

22000000

ASS. REC. BY:

REF:

CS3 / SMO18008275 / TTB-1

Special Instruction:

Surveyor

~~AS~~ Taufik

ASSIGNMENT (Office)

From (Person):

Bernard Han

of

SMO

Date/Time:

04.10.2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKL 440167

Insured:

Fx 88403

at Workshop m/s

ACE Automobile

Tel:

of

13 Kaki Bukit Rd 4 #03-29

Policy No:

Claim No:

CMTD1801845

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

04052018

CA / REV / REP. / REV 24 HRS WPI

08052018

H.O.D. Endorsement:

Date/Time:

07052018 1032am

Person Contacted:

Anna

Vehicle IN /

OUT

Date/Time

Action/Instruction (X) Estimate

SKL 440167 - X

Fx 88403 X

Submit lump sum \$3400, 5 days.

(Red: 3200, 48%)

[Signature]
19/10/2018

~~\$10650~~

1/5 \$3400, 5 days.

19/10 File pass to typist

RECEIVED 19 OCT 2018

440-100 = 350

PRS
Tanjong

REF SMO

From Date 08052018

Estimated Cost

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

To Inspect Vehicle No

at Workshop n/s

of

Insured

Policy No

Claims No

Sum Insured

Excess

(Client's Record)

Make of Veh.

(Policy Condition)

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

Bal. or Market Value

IDAC Accident Report

Consistent? Yes or No

GIA / PR Seen

Consistent? Yes or No

Est. Repairs

days Res. Yes or No

Lump Sum

% 3 Val. Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Date / Time

Action / Instruction

* Repair Estimate : S\$ 10,000 - 11,000

* 4 days

19/5/18 submit PRS Report

RECEIVED 17 MAY 2018

One/Time File Pass N

☐

: Prelim. Report

or

☐

: Final Report

Date/Time File Return to

2

Report Format

Lump Sum / L.B. /

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Responsibility

or

or

or

Add Fee:

☐

Extra Insg. 1S

☐

Transport 1S

☐

Tools 1S

☐

Other 1S

100

100

Vehicle No SKL 4401 G (1 Page) 2013 Nov

Type M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer

Make Hyundai Elantra

1591

Colour White

AIQ Insured / Std / NI / NA

Sp Reading

121997

T/Radio Insured / Std / NI / NA

Engine

C/Nr

KM HDH 41 CMD 4910960

Gen. Cond. Good / Fair / Poor / Burnt

Steering In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

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

225/40R18

Tyre Size

F

R

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

TOYO / YOKO or

Front

Rear

R/Bal

6

mm

P/Bal

6

mm

L/Bal

6

mm

L/Bal

6

mm

D.O.A.

D.O.I

8/5/18 @ 1630

Survey held at

Ace Autolotion

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

Catherine Chong (LKK Auto)

From: Han, Bernard <Bernard.han@sompo.com.sg>
Sent: Thursday, 4 October, 2018 7:15 PM
To: admin-d@lkkauto.com; 'assignments@lkkauto.com'
Subject: ACCIDENT INVOLVING FX8840S AND SKL4401G ON 04/05/18, Your ref : CS3/SMO18008275/T1z4be, Our ref : CMTD1801895
Attachments: third party survey report.pdf

Dear Sir / Madam

We refer to the above accident.

1. We appointed your firm to conduct pre-repair inspection (PRI) of SKL4401G.
2. From the PRI report, there were no post-repairs photographs taken.
3. Our insured disagree to the cost of repairs claimed by the car driver.
4. We would like to confirm if the workshop notify and arrange with you to take post-repairs photographs?
 - a. If there were post-repairs photographs taken, please forward us for our perusal.
 - b. If there were post-repairs photographs taken, please let us know the reason why.
5. Please forward us the soft copy of all the photographs taken by your surveyor, for our further discussion with our insured.
6. Please conduct paper re-inspection of SKL4401G, the Third Party Survey report is attached for your reference.

Kindly follow up on points 4 to 6.

Thank you.

Best Regards

BERNARD HAN

Claims Division

D: 6322 4659 | T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

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

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

Quick & Easy Claims Submission¹ & Product Purchase² via Sompo SG

Download now @



or



¹ For Travel, Personal Accident & Home Insurance | ² For Travel, Personal Accident, Home & Private Motor Insurance

Disclaimer: This e-mail, including attachments, is intended for the person(s) or company named and may contain confidential

