

21002016

REF: es/SMO18010732/Avd3m2 Special Instruction

ASS. REC. BY:

Surveyor: Adnan  
From (Person): Grace Leo

ASSIGNMENT (Office)

of SMO

Date/Time: 12/6/2018 @ 4:17pm

Estimated Cost:

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

To Inspect Vehicle No:

SCM 328 B

Insured:

PC1402

at Workshop m/s

People's Vehicle Recovery Service

Tel:

6743 3246

of

Blk 3023 A # 01-60 Ubi Rd 1

Claim No:

CM7D1802491 / NSW

Policy No:

Sum Insured

Excess:

D.O.A. 09/06/2018

Make of Veh:  
(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

1:59pm @ 12/6/18

Person Contacted:

janet

Vehicle:  IN  OUT

| Date/Time | Action/Instruction (✓) Estimate                |
|-----------|--|
|           | SCM 328 B - x                                  |
|           | PC1402 - x                                     |
| 13/6/18   | Informed Grace pending workshop est by email   |
| 25/7/18   | Adrian confirmed LS \$ 6650 (Red 7192.30, 529) |
| 25/7/18   | Email preli revised to Grace Po                |





# 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/SMO18010732/Avd3

50 RAFFLES PLACE  
#05-01/06

SINGAPORE LAND TOWERSINGAPORE 048623

Date : 12-06-2018



Code : SMO

## 1. Policy Particulars :- THIRD PARTY CLAIM

|              |                 |                |            |
|--------------|-----------------|----------------|------------|
| Insured Veh. | PC 140Z         | Veh. Inspected | SCM 328B   |
| Policy No.   |                 | Coverage (\$)  | 0.00       |
| Claim No.    | CMTD1802491/NSW | Excess (\$)    | 0.00       |
| Assign From  | GRACE TEO       | Assign Date    | 12/06/2018 |

## 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  | 09/06/2018  | Inspection Date | 12/06/2018 |
| Survey held at | PEOPLE'S VEHICLE RECOVERY SERVICE<br>BLK 3023-A, UBI ROAD 1 #01-60 SINGAPORE 408717 |                 |            |

## 5a. Remarks

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



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: CMTD1802491/NSW  
Our ref: CS/SMO18010732/Avd3

Date :25/7/2018

The Motor Claims Department  
M/s SOMPO INSURANCE SINGAPORE PTE LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO. SCM 328B**

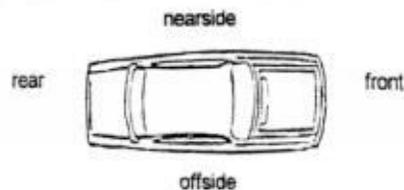
We thank you for your instruction on 12/6/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 12/6/2018 at the premises of M/s PEOPLE'S VEHICLE RECOVERY SERVICE and have the following to report:-

|                          |                      |
|--------------------------|----------------------|
| Workshop Estimate Amount | :S\$13,842.30        |
| Revised Estimate Amount  | :S\$6,650 (LUMP SUM) |
| "Check" Items Amount     | :S\$                 |
| Market Value             | :S\$                 |
| LTA Reimbursement Value  | :S\$                 |
| Nett Value               | :S\$                 |

Description of Damage:

The vehicle sustained damages at the front n/s portion and undercarriage



Comments/Present Status:  
Damages Consistent

Yours faithfully,

ADRIAN LING WAI PING  
B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI  
Licensed Appraiser

## Veron Chen (LKKAuto)

**From:** Veron Chen (LKKAuto)  
**Sent:** Wednesday, 25 July 2018 11:02 AM  
**To:** 'Teo, Grace'  
**Cc:** 'Ngo, Sau Wei Shawn'; 'Choo, Thelma'; 'Ye, Yong Kang Melvin'; SUR  
**Subject:** RE: CMTD1802491/NSW - SUV(LKK)/ PC140Z & SCM328B ACC ON 09.06.18  
**Attachments:** SCM 328B PRELI ADVISED.pdf

Dear Grace,

Enclosed preliminary revised of vehicle SCM 328B  
Date of survey: 12/6/2018  
Number of days :4 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Wednesday, 13 June 2018 1:48 PM  
**To:** 'Teo, Grace' <grace.teo@sompo.com.sg>  
**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>; SUR <sur@lkkauto.com>  
**Subject:** RE: CMTD1802491/NSW - SUV(LKK)/ PC140Z & SCM328B ACC ON 09.06.18

Dear Grace,

Please be informed that we have inspected the vehicle SCM 328B on 12/6/2018.

