15/5/2018

INS. CASE OWNER: CC6 IP 1801 4(14, 72 u639 | LKK: IDAC:

ASSIGNMENT

Surveyor: Tu n.fikh. DOI: 7/8/18. Date / Time: 7/8/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJJ 7191Y.		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 30/7/18	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age :		OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SLE 8191B → ____ → ____ → ____

INSRS: WSP: Prime Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time			
	SLE8191B - F SJJ7191Y - F	**STAGE**	**DATE / PIC**
	- submit independent report. insured not under CTI.	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

RECEIVED 14 AUG 2018

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (	days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		COPY SENT 14/8/18.
Loss of Rental (LOR):	S$ (	days)	
Loss of Use (LOU):	S$ (S$ x	days)	
Loss of Income (LOI):	S$ (S$ x	days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13) wef

ASS. REC. BY: Taufik

REF: CTI 14134 / 71463

ASSIGNMENT

From: Date: 03/08/18

Estimated Cost:

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

To Inspect Vehicle No: SLE8151B

at Workshop m/s Prime Auto

of 6 Benoi place

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) After 1pm

Make of Veh:

(Policy Condition)

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

N/S	O/S
X	

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date: Person Contacted: Vehicle: IN / OUT Alice

Veh No: SLE8151B Yr Regn: 2016 / Aug

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

Make: Honda Accord c.c 1997

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

Sp.Reading 11046 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHCR1630G7P000008

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: 225/50R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	C mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	3/8/18 @ 3.15 pm

Survey held at Prime Auto

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

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

Date / Time	Action / Instruction
	10/8 $850 / 2days - email to Alice
	LIS - $850+ (Red: $1255.28 / 60%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

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

Survey Fee:	110
Transportation:	50
S + RS SI	50
Photos	26
Others	80
TOTAL	316

MPR18090928 / Prime Auto Claims Service Pte Ltd - HQ
ENTRY DATE & TIME: 02/08/2018 15:14
SUBMITTED BY: Mohamed Ruzaini Bin Mohamed Zain

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 02/08/2018 15:24

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 willful misrepresentation or witholding 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	02/08/2018 15:14
Date Of Accident	30/07/2018 14:00
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE8151B
Insured/Policyholder	
Name Of Registered Owner	SECTION CREDIT & MOTOR LEASING PTE LTD
Co Reg No	198703128Z
Email Address	NURUL@PRIMECAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67770666
Vehicle Particulars	
Manufacturer	HONDA
Model	ACCORD-2.0 VTIS SAT (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MF000843-R03
Cover Note Number	
Driver	
Name of Driver	KWON MUNJEONG
Passport No/FIN	M68016933
Date Of Birth	28/02/1969
Occupation	INDOOR
Date Of Driving Pass	13/11/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-83394675
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	23 KEPPEL BAY VIEW #13-74 REFLECTIONS @ KEPPEL BAY
Postcode	098414
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	
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

I was waiting for signal but suddenly one car hit me from the back side of my car.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ2191Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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 or misleading information may lead to prosecution.
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 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 thereafter.
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. Preparing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigation 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 sending of correspondence, statements, invoices, reports and notices to me, which 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 with "Purposes")

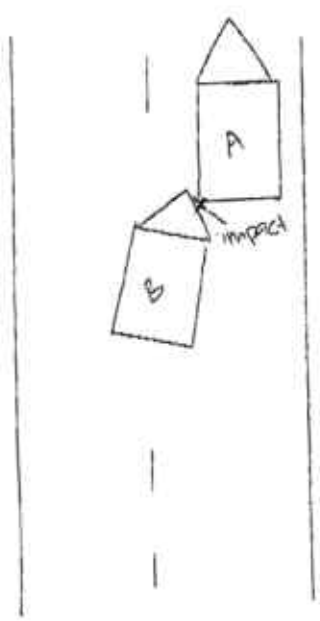
   b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   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 Purposes.

Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel

SIGN HERE

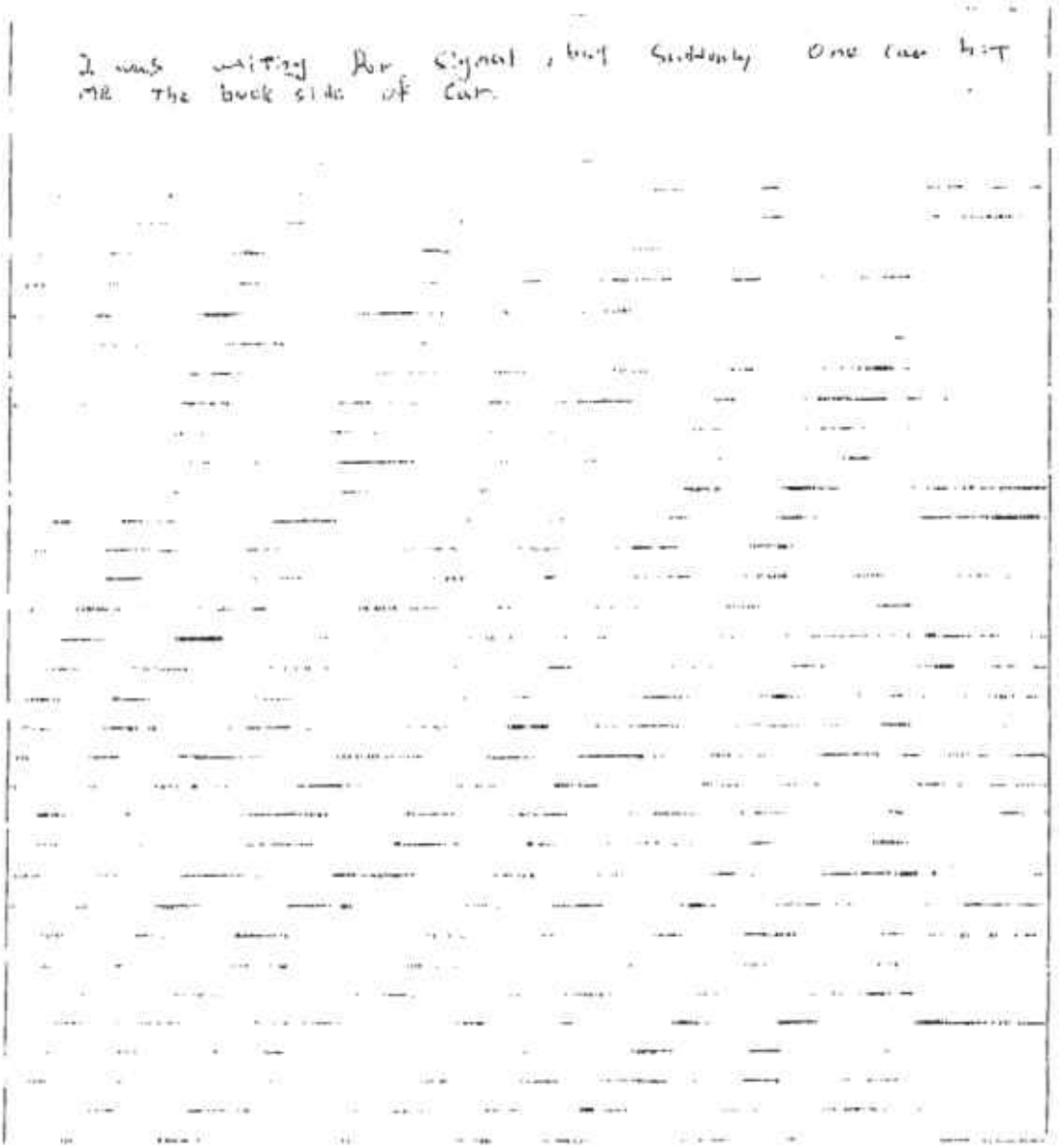
Sketch Plan



Sketch Plan Pg. 2

Described Circumstances of the Accident

I was waiting for signal, but Suddenly one car hit me the back side of Car.



