

ASS. REC. BY:

REF: CS3 / LPC18009545 / T1903-1

Instruction:

Surveyor: Tauhiah

ASSIGNMENT (Office)

From (Person): Gerald Poh of LPC

Date/Time: 14/08/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: XD 502 M

Insured: YJ 9221 X

at Workshop n/s: Yee Keang Motor

Tel: 9780 8928 / 6262 0218

of No. 14 Penjuru Road

Policy No: \_\_\_\_\_ Claim No: 17/18/18/VCO0/020625

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

Make of Veh:

D.O.A. 21/05/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS <sup>(up)</sup>

H.O.D. Endorsement:

Date/Time: 12:10pm @ 25/5/18 Person Contacted: \_\_\_\_\_

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	XD 502 M - CS3 / FCI 15 014721 / T1903-1
	YJ 9221 X - X.
	disassemble journey - 04/6/18
	after print - 06/6/18
22/6/18	Submit PRS.

Submit Final Ag \$6917.66 (Red \$835.84, 11%).

*[Signature]*  
16/8/2018

RECEIVED 16 AUG 2018

- No bill  
- By email  
- Urgent

Tampan

LPC

CoE 2026 July  
Jul 06

Model

Year of Reg

UD ☒ WS / TP RES / CO RES / EVA / BVA / MV

Formal Vehicle No

Upfront charge

UP

Insurer

Policy No

Class No

Sub Insured

Excess

Ch of Insured

Make of Veh

(Policy Condition)

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

Est. or Market Value

QAC Accident Report

QAC PR Report

Est. Repairs

Loan from

QA / REV / REP. / 24 HRS

Date

Person Contacted

Date - Time

Action - Instruction



XD 502 M

Type: M / C / H / C / P / B / S / V / L / O / T / F / P / M / S

Track / Trailer

Make

Colour

Up Fronting

Eng. No

Q No

Gen. Cond. Good / Fair / Poor / Burnt

Steering. In order / Jammed / Leaked / Burnt or

Drains. In order / Jammed / Leaked / Burnt or

Mod. ☒ N / S / Rim / S / D / A / Rim or

Tyre Size

F:

R:

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

TOYO / YOKO or

Front

R Bal

L Bal

D.O.A

Survey held at

Dis. of Damages: Frt / Rear / O/S / N/S / U/C / Roof top or

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

Mit fu 2722 P068

1945

Blue

388 698

KV417P000492

Good

In order

In order

N / S / Rim

245 / R22.5

(O)

Chao Yang

8

mm

8

mm

Rear

R Bal

L Bal

D.O.I

25/5/1801715

Yee Koon

14 Pajera

Frt N/S

RECEIVED 22 JUN 2010

16/8

12/10/2010

☐ Prelim Report  
☐ Final Report

Days Of Repair:

Resurvey No. of Trip

Expiry Date

Add Fee:

☐ 1st hour 15  
☐ 2nd hour 15  
☐ 3rd hour 15  
☐ 4th hour 15

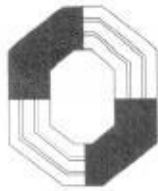
Inspector's Stamp

Signature of Insured

PKS TP

6917.66

Empty box for stamp or signature.



# **LONPAC INSURANCE BHD**

(S98FC5635C)

Our Ref : 17/18/18/VC00/020625

Your Ref : CS3/LPC18009545/T1qd3s2

10 August 2018

M/s LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1  
#01-25 Paya Ubi Industrial Pk  
Singapore 408933

Dear Sirs/Madam

## **PAPER SURVEY OF XD502M**

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of XD502M
- b) GIA report of XD502M
- c) GIA report & photos of YJ9221X

Kindly study the documents and let us have your opinion on the adjusted repair cost within the next 10 days.

Yours faithfully

**GERALD POH**  
**SENIOR EXECUTIVE**  
**(CLAIMS)**  
Email : [mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)

Important Notice: This is the Motor & Transport Insurance Policy. Please  
Read the Policy & Terms & Conditions in it  
beforehand for the full details.