We are pending estimate from repairer.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

---

**From:** Admin-D (LKKAuto)  
**Sent:** Tuesday, 12 June 2018 5:01 PM  
**To:** 'Teo, Grace' <grace.teo@sompo.com.sg>; assignments <assignments@lkkauto.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>; SUR <sur@lkkauto.com>  
**Subject:** RE: CMTD1802491/NSW - SUV(LKK)/ PC140Z & SCM328B ACC ON 09.06.18

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](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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

**Sent:** Tuesday, 12 June 2018 4:17 PM

**To:** [admin-d@lkkauto.com](mailto:admin-d@lkkauto.com); [assignments@lkkauto.com](mailto:assignments@lkkauto.com)

**Cc:** People Vehicle <[peoplevehicle@gmail.com](mailto:peoplevehicle@gmail.com)>; Ngo, Sau Wei Shawn <[Shawn.Ngo@sompo.com.sg](mailto:Shawn.Ngo@sompo.com.sg)>; Choo, Thelma <[thelma.choo@sompo.com.sg](mailto:thelma.choo@sompo.com.sg)>; Ye, Yong Kang Melvin <[melvin.ye@sompo.com.sg](mailto:melvin.ye@sompo.com.sg)>

**Subject:** CMTD1802491/NSW - SUV(LKK)/ PC140Z & SCM328B ACC ON 09.06.18

Our Reference: CMTD1802491/NSW

Dear LKK AUTO,

Please make arrangement to conduct the survey for SCM328B.

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

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**From:** People Vehicle [<mailto:peoplevehicle@gmail.com>]

**Sent:** Tuesday, June 12, 2018 4:05 PM

**To:** Teo, Grace

**Cc:** Ngo, Sau Wei Shawn; Choo, Thelma; Ye, Yong Kang Melvin

**Subject:** Re: CMTD1802491/NSW - PRI/ PC140Z & SCM328B ACC ON 09.06.18

Hi to all

we hereby would like to select surveyor below to survey our vehicle SCM 328 B

LKK Auto Consultants

regards

Janet

Tel: 6743 3246

On Tue, Jun 12, 2018 at 3:56 PM, Teo, Grace <[grace.teo@sompo.com.sg](mailto:grace.teo@sompo.com.sg)> wrote:

Our Reference: CMTD1802491/NSW

Your Reference: SCM328B

**Without Prejudice**

Date: 12<sup>th</sup> June 2018

**Attention:  
M/S PEOPLE'S VEHICLE RECOVERY SERVICE**

Dear Janet,

**ACCIDENT INVOLVING PC140Z & SCM328B ON 09.06.2018**

We refer to your Notice of Accident dated 12/06/2018.

Kindly re-direct your future motor claims survey request to [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)

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 |                      |                           | Selection (Indicate as tick) |
|-------------------|----------------------|---------------------------|------------------------------|
|                   | Motor Surveyor       | Surveyor                  |                              |
| 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    |  |
| 5 | In House surveyor                | Teo See Ling |  |

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.

Aside to Shawn/Thelma,

Please advise the liability request from People's Recovery Service.

Best Regards

**Grace Teo**

Claims Division

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**From:** People Vehicle [<mailto:peoplevehicle@gmail.com>]

**Sent:** Tuesday, June 12, 2018 2:41 PM

**To:** Claims - Motor Survey

**Subject:** arrange survey for TP vehicle No; SCM 328 B - Your ref: CMTD1802491

**PEOPLE'S VEHICLE RECOVERY SERVICE**

**BLK 3023A #01-60 UBI ROAD 1 (S)408717**

**TEL: 6743 3246 FAX: 6743 0013**

**GST REGN NO: M90001895E**

**Email: [peoplevehicle@gmail.com](mailto:peoplevehicle@gmail.com)**

**ARRANGING OF SURVEYOR**

Date: 12-06-2018

**Sompo Singapore Insurance Pte Ltd**  
50 Raffles Place # 05-01/06

Singapore Land Tower (S) 048623

Attn Motor Claim Dept  
Motor Claim Dept

Your ref: PC 140 Z (CMTD1802491)