Declaration

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

Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personal

MPRI18099928 / Prime Auto Claims Service Pte Ltd - HQ
ENTRY DATE & TIME: 02/08/2018 15:14
SUBMITTED BY: Mohamad Rusnini Bin Mohamed Zain

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 02/08/2018 15:24

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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ACCIDENT STATEMENT

Date Of Report	02/08/2018 15:14
Date Of Accident	30/07/2018 14:00
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8151B
nsured/Policyholder	
Name Of Registered Owner	SECTION CREDIT & MOTOR LEASING PTE LTD
Co Reg No	198703128Z
Email Address	NURUL@PRIMECAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67770666
Vehicle Particulars	
Manufacturer	HONDA
Model	ACCORD-2.0 VTIS 5AT (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MF000843-R03
Cover Note Number	
Driver	
Name of Driver	KWON MUNJEONG
Passport No/FIN	M68016933
Date Of Birth	28/02/1989
Occupation	INDOOR
Date Of Driving Pass	13/11/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-83394675
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	23 KEPPEL BAY VIEW #13-74 REFLECTIONS @ KEPPEL BAY
Postcode	098414
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	
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

I was waiting for signal but suddenly one car hit me from the back side of my car.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ2191Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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 information may be subject to the police investigations.
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 payment 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 thereafter.
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 investigation 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 sending of correspondence, statements, invoices, reports and notices to me, which 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 with "Purposes")

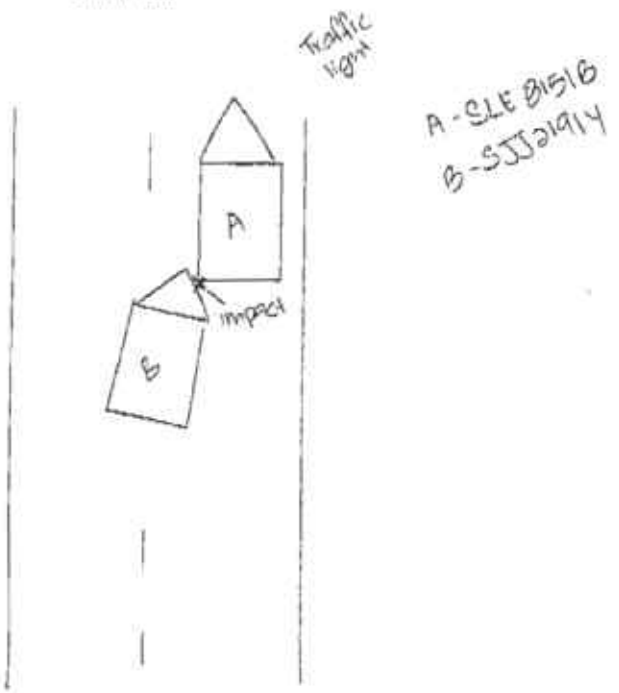
b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

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 Purposes.

SIGN HERE

Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

Described Circumstances of the Accident

I was waiting for signal, but Suddenly One car hit me the back side of Cam.

Declaration

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

Police Officer's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel

Prime Auto Claims Service Pte Ltd
GST Reg. No : 201606560M
5 Benoi Place Singapore 629926
Tel: 6861 0908 Fax: 6515 2948

Tanfkin 97495749
WP
3/8/18 @ 1515
sur@lkkauto.com
02 days
* Resurvey new parts

Date: 02.08.2018

China Taiping Insurance (S) Pte Ltd
2 Anson Road #16-00
Springleaf Tower
Singapore 079909

Attn: Motor Claims Dept

RE: ESTIMATE COST OF REPAIR TO VEHICLE SLE8151B HONDA ACCORD VTIS 2.0

To Supply

1)	1pc	rear bumper	$	680.50
2)	1set	rear bumper clip	$	30.00
3)	1pc	left tail lamp	$	605.50
4)	1pc	rear bumper lower chrome moulding	$	260.80
5)	1pc	reverse sensor	$	179.80

Sub total parts	$	1,756.60
Less: 20% discount	$	(351.32)
	$	1,405.28

L/charges

1)	To remove & replace left reverse sensor, refit other reverse sensor. Reset lighting, check wiring	$	100.00
2)	To remove rear bumper, left tail lamp, replace the above parts	$	300.00
3)	To putty, respray painting rear bumper in pearl white	$	300.00

Sub total L/charges	$	700.00
Estimate total	$	2,105.28

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:

Thin Thin (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Friday, 10 August 2018 10:38 AM
To: Thin Thin (LKKAuto); Taufikh (LKKAuto)
Cc: CS A Team
Subject: FW: FINALIZE TO SLE8151B
Attachments: img-180806114705.pdf; UCLG3576.JPG; UXBM3664.JPG

Importance: High

Dear Thin Thin,

CC6/CTI18014134/T1ub3

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Alice Leong <aliceleong@primeautoclaims.com>
Sent: Friday, 10 August 2018 10:27 AM
To: Taufikh (LKKAuto) <Taufikh@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: FINALIZE TO SLE8151B
Importance: High

Hi Taufikh,

We enclosed our after repair photos & our calculation sheet for your retention. Shall we finalize at LS $850/- and 2 days

Please let us have your confirmation within three days from our e-mail.