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report **promptly** the details of the accident to your insurer.
2. This Form must be **submitted by the Policyholder under the Authorized Policy**.
3. Information provided must be as **truthful and accurate** as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the policy.
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 statement may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the Civil Records Management Centre established by the General Insurance Association of Singapore (GIAS) for processing and that copies of this report will be sent to the relevant authorities upon application by interested parties.
7. By the submission of this report to the insurers, you hereby consent to the archiving of this report at the source and to copies of the report being made available elsewhere.

### ACCIDENT STATEMENT

Date Of Report 21/05/2018 17:47  
Date Of Accident 20/05/2018 15:00  
Exact Location Of Accident ALONG JLN BURCH TOWARDS PIONEER RD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number XD502M  
Insured/Policyholder  
Name Of Registered Owner THIAM YUN SERVICE  
Co Reg No 630674560  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No Office-86296268  
Vehicle Particulars  
Manufacturer MITSUBISHI  
Model FV517J02RDEB-11.9 D (M)

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

COMMERCIAL VEHICLE

Insurance Company

ERGO INSURANCE PTE. LTD.

Name of Insurance Company

THIRD PARTY

Type Of Coverage

NO

Fleet Policy

DMCV175007632

Policy Number

Cover Note Number

Driver

NG KWEE THIAM

Name of Driver

50945007E

NRIC No

27/12/1988

Date Of Birth

OUTDOOR

Occupation

26/06/1996

Date Of Driving Pass

21 YEARS AND 10 MONTHS

Driving Experience

MALE

Gender

(LOCAL) +65-86296268

Mobile Number

Fax Number

NOEMAIL

Contact Number

NIL

Email Address

Address

Postcode

## 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 compliance with requirements under any regulations, laws or court orders.

#### THIAM YUN SERVICE

BLK 183A BOON LAY AVENUE #11-705

SINGAPORE 641183

TEL: 98299269 ROC: 53067456D

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.:

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Was driver an employee of the Insured's Company  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle

NO  
OWNER

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

ON 21/05/2018 AT ABOUT 1500 HRS, WHILE I WAS TRAVELLING ALONG JLN BUKH, WHEN TRAFFIC TURN TO GREEN LIGHT, VEHICLE B IN FRONT OF ME MOVING SLOW, I THEN OVERTAKE VEHICLE B, CHANGE TO RIGHT LANE. WHEN I CHANGE TO RIGHT LANE, VEHICLE B SUDDENLY CUT INTO MY LANE, AND COLLIDED ONTO MY VEHICLE. AT THAT TIME VEHICLE B PASS THROUGH THE TRAFFIC LIGHT, TRAFFIC LIGHT CHANGE TO RED LIGHT, I THEN WAITING FOR THE TRAFFIC LIGHT, I CHASING VEHICLE B UNTIL PIONEER CIRCLE THEN ONLY EXCHANGE PARTICULAR.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YJ9221X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KWA KWEE LIN

NRIC/Passport Number

80071118G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

Green

A-4050JM

B-1J9221X

↑ ↑ ↑ ↑ ↑

Jln Buroh

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to circumstances

DECLARATION 添運服務

We declare the foregoing particulars are true in every respect.

THIAM YUN SERVICE

BLK 183A BOON LAY AVENUE #11-706

SINGAPORE 68183

Policyholder's Signature  
Date & Time: RQC: 5306

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

☐ Claims own policy  
☐ Claims third party  
☒ Claims OO/TP at other works hop  
☐ For record purpose

Policy No. 0MCR125007632  
Insurer: EEWV Vch No. XDS024

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

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report 22/05/2018 15:39  
 Date Of Accident 21/05/2018 15:10  
 Exact Location Of Accident JALAN BUROH  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YJ9221X  
**Insured/Policyholder**  
 Name Of Registered Owner HIAP SENG ENGINEERING LTD  
 Co Reg No 197100300Z  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-68978082

### Vehicle Particulars

Manufacturer ISUZU  
 Model FRR33P-8.2 D (M)

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 REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company LONPAC INSURANCE BHD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number Z/17/VC00/100258  
 Cover Note Number

### Driver

Name of Driver KWA KWEE LIN  
 NRIC No S0071118G  
 Date Of Birth 12/06/1953  
 Occupation INDOOR  
 Date Of Driving Pass 07/02/1977  
 Driving Experience 41 YEARS AND 3 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-90282147  
 Fax Number  
 Contact Number  
 EMail Address NOEMAIL



Address	BLK 377 BUKIT BATOK STREET 31 #05-22
Postcode	650377
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : MUTHI GENDER: : MALE

#### 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

PLEASE REFER TO SKETCH PLAN.

#### 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	XD502M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG KWEE THIAM
NRIC/Passport Number	S6945007E
Contact Number	98299269
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

22-05-18; 15:45

# 2/ 3

SKETCH PLANIMPORTANT 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.
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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 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.



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:

21/5/2018 @  
2:40pm

# Sketch Plan Pg. 2

22-05-18;15:46 ;

# 2/ 3

## SKETCH PLAN

Please refer to sketch.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While making a turn, both vehicles were too close to each other and swiped against each other. Nobody was injured.

## DECLARATION

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



Policyholder's Signature

Date & Time:

Company Chop (if applicable)

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

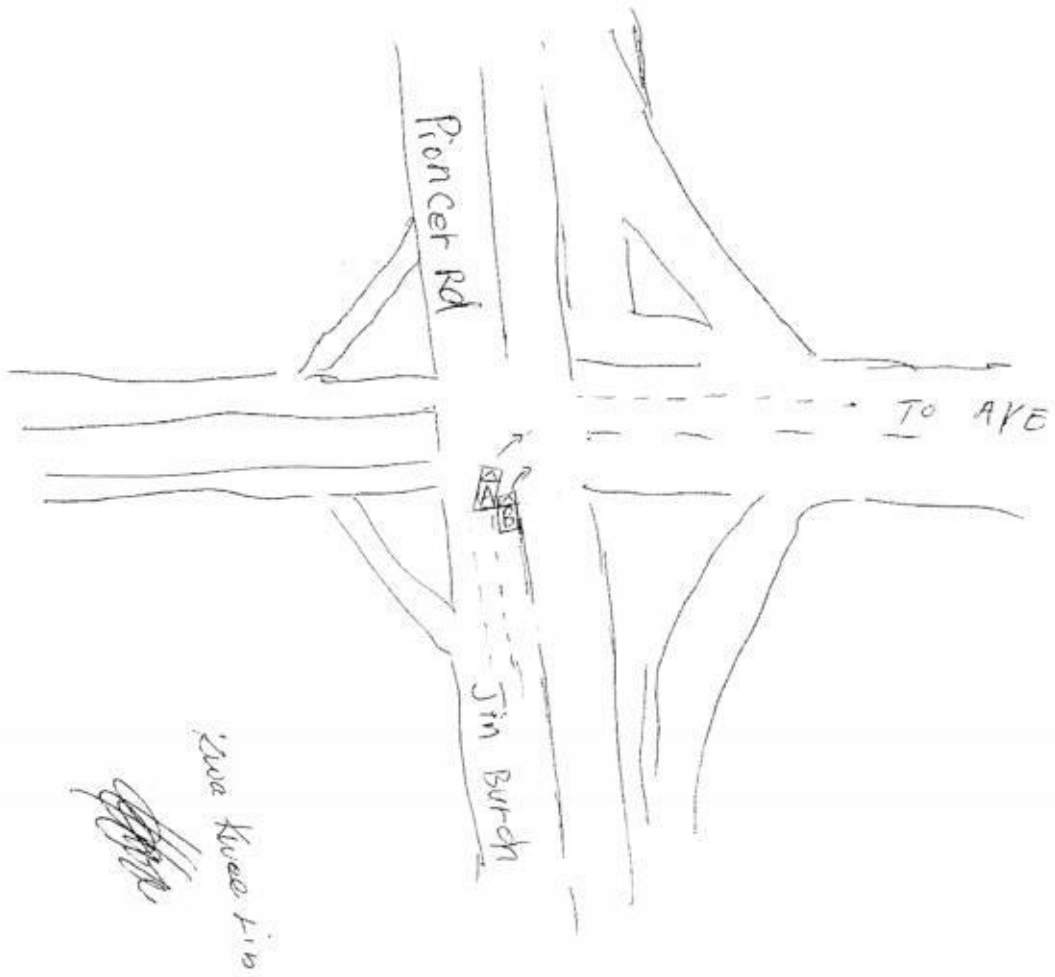
Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:



22/5/2018 @ 2.40pm



A: YJ 9221 X  
B: XD 502M



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





# YEE KEONG MOTOR ENGINEERING

No. 14 Penjuru Road, Singapore 609125  
TEL/FAX: 62620218 | MOBILE: 97808928

Date:

## PROFORMA INVOICE

DATE: 23 July 2018

VEHICLE NO.: XD 502 M

MAKE/MODEL: MITSUBISHI FV517P2RDEB

Thiam Yun Service  
C/O 14 Penjuru Road  
Singapore 609125

REPAIR BILL FOR VEHICLE NO. XD 502 M

Part-By-Part Repair \$7,753.50.

# PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers  
227 Simei St 4 #06-42 Singapore 520227 Fax: 64444886 Company Registration No. 53139926E



## AUTOMOBILE INSPECTION REPORT

To:

**Thiam Yun Service  
C/O 14 Penjuru Road  
Singapore 609125**

### INSURANCE DETAILS

Insured : -  
Policy No. / Claim No. : -  
Sum Insured : -  
Excess Clause : -  
Windscreen Coverage : -  
Type of Claims : Third Party Claims  
Third Party Insurer : -  
Third Party Policy No. : -

### REFERENCE

Assigned By : As above  
Accident Date : -  
Assignment Date : 25 May 2018  
Inspection Date : 25 May 2018  
Our Reference No. : PAS/YK/180722/TP

**Inspection Report Date : 23 July 2018**

**Workshop Name :**

**YEE KEONG MOTOR ENGINEERING**

**Inspection Address :**

**14 Penjuru Road Singapore 609125**

### PARTICULARS OF VEHICLE

Registration No. : XD 502 M  
Make/Model : MITSUBISHI FV517P2RDEB  
Yr of Manuf/Regn : 2006  
Carrying Capacity : -  
Chassis No. : FV517PA00492  
Engine No. : 6D24378406  
Colour : Blue  
Class : Goods ( Lorry )

Mileage : 388698 Km/h  
Radio/Cassette : Fitted  
CD Disc Player : Fitted  
Air Conditioner : Fitted  
Clock : Fitted  
Seat Belt : Fitted  
Wing Mirror Other : Fitted  
Accessories : Fitted

### PRE-ACCIDENT CONDITION (Static Check Only)

Body Work : Good  
Paint Work : Good  
Handbrake : Serviceable  
Footbrake : Serviceable  
Steering : Serviceable  
Any Apparent Eng : None  
Modifications

### VEHICLE VALUE

Market Value : -  
Wreck Value (Part) : -

### TYRE SIZE & CONDITION

Front N/s Size : 295/80R22.5 50 %  
Make : CHAO YANG  
Rear N/s size : 295/80R22.5 50 % 50  
Make : CHAO YANG  
Spare Size : 295/80R22.5 90 %  
Make : CHAO YANG

Front O/s Size : 295/60R22.5 50 %  
Make : CHAO YANG  
Rear O/s Size : 295/80R22.5 50 % 50  
Make : CHAO YANG  
Spare Size :  
Make :  
Jack & Tools : Intact/Missing

**Type of Wheel Rims: Standard**

**Note: The above percentage % represent the estimated remaining tyre threads.**

# PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/Adjusters Cargo Surveyors & Licensed Appraisers



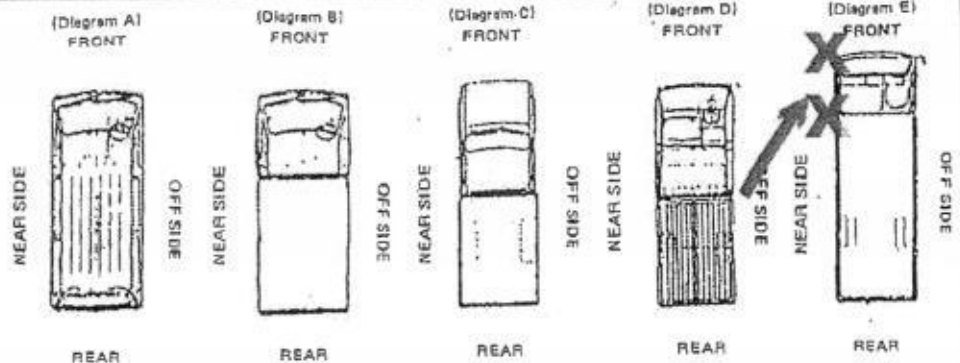
VEHICLE REGISTRATION NO. : XD 502 M

APPENDIX A

## POINT OF IMPACT

Direction of impact/damage marked (→) (X)

The vehicle sustained impact on its N/s Front Portion. (see Diagram E)



## GENERAL DESCRIPTION OF DAMAGES

Parts damaged were :

The front n/s door and corner panel, front bumper & side rubber n/s were dented.

## ADJUSTMENTS & RECOMMENDATIONS

A static inspection was carried out on 25/05/2018 & our report is here with enclosed for your perusal. The Repairs Estimate submitted by M/s YEE KEONG MOTOR ENGINEERING as per attached Appraisalment Schedule have been revised and scrutinised thoroughly by us & in our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Part-By-Part Repair Basis of \$ 7,753.50 after deducting the Policy Excess Clause of \$ NA. As instructed, we have not authorised any of the repairs on your behalf.

	Repairer's		Our	
	Estimate	Amount	Revised	Amount
Spares Parts	7618	00	5713	50
Towing Charges	-	-	-	-
PB Labour Charges	1200	00	980	00
Others Misc Charges	240	00	180	00
Paintwork	1200	00	880	00
Total	\$ 10258	00	\$ 7753	50

Under normal circumstances, the duration of repairs should not exceed Three (03) days excluding Pre - Repair Inspection ( PRI ) / Pre - Repair Survey ( PRS ) waiting time frame & Public Holidays

Attached photographs taken during inspection Forty - Seven ( 47 ) Photographs

## SPECIAL REMARKS

1. The inspection was conducted on a 'without prejudice' basis
2. On 05/06/2018, we examined the new replacement parts.
3. On 06/06/2018, we examined the repaired vehicle.

Yours FaithFully



T F NG PHILIP FOO  
AC II CAE, AMIMI  
AIAME, AMSAE-A  
Licensed Appraiser/Adjuster