Tel: 6461 6555

Fax: 6221 3147

email

[motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)

(To arrange for survey)

**Re:Accident involving SCM 328 B AND PC 140 Z ON 09-06-2018**

Kindly arrange survey for our client vehicle No : SCM 328 B under 3rd party claim

Kindly ket us have the 10 surveyor company name list for us to select for survey under direct settlement

Kindly ask surveyor to call us before coming  
(GIA report per attached)  
tks

Yours Faithfully,

Janet  
Tel: 6743 3246

People's Vehicle Recovery Service  
Computer Generated document . No signature is required  
moto

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**Grace Teo**

Claims Division

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



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Your Reference: SCM328B

**Without Prejudice**

Date: 12<sup>th</sup> June 2018

Attention:

**M/S PEOPLE'S VEHICLE RECOVERY SERVICE**

Dear Janet,

**ACCIDENT INVOLVING PC140Z & SCM328B ON 09.06.2018**

We refer to your Notice of Accident dated 12/06/2018.

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|                   |                                  | Vincent Ng                |                              |
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|                   |                                  | Marcus Chua (East area)   |                              |
|                   |                                  | Mohd Rasul (West area)    |                              |
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|                   |                                  | Lawrence Ng               |                              |
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| 5                 | In House surveyor                | Teo See Ling              |                              |

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TEL: 6743 3246 FAX: 6743 0013

GST REGN NO: M90001895E

Email: [peoplevehicle@gmail.com](mailto:peoplevehicle@gmail.com)

### ARRANGING OF SURVEYOR

Date: 12-06-2018

**Sompo Singapore Insurance Pte Ltd**

50 Raffles Place # 05-01/06

Singapore Land Tower (S) 048623

Attn Motor Claim Dept

Motor Claim Dept

Tel: 6461 6555

Fax: 6221 3147

email

[motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)

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Your ref: PC 140 Z (CMTD1802491)

**Re:Accident involving SCM 328 B AND PC 140 Z ON 09-06-2018**

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People's Vehicle Recovery Service  
Computer Generated document . No signature is required  
moto

## Nivitha (LKK Auto)

---

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**Sent:** Tuesday, 12 June 2018 4:17 PM  
**To:** admin-d@lkkauto.com; assignments@lkkauto.com  
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**Subject:** CMTD1802491/NSW - SUV(LKK)/ PC140Z & SCM328B ACC ON 09.06.18  
**Attachments:** SCM 328 B12062018.pdf; SCM 328 B LTA 12062018.pdf

Our Reference: CMTD1802491/NSW

Dear LKK AUTO,

Please make arrangement to conduct the survey for SCM328B.

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

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Claims Division

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Your Reference: SCM328B

**Without Prejudice**

Date: 12<sup>th</sup> June 2018

**Attention:  
M/S PEOPLE'S VEHICLE RECOVERY SERVICE**

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We refer to your Notice of Accident dated 12/06/2018.

Kindly re-direct your future motor claims survey request to [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)

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**

|   | <b>Motor Surveyor</b>            | <b>Surveyor</b>           | <b>Selection (Indicate as tick)</b> |
|---|----------------------------------|---------------------------|-------------------------------------|
| 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                 |                                     |
| 5 | In House surveyor                | Teo See Ling              |                                     |

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.

Aside to Shawn/Thelma,

Please advise the liability request from People's Recovery Service.