Regards

Alice Leong
Motor Claims Manager

Prime Auto Claims Service Pte Ltd
5 Benoi Place Singapore 629926
T (65): 6861 0908 I F (65) 6515 2948
HP (65) 9818 4304

A member of the Prime Group

Prime Auto Claims Service Pte Ltd
PRIME GROUP
GST Reg. No : 201606560M
5 Benoi Place Singapore 629926
Tel: 6861 0908 Fax: 6515 2948

Taufik 97415747
WSP
3/8/18 @ 1515
svr @ Akauto ...
02 days
* sourcing new parts

Date: 02.08.2018

China Taiping Insurance (S) Pte Ltd
2 Anson Road #16-00
Springleaf Tower
Singapore 079909

Attn: Motor Claims Dept

RE: ESTIMATE COST OF REPAIR TO VEHICLE SLE8151B HONDA ACCORD VTIS 2.0

To Supply

1)	1pc	rear bumper	$	680.50 X
2)	1set	rear bumper clip	$	30.00 X
3)	1pc	left tail lamp	$	605.50
4)	1pc	rear bumper lower chrome moulding	$	260.80
5)	1pc	reverse sensor	$	? 179.80 X
		Sub total parts	$	1,756.60 (866.30)
		Less 20% discount	$	(351.32) (-173.26)
			$	1,405.28 (693.04)

L/charges

1)	To remove & replace left reverse sensor, refit other reverse sensor. Reset lighting, check wiring	$	100.00
2)	To remove rear bumper, left tail lamp, replace the above parts	$ 200	300.00
3)	To putty, respray painting rear bumper in pearl white	$ 200	300.00
	Sub total L/charges	$	700.00 (430.00)
	Estimate total	$	2,105.28 (1123.04)

less 20% -224.61

898.43

LS : 850/-

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

PRIME AUTO CLAIMS SERVICE PTE LTD

Ref : CC6/TP18014134/T1ub3q2

6 BENOI PLACE
SINGAPORE 29927

Date : 27-08-2018

ON BEHALF OF SECTION CREDIT & MOTOR LEASING PTE LTD

Code : TP474

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.		Veh. Inspected	SLE 8151B
Policy No.		Coverage ($)	0.00
Claim No.		Excess ($)	0.00
Assign From		Assign Date	03/08/2018

2. Vehicle Particulars & Condition

Make & Model	HONDA ACCORD	c.c	1997
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	MRHCR1630GP000008	Colour	WHITE
Odometer	11046	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/50 R17	MICHELIN	6 mm
L/H Front Tyre	225/50 R17	MICHELIN	6 mm
R/H Rear Tyre	225/50 R17	MICHELIN	6 mm
L/H Rear Tyre	225/50 R17	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	30/07/2018	Inspection Date	03/08/2018
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927		

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: **2 Working 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLE 8151B

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	TO REPAIR SEE LABOUR	680.50	-
1	SET REAR BUMPER CLIP	NOT NECESSARY	30.00	-
1	LEFT TAIL LAMP	CRACKED	605.50	605.50
1	REAR BUMPER LOWER CHROME MOULDING	CUT	260.80	260.80
1	REVERSE SENSOR	NOT NECESSARY	179.80	-
	LESS 20% DISCOUNT		-351.32	-173.26
			1,405.28	693.04
	LABOUR			
	TO REMOVE & REPLACE LEFT REVERSE SENSOR ,LEFT OTHER REVERSE SENSOR .RESET LIGHTING CHECK WIRING .		100.00	30.00
	TO RMEOVE REAR BUMPER ,LEFT TAIL LAMP ,REPLACE THE ABOVE PARTS.INCLUSIVE OF THE REPAIR OF REAR BUMPER .		300.00	200.00
	TO PUTTY,RESPRAY PAINTING REAR BUMPER IN PEARL WHITE.		300.00	200.00
			700.00	430.00
	GRAND TOTAL		**2,105.28**	**1,123.04**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**850.00**

Report Ref No. CC6/TP18014134/T1ub3q2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser