHECK REAR WIRING AND LIGHTNING SYSTEM	60.00 30/-
2	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH	200.00 80/-
3	REMOVE AND RENEW REAR REVERSE SENSOR	150.00 40/-
4	REMOVE AND RNEW REAR EXHAUST	150.00 60/-
5	REMOVE AND RENEW FLOOR INSULATOR	150.00 NH
6	REMOVE AND REFIT FUEL TANK	150.00 NH
7	REMOVE AND REFIT REAR WINDSCREEN	150.00 120/-
8	MOUNT VEHICEL ON BENCH FOR CHASSIS REPLACEMENT	500.00 NH
9	CHECK REAR WHEEL ALIGNMENT	200.00 NH
10	TRANSFER PARTS, ATTACHMENT FROM OLD BOOTLID TO NEW	200.00 60/-
11	PANEL BEATING ON AFFECTED AREAS	3500.00 1200/-
12	SPRAY PAINTING ON AFFECTED AREAS	2000.00 1000/-
13	APPLY ANTI RUST ON AFFECTED AREAS	150.00 40/-
	2630.00	
	Subtotal	7560.00
	Grand total	17264.40
		18324.70.

12/06/2018 @ 1300ms
 Not Authorised
 1/1 same 7 days.

yan
 LKK Auto

766720

1/1 6100/-

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			
SOMPO INSURANCE SINGAPORE PL		Ref : CS/SMO18010578/Dqd3n2	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 07-08-2019	
		Code : SMO	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLB 4602B	Veh. Inspected	SLE 352R
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1802408/NSW	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	11/06/2018
2. Vehicle Particulars & Condition			
Make & Model	mitsubishi attrage	c.c	1193
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	MMBSTA13AHH001576	Colour	GREY
Odometer	117870	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/55 R15	BRIDGESTONE	6 mm
L/H Front Tyre	185/55 R15	BRIDGESTONE	6 mm
R/H Rear Tyre	185/55 R15	BRIDGESTONE	6 mm
L/H Rear Tyre	185/55 R15	BRIDGESTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	06/06/2018	Inspection Date	12/06/2018
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		
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:		7 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLE 352R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR NUMBER PLATE LAMP	NOT NECESSARY	68.00	-
1	REAR NUMBER PLATE WIRE	NOT NECESSARY	105.00	-
1	REAR BUMPER	DENTED	814.00	705.00
1	REAR BUMPER TOW COVER	NO SUCH PARTS	45.00	-
2	REAR BUMPER SIDE RETAINER	SERVICEABLE	56.00	-
2	REAR BUMPER SIDE REFLECTOR	O/S CRACKED / N/S NOT NECESSARY	68.00	34.00
1	END PANEL	DENTED	602.00	503.00
1	END PANEL TOP GARNISH	MOUNTING DEFORMED	165.00	165.00
1	END PANEL KEYLESS SENSOR	MOUNTING BROKEN	195.00	195.00
2	TAILLAMP	BROKEN / MOUNTING BROKEN	576.00	576.00
2	TAILLAMP SEALER	NOT NECESSARY	30.00	-
1	REAR EXHAUST SILENCER	NOT NECESSARY	671.00	-
2	REAR EXHAUST MOUNTING	NOT NECESSARY	48.00	-
1	REAR EXHAUST HEAT SHIELD	NOT NECESSARY	90.00	-
2	REAR FENDER INNER TRIM	BENT / TORN	458.00	458.00
1	BOOTLID	DENTED	928.00	928.00
1	BOOTLID WEATHERSTRIP	DEFORMED	61.00	61.00
1	BOOTLID EMBLEM	NECESSARY	51.00	51.00
1	BOOTLID EMBLEM - ATTRAGE	NECESSARY	42.00	42.00
1	BOOTLID EMBLEM - MIVEC	NECESSARY	58.00	58.00
1	BOOTLID LOCK	BENT / DAMAGED	294.00	294.00
1	BOOTLID STRIKER	TO REPAIR SEE LABOUR	40.00	-
2	BOOTLID HINGE	NOT NECESSARY	192.00	-
2	BOOTLID ABSORBER	NO SUCH PARTS	300.00	-
1	BOOTLID OUTER CHROME GARNISH	SERVICEABLE	156.00	-
1	SPARE TYRE TOP BOARD	BROKEN	258.00	185.00
1	REAR FLOOR COMPARTMENT PANEL	TO REPAIR SEE LABOUR	1,128.00	-
2	REAR FENDER	O/S DENTED / N/S TO REPAIR SEE LABOUR	1,716.00	858.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	REAR FENDER AIR VENT	O/S DEFORMED / N/S NOT NECESSARY	110.00	55.00
1	REAR RH CHASSIS FRAME	TO REPAIR SEE LABOUR	918.00	-
1	REAR WINDSCREEN MOULDING	NECESSARY	40.00	40.00
	LESS 10% DISCOUNT		-1,028.30	-520.80
			9,254.70	4,687.20
	<u>SPECIAL NETT ITEMS</u>			
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	70.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	50.00	30.00
1	SET REAR FENDER INNER TRIM CLIP (SN)	NECESSARY	40.00	20.00
1	SET REVERSE SENSOR (SN)	DAMAGED	400.00	220.00
1	JOINT SEALANT (SN)	NECESSARY	150.00	40.00
1	WINDSCREEN SEALANT (SN)	NECESSARY	150.00	40.00
1	FLOOR INSULATOR (SN)	NOT NECESSARY	150.00	-
1	REAR REVERSE CAMERA (SN)	NOT NECESSARY	500.00	-
			1,510.00	350.00
	<u>LABOUR</u>			
	CHECK REAR WIRING AND LIGHTING SYSTEM.		60.00	30.00
	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH.		200.00	80.00
	REMOVE AND RENEW REAR REVERSE SENSOR.		150.00	40.00
	REMOVE AND RENEW REAR EXHAUST.		150.00	60.00
	REMOVE AND RENEW FLOOR INSULATOR.	NOT NECESSARY	150.00	-
	REMOVE AND REFIT FUEL TANK.	NOT NECESSARY	150.00	-
	REMOVE AND REFIT REAR WINDSCREEN.		150.00	120.00
	MOUNT VEHICLE ON BENCH FOR CHASSIS REPLACEMENT.	NOT NECESSARY	500.00	-
	CHECK REAR WHEEL ALIGNMENT.	NOT NECESSARY	200.00	-
	TRANSFER PARTS, ATTACHMENT FROM OLD BOOTLID TO NEW.		200.00	60.00
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF BOOTLID STRIKER, REAR FLOOR COMPARTMENT PANEL, N/S REAR FENDER AND REAR RH CHASSIS FRAME.		3,500.00	1,200.00
	SPRAY PAINTING ON AFFECTED AREAS.		2,000.00	1,000.00
	APPLY ANTI RUST ON AFFECTED AREAS.		150.00	40.00
			7,560.00	2,630.00

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GRAND TOTAL		18,324.70	7,667.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			6,100.00

Report Ref No. CS/SMO18010578/Dqd3n2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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