Best Regards

**Grace Teo**

Claims Division

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



**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](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](http://www.facebook.com/SompoSG)

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**From:** People Vehicle [mailto:[peoplevehicle@gmail.com](mailto:peoplevehicle@gmail.com)]

**Sent:** Tuesday, June 12, 2018 2:41 PM

**To:** Claims - Motor Survey

**Subject:** arrange survey for TP vehicle No; SCM 328 B - Your ref: CMTD1802491

## PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023A #01-60 UBI ROAD 1 (S)408717

TEL: 6743 3246 FAX: 6743 0013

GST REGN NO: M90001895E

Email: [peoplevehicle@gmail.com](mailto:peoplevehicle@gmail.com)

### ARRANGING OF SURVEYOR

Date: 12-06-2018

**Sompo Singapore Insurance Pte Ltd**

50 Raffles Place # 05-01/06

Singapore Land Tower (S) 048623

Attn Motor Claim Dept

Tel: 6461 6555

Fax: 6221 3147

email

[motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)

Motor Claim Dept

(To arrange for survey)

Your ref: PC 140 Z (CMTD1802491)

**Re:Accident involving SCM 328 B AND PC 140 Z ON 09-06-2018**

Kindly arrange survey for our client vehicle No : SCM 328 B under 3rd party claim

Kindly ket us have the 10 surveyor company name list for us to select for survey under direct settlement

Kindly ask surveyor to call us before coming  
(GIA report per attached)  
tks

Yours Faithfully,

Janet  
Tel: 6743 3246

People's Vehicle Recovery Service  
Computer Generated document . No signature is required  
moto

Surrender early

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 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 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 12/06/2018 10:49  
 Date Of Accident 09/06/2018 18:50  
 Exact Location Of Accident ALONG UBI ROAD 1  
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCM328B  
**Insured/Policyholder**  
 Name Of Registered Owner LUM CHEE KOK  
 NRIC No S1311800J  
 Email Address PEOP\_EVEHICLE@GMAIL.COM  
 Mobile Phone No (LOCAL) +65-98588686  
 Alternative Phone No OFFICE-98588686

Vehicle Particulars

Manufacturer MERCEDES-BENZ  
 Model E200-1.8 CGI (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 AXA INSURANCE PTE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number GA072356/1  
 Cover Note Number

Driver

Name of Driver LUM CHEE KOK  
 NRIC No S1311800J  
 Date Of Birth 05/12/1958  
 Occupation INDOOR  
 Date Of Driving Pass 30/07/1976  
 Driving Experience 41 YEARS AND 10 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-98588686  
 Fax Number  
 Contact Number OFFICE-98588686  
 EMail Address PEOPLEVEHICLE@GMAIL.COM

|   |  |
|---|--|
| Address   | BLK 887 TAMPINES STREET 81<br>#02-1016 |
| Postcode  | 520887                                 |
| 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 - CHANGE/CROSS LANE |
| 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?  | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

**Details of Police Action**

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

**Circumstances of Accident**

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

**Attachment(s)**

|   |                  |
|---|------------------|
| Are accident photos available for attachment? | YES              |
| Was there any video captured by Car Camera?   | YES              |
| Remarks/ Reasons:                             | TAKE FROM DRIVER |
| Was there any audio recorded?                 | NO               |

**DETAILS OF OTHER VEHICLE PROPERTY 1**

|                                     |           |
|-------------------------------------|-----------|
| Vehicle Registration Number         | PC140Z    |
| Vehicle Make/Model/Colour           |           |
| Details Of Properties               |           |
| Vehicle Category                    | BUS       |
| Name of Driver                      | LIU TAO   |
| NRIC/Passport Number                | G3135947W |
| Contact Number                      | 87317579  |
| Address                             |           |
| Postcode                            |           |
| Insurance Company Name              |           |
| Nature Of Damage                    |           |
| No. Of Passenger (Including Driver) |           |

## 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 Authorized Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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 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.

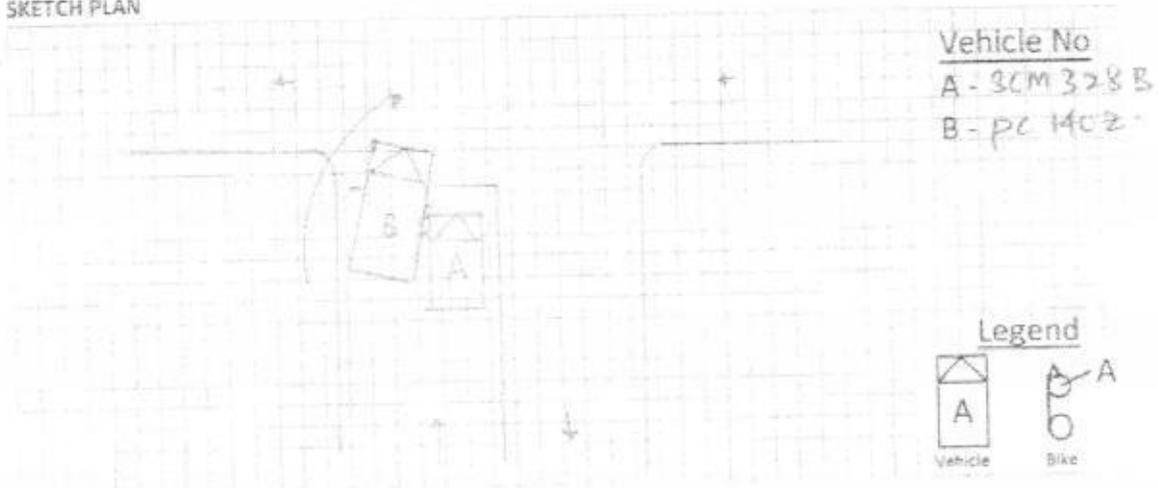
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09.06.2018 about 1850 hrs I was driving my vehicle no 3CM 328 B along the road, upon reaching junction of the road I was heading Junction of the road & stop sign suddenly parking vehicle no PC 1402 moved out from his reversed parking lot hitting into the about left portion of my vehicle I have video footage and photo of accident scene

### DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

  
 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.:



## Individual Statement

Reporting Centre: *Progressive Automotive Pte Ltd*

| INDIVIDUAL STATEMENT (Part II)   |  | (Use a separate sheet of paper where necessary) |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|--|--|---|---|------------|---|---------|---------|--|--|--|--|--|--|--|--|--|
| Insured  | 1 Occupation (if more than one, state all) <span style="float: right;">CC</span>   |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | 2 Vehicle registration no. <span style="float: right;">CC</span>   |   | 3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, state relationship of driver with owner |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | 4 Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | 5 Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, state where it is at present. Tel no. _____   |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | 6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)   |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
| Driver or person in charge of vehicle at the time of accident (excluding insured)  | 7 Date of birth _____  |   | Occupation _____  |            | Date of license pass _____  |         |         |  |  |  |  |  |  |  |  |  |
|  | Was vehicle driven with the insured's permission?  |   | Was driver an employee of the insured's company?  |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor  |   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |            | Yes <input type="checkbox"/> No <input type="checkbox"/>  |         |         |  |  |  |  |  |  |  |  |  |
|  | 8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
| 9 Full details of all driving convictions including pending prosecutions in the last 36 months   |  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |  |   |   |            | Date  | Offence | Penalty |  |  |  |  |  |  |  |  |  |
| Date   | Offence  | Penalty   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  |  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  |  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  |  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
| Injured persons  | 10 Name(s), address(es) and approximate age(s)   |   | Injuries sustained  |            | If vehicle occupants, state in which vehicle  |         |         |  |  |  |  |  |  |  |  |  |
|  |  |   |   |            | Were seat belts being worn?   |         |         |  |  |  |  |  |  |  |  |  |
|  |  |   |   |            | Yes <input type="checkbox"/> No <input type="checkbox"/>  |         |         |  |  |  |  |  |  |  |  |  |
|  |  |   |   |            | Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/> |         |         |  |  |  |  |  |  |  |  |  |
| Damage to property & vehicles (other than vehicles A and B)  | 11 Name(s) and address(es) of owner(s)   |   | Vehicle registration no. or details (if property)   |            | Nature of Damage  |         |         |  |  |  |  |  |  |  |  |  |
|  |  |   |   |            | Insurer's name and address (if known)   |         |         |  |  |  |  |  |  |  |  |  |
| Police action  | 12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | 13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
| Accident details   | 14 Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Other _____   |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | 15 Road surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Other _____   |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | 16 Speed of vehicles: A _____ km/hr <input type="checkbox"/> B _____ km/hr <input type="checkbox"/> C _____ km/hr  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | 17 What warnings were given by driver or other party? _____  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | 18 Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | 19 What lights were displayed on your vehicle/the other vehicle(s)? _____  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | 20 If your vehicle is commercial, state weight of load carried at time of accident _____   |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
| 21 State how accident happened, with (if roads, speed limits, etc. (refer to attached)   |  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
| 22 State number of Passengers (including Driver) _____   |  |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
| Declaration  | I/We declare the foregoing particulars are true in every respect   |   |   |            |   |         |         |  |  |  |  |  |  |  |  |  |
|  | Policyholder's signature _____   |   |   |            | Date _____  |         |         |  |  |  |  |  |  |  |  |  |
| Driver's signature (if driver is not the policyholder) _____   |  |   |   | Date _____ |   |         |         |  |  |  |  |  |  |  |  |  |

# PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023-A UBI ROAD 1 #01-60 SINGAPORE 408717  
 Tel No. : 67433246/ 67438552 Fax No. : 67430013  
 E-Mail : PEOPLEVEHICLE@GMAIL.COM  
 Tax Reg. No. : M90001895E Buss. Reg. No. : 31800200X

WDD2073482F100479

SOMPO INSURANCE (S) PTE LTD  
 50 RAFFLES PLACE #05-01/06  
 S'PORE LAND TOWER 048623

Vecor

Estimate : ES18013

Attention : Motor Claim Department  
 Contact : 6461 6555 Fax No. : 6221 3147

Date : 11/06/2018  
 Vehicle Num. : SCM 328 B  
 Make/Model : MERCEDES BENZ E250  
 Chassis/Eng# :  
 Accident Date : 09/06/2018  
 Claim No. : TP 303-18  
 Reference : PC 140 Z  
 Policy No. : AXA

| S/N | Quantity | Particular                               | Unit Price | Amount S\$                  |
|-----|----------|--|------------|-----------------------------|
|     |          | NETT ITEMS :                             |            |                             |
| 1.  | 1        | BUMPER FRT <i>schd</i>                   |            | 1,450.00 ✓                  |
| 2.  | 1        | BUMPER MOULDING R/H FRT                  |            | 178.00 ✓                    |
| 3.  | 1        | BUMPER MOULDING CENTRE FRT               | 6567       | 252.00 ✓                    |
| 4.  | 1        | BUMPER MOULDING L/H FRT                  |            | 178.00 ✓                    |
| 5.  | 1        | BUMPER SENSOR L/H FRT <i>schd</i>        | 5910.30    | 252.00 ✓                    |
| 6.  | 1        | BUMPER SIDE RETAINER L/H FRT <i>schd</i> |            | 92.00 ✓                     |
| 7.  | 1        | FENDER INNER SHIELD L/H FRT <i>schd</i>  |            | 265.00 ✓                    |
| 8.  | 1        | FENDER L/H FRT <i>bracket</i>            |            | 1,000.00 ✓                  |
| 9.  | 1        | HEAD LAMP L/H <i>cracked</i>             |            | <del>2,900.00</del>         |
| 10. | 1        | SHOCK ASBORBER L/H FRT                   |            | 1,890.00 ✗                  |
| 11. | 1        | KNUCKLE ARM L/H FRT                      |            | 680.00 ✗                    |
| 12. | 1        | WHEEL BEARING HUP L/H FRT                |            | 480.00 ✗                    |
| 13. | 1        | LOWER ARM FRT L/H(FRT)                   |            | 585.00 ✗                    |
| 14. | 1        | CONTROL ARM L/H FRT                      |            | 595.00 ✗                    |
|     |          | Nett Total S\$ :                         |            | 10,797.00                   |
|     |          | 10.00% Discount S\$ :                    |            | 1,079.70                    |
|     |          |  |            | 9,717.30                    |
|     |          | SPECIAL NETT ITEMS :                     |            |                             |
| 1.  | 1        | SPORT RIM L/H FRT <i>lit</i>             |            | <del>1,600.00</del><br>1000 |

CONTINUE / ...

# PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023-A UBI ROAD 1 #01-60 SINGAPORE 408717  
 Tel No. : 67433246/ 67438552 Fax No. : 67430013  
 E-Mail : PEOPLEVEHICLE@GMAIL.COM  
 Tax Reg. No. : M90001895E Buss. Reg. No. : 31800200X

SOMPO INSURANCE (S) PTE LTD  
 50 RAFFLES PLACE #05-01/06  
 SPORE LAND TOWER 048623

Attention : Motor Claim Department  
 Contact : 6461 6555 Fax No. : 6221 3147

Estimate : ES18013

Date : 11/06/2018  
 Vehicle Num. : SCM 328 B  
 Make/Model : MERCEDES BENZ E250  
 Chassis/Eng# :  
 Accident Date : 09/06/2018  
 Claim No. : TP 303-18  
 Reference : PC 140 Z  
 Policy No. : AXA

| S/N                                     | Quantity | Particular               | Unit Price | Amount S\$            |
|---|----------|--------------------------|------------|-----------------------|
| 2.                                      | 1        | TYRE L/H FRT <i>torn</i> | 1450       | <del>688.00</del> 450 |
| Special Nett Total S\$ :                |          |                          |            | 2,285.00              |
| LABOUR :                                |          |                          |            |                       |
| REMOVE & REPLACE ACCIDENT DAMAGED PARTS |          |                          |            | <del>600.00</del> 400 |
| SPRAY PAINTING ACCIDENT EFFECT PARTS    |          |                          |            | <del>800.00</del> 500 |
| REMOVE AND REFIX UNDERCARRIAGE          |          |                          |            | 280.00 x              |
| COMPUTERIZED WHEEL ALIGHTMENT           |          |                          |            | <del>100.00</del> 80  |
| CHECKING WIRING                         |          |                          |            | <del>60.00</del> 30   |
| Labour Total S\$ :                      |          |                          |            | 1,840.00              |

*total:*

SingDollars : Thirteen Thousand Eight Hundred Forty-Two & Cents Thirty Only

E. & O.E.

Total S\$ : 13,842.30

for PEOPLE'S VEHICLE RECOVERY SERVICE

Computer Generated Invoice. No Signature Required.

- Customer must have notified 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:

*total: 8370.30*

*H/S: 6650*

*Adrian King*  
*H/S 12/06/18*  
*04 days*



# 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/SMO18010732/Avd3n2 |   |
| 50 RAFFLES PLACE<br>#05-01/06<br>SINGAPORE LAND TOWERSINGAPORE 048623  |   | Date : 01-08-2018           |  |
|  |   | Code : SMO                  |   |
| 1. Policy Particulars :- THIRD PARTY CLAIM   |   |                             |   |
| Insured Veh.   | PC 140Z   | Veh. Inspected              | SCM 328B  |
| Policy No.   |   | Coverage (\$)               | 0.00  |
| Claim No.  | CMTD1802491/NSW   | Excess (\$)                 | 0.00  |
| Assign From  | GRACE TEO   | Assign Date                 | 12/06/2018  |
| 2. Vehicle Particulars & Condition   |   |                             |   |
| Make & Model   | MERCEDES E 200 COUPE  | c.c                         | 1796  |
| Engine No.   | HIDDEN  | Year of Reg.                | 2011  |
| Chassis No.  | WDD2073482F100479   | Colour                      | BLACK   |
| Odometer   | 113804  | Steering                    | IN ORDER  |
| Brakes   | IN ORDER  | Modification                | SPORTS RIM  |
| General  | GOOD  |                             |   |
| 3. Conditions of Tyres   |   |                             |   |
|  | Size  | Make                        | Balance   |
| R/H Front Tyre   | 245/35 R19  | GOODYEAR                    | 6 mm  |
| L/H Front Tyre   | 245/35 R19  | GOODYEAR                    | 6 mm  |
| R/H Rear Tyre  | 245/35 R19  | GOODYEAR                    | 6 mm  |
| L/H Rear Tyre  | 245/35 R19  | GOODYEAR                    | 6 mm  |
| 4. Description of Damages  |   |                             |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION AND UNDERCARRIAGE.<br>DAMAGES SEE DETAILS.                                      |   |                             |   |
| 5. General Information   |   |                             |   |
| Accident Date  | 09/06/2018  | Inspection Date             | 12/06/2018  |
| Survey held at   | PEOPLE'S VEHICLE RECOVERY SERVICE<br>BLK 3023-A, UBI ROAD 1 #01-60 SINGAPORE 408717 |                             |   |
| 5a. Remarks  |   |                             |   |
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |   |                             |   |
| 5b. Estimate Days of Repair  |   |                             |   |
| ESTIMATED NORMAL PERIOD FOR REPAIR:  |   | 4 Working Days              |   |