Inspection Report Date: 23 July 2018

VEHICLE REGN NO : XD 502 M  
 OUR REFERENCE : PAS/YK/180722/TP  
 INSPECTION REPORT DATE : 23-Jul-18

# APPRAISEMENT SCHEDULE

CONTINUATION SHEET NO : 1

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount \$ cts	Recommendation / Revised Amount \$ cts
<u>PARTS SUPPLY - LIST ITEMS</u>					
1	1pc	N/s Headlamp rim	Bent	114.42	114.42
2	1pc	Front grille panel	Bent	1250.43	1250.43
3	1pc	Front bumper side rubber n/s	Torn	183.11	183.11
4	1pc	Front n/s side lamp	Cracked	254.77	254.77
5	1pc	Front n/s corner panel	Badly Dented	861.19	861.19
6	1pc	Front n/s door lower window mldg	Necessary	225.42	225.42 X 11
7	1pc	Front n/s door	Cracked	4238.46	4238.46
8	1pc	Front n/s door lamp	Dented	174.50	174.50
9	2pcs	Front n/s door hinges @ \$157.85	Bent	315.70	315.70 Rx
			7076.88	7618.00	7618.00
		Less: 25% Discount	5307.66	-	1904.50
				7618.00	5713.50
<u>LABOUR &amp; MISC. CHARGES</u>					
1		Remove the necessary affected parts, straighten front n/s door pillar and wheel arch and replace parts		1200.00	750 980.00
2		Check electrical		20.00	20.00
3		Tuff Kote		50.00	30.00
4		Remove and refit front n/s door parts		120.00	80 100.00
5		Putty & Spraypaint (include front bumper)		1200.00	700 880.00
6		Rewire front portion and refocus headlamp beams		50.00	30.00
SUB / GRAND TOTAL				10258.00	7753.50

SUB / GRAND TOTAL

10258.00 7753.50

PRECISION APPRAISAL SERVICES

6917.66

3 days

*[Signature]*







# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. XD 502M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	N/S HEADLAMP RIM	BENT	114.42	114.42
1	FRONT GRILLE PANEL	BENT	1,250.43	1,250.43
1	FRONT BUMPER SIDE RUBBER N/S	TORN	183.11	183.11
1	FRONT N/S SIDE LAMP	CRACKED	254.77	254.77
1	FRONT N/S CORNER PANEL	BADLY DENTED	861.19	861.19
1	FRONT N/S DOOR LOWER WINDOW MLDG	NOT NECESSARY	225.42	-
1	FRONT N/S DOOR	CRACKED	4,238.46	4,238.46
1	FRONT N/S DOOR LAMP	DENTED	174.50	174.50
2	FRONT N/S DOOR HINGES @ \$157.85	TO REPAIR SEE LABOUR	315.70	-
	LESS 25% DISCOUNT		-	-1,769.22
			7,618.00	5,307.66
<b>LABOUR</b>				
	REMOVE THE NECESSARY AFFECTED PARTS, STRAIGHTEN FRONT N/S DOOR PILLAR AND WHEEL ARCH AND REPLACE PARTS. INCLUSIVE OF THE REPAIR OF FRONT N/S DOOR HINGES.		1,200.00	750.00
	CHECK ELECTRICAL.		20.00	20.00
	TUFF KOTE.		50.00	30.00
	REMOVE AND REFIT FRONT N/S DOOR PARTS.		120.00	80.00
	PUTTY & SPRAY PAINT (INCLUDE FRONT BUMPER).		1,200.00	700.00
	REWIRE FRONT PORTION AND REFOCUS HEADLAMP BEAMS.		50.00	30.00
			2,640.00	1,610.00
<b>GRAND TOTAL</b>			<b>10,258.00</b>	<b>6,917.66</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>6,917.66</b>

Report Ref No. CS3/LPC18009545/T1qd3s2-1

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.


No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

**LKK Auto Consultants Pte Ltd**

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TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
LONPAC INSURANCE BHD			Ref : CS3/LPC18009545/T1qd3s2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Date : 17-08-2018	
			Code : LPC2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	YJ 9221X	Veh. Inspected	XD 502M	
Policy No.	Z/17/VC00/100258	Coverage (\$)	0.00	
Claim No.	17/18/18/VC00/020625	Excess (\$)	0.00	
Assign From	GERALD POH	Assign Date	14/08/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MITSUBISHI FV517P2RDEB	c.c	11945	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	FV517PA00492	Colour	BLUE	
Odometer	388698	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	295/80 R22.5	CHAO YANG	8 mm	
L/H Front Tyre	295/80 R22.5	CHAO YANG	8 mm	
R/H Rear Tyre	295/80 R22.5 (D)	CHAO YANG	8/8 mm	
L/H Rear Tyre	295/80 R22.5 (D)	CHAO YANG	8/8 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	21/05/2018	Inspection Date	25/05/2018	
Survey held at	YEE KEONG MOTOR ENGINEERING NO: 14 PENJURU ROAD SINGAPORE 609125			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		