# LKK Auto Consultants Pte Ltd

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

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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SCM 328B

| Qty                                | Description of Parts                     | Condition     | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--|---------------|---------------------------|-------------------|
| <b><u>REPLACEMENT OF PARTS</u></b> |  |               |                           |                   |
| 1                                  | BUMPER FRT (N)                           | DEFORMED      | 1,450.00                  | 1,450.00          |
| 1                                  | BUMPER MOULDING R/H FRT (N)              | NECESSARY     | 178.00                    | 178.00            |
| 1                                  | BUMPER MOULDING CENTRE FRT (N)           | NECESSARY     | 252.00                    | 252.00            |
| 1                                  | BUMPER MOULDING L/H FRT (N)              | NECESSARY     | 178.00                    | 178.00            |
| 1                                  | BUMPER SENSOR L/H FRT (N)                | DAMAGED       | 252.00                    | 252.00            |
| 1                                  | BUMPER SIDE RETAINER L/H FRT (N)         | NECESSARY     | 92.00                     | 92.00             |
| 1                                  | FENDER INNER SHIELD L/H FRT (N)          | TORN          | 265.00                    | 265.00            |
| 1                                  | FENDER L/H FRT (N)                       | BUCKLED       | 1,000.00                  | 1,000.00          |
| 1                                  | HEAD LAMP L/H (N)                        | CRACKED       | 2,900.00                  | 2,900.00          |
| 1                                  | SHOCK ABSORBER L/H FRT (N)               | NOT NECESSARY | 1,890.00                  | -                 |
| 1                                  | KNUCKLE ARM L/H FRT (N)                  | NOT NECESSARY | 680.00                    | -                 |
| 1                                  | WHEEL BEARING HUP L/H FRT (N)            | NOT NECESSARY | 480.00                    | -                 |
| 1                                  | LOWER ARM FRT L/H (FRT)(N)               | NOT NECESSARY | 585.00                    | -                 |
| 1                                  | CONTROL ARM L/H FRT (N)                  | NOT NECESSARY | 595.00                    | -                 |
|                                    | LESS 10% DISCOUNT                        |               | -1,079.70                 | -656.70           |
|                                    |  |               | <b>9,717.30</b>           | <b>5,910.30</b>   |
| <b><u>SPECIAL NETT ITEMS</u></b>   |  |               |                           |                   |
| 1                                  | SPORT RIM L/H FRT (SN)                   | CUT           | 1,600.00                  | 1,000.00          |
| 1                                  | TYRE L/H FRT (SN)                        | TORN          | 685.00                    | 450.00            |
|                                    |  |               | <b>2,285.00</b>           | <b>1,450.00</b>   |
| <b><u>LABOUR</u></b>               |  |               |                           |                   |
|                                    | REMOVE & REPLACE ACCIDENT DAMAGED PARTS. |               | 600.00                    | 400.00            |
|                                    | SPRAY PAINTING ACCIDENT EFFECT PARTS.    |               | 800.00                    | 500.00            |
|                                    | REMOVE AND REFIX UNDERCARRIAGE.          | NOT NECESSARY | 280.00                    | -                 |
|                                    | COMPUTERIZED WHEEL ALIGHTMENT.           |               | 100.00                    | 80.00             |
|                                    | CHECKING WIRING.                         |               | 60.00                     | 30.00             |
|                                    | -  |               | -                         | -                 |
|                                    | -  |               | -                         | -                 |
|                                    | -  |               | -                         | -                 |
|                                    |  |               | <b>1,840.00</b>           | <b>1,010.00</b>   |
| <b>GRAND TOTAL</b>                 |  |               | <b>13,842.30</b>          | <b>8,370.30</b>   |



|   |  |  |                 |
|---|--|--|-----------------|
| <b>RECOMMENDED COST OF LUMP SUM REPAIRS<br/>(TO ITS PRE-ACCIDENT CONDITION)</b> |  |  | <b>6,650.00</b> |
|---|--|--|-----------------|

Report Ref No. CS/SMO18010732/Avd3n2

ADRIAN LING WAI PING

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

Licensed Appraiser

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