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 ability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.**
- 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.
- 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	04/05/2018 11:44
Date Of Accident	04/05/2018 07:30
Exact Location Of Accident	KRANJI EXPRESSWAY & PAN ISLAND EXPRESSWAY
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL4401G
Insured/Policyholder	
Name Of Registered Owner	ABDUL RASHID BIN ALI
NRIC No	S1459194Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96183481
Alternative Phone No	OTHERS-96183481
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5062636654-04
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ALIF BIN ABDUL RASHID
NRIC No	S8830265F
Date Of Birth	21/08/1988
Occupation	INDOOR
Date Of Driving Pass	23/07/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84445698
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 362 #02-377 TAMPINES STREET 34
 Postcode 520362
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 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) 3
 Passenger 1
 NAME: : MOHAMED ALSHEIQ BIN FAIZAL AL-JOHARY
 GENDER: : MALE
 Passenger 2
 NAME: : MUHAMMAD FADLY BIN JAMIL
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name NANYANG N.P.C
 Police Station Address ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7929999 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20180504/2021.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FX8840S
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver MUHAMMAD ALIF BIN ABDUL RASHID

Contact Number	84445698
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ALIF BIN ABDUL RASHID
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FX8840S
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. How to fill in: correctly the parties of the accident, i.e. lined up the steps 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 intentional misrepresentation or withholding of material information allow insurance companies to repudiate policy liability
4. "An accident and accident proof of the form by insurance company is a legal document and is to be used by the insurer to defend the insurance company
5. Any false reporting may be referred to the Police for investigation
6. This report will be forwarded to the Director of the Risk Report Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report will for time be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the inclusion 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/We understand, am/knowledge, agree and consent that:

- (a) my insurer, my workshop and the General Insurance Association of Singapore ("GIAS") 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 protracted by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicles involved in the accident (all insurer(s) who have insured vehicles 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 purposes (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;
- (b) administering the 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 envelope/mail packages; and/or
- (c) complying with applicable law in administering, processing, handling and/or dealing with my claims collectively the "Purposes";
- (d) all insurer(s) who have insured vehicles involved in the accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process Personal Information for one or more of the above Purposes; and
- (e) my Personal Information may/are collected or disclosed by the third parties to third parties to service providers or agents (including their lawyers/law firms), which may include outside of Singapore, (one or more of the above Purposes);
- (f) my Personal Information will/are collected and/or disclosed by the third parties to third parties for the purpose of fraud detection, investigation and/or management, prevention and all future claims;
- (g) I/we agree that it is essential to have to agree to have my Personal Information to be collected and/or disclosed by the third parties to third parties for the purpose of fraud detection, investigation and/or management, prevention and all future claims;
- (h) I/we agree that it is essential to have to agree to have my Personal Information to be collected and/or disclosed by the third parties to third parties for the purpose of fraud detection, investigation and/or management, prevention and all future claims;
- (i) I/we agree that it is essential to have to agree to have my Personal Information to be collected and/or disclosed by the third parties to third parties for the purpose of fraud detection, investigation and/or management, prevention and all future claims;

04 MAY 2018

Signature:
Name:
Address:
City:
State:
Postcode:
Country:
Tel:
Fax:
Email:
Mobile:
Zip:
Date:
Time:
Signature:
Name:
Address:
City:
State:
Postcode:
Country:
Tel:
Fax:
Email:
Mobile:
Zip:
Date:
Time:

Signature:
Name:
Address:
City:
State:
Postcode:
Country:
Tel:
Fax:
Email:
Mobile:
Zip:
Date:
Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@sinonet.com.sg

Accident Sketch Plan Pg. 1

SAFETY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

15. 1st to 12. 1st

INFORMATION

ALL INFORMATION IS TO BE KEPT CONFIDENTIAL

04 MAY 2010

10AC KAKI BUKIT (VAC)

25 Kaki Bukit Ave 4

Singapore 415938

Tel: 67471547 Fax: 67492300

www.singaporeair.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180504/0049

Police Station Of Origin:
Nanyang N.P.O.
2 Jurong West Avenue 5 SINGAPORE
649492
Tel No: 1800-7829999

1 of 2
Report No: T/20180504/0049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 04/05/2018 10:42		vide Report No J/20180504/0049		Station Diary No 50	
Informant's Particulars					
Name of Informant: MUHAMMAD ALIF BIN ABDUL RASHID			Address: APT BLK 362 TAMPINES STREET 34 #02-377 SINGAPORE 520362		
ID Type / ID No: NRIC NO / S8630265F			Contact No: Home/Office Mobile: 84445698		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 21/06/1988	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: ICA OFFICER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident	Injury Attended by Police	Drink Drive No	Date/Time of Accident 04/05/2018 07:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 KRANJI EXPRESSWAY PAN ISLAND EXPRESSWAY Lamp Post Number: 365				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Road To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX8860S	Motorcycle				Slightly Damaged	0
SKL44013	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	No. of Pedestrians Injured: Nil	No. of Pedestrian Crossing: Nil
-----------------------------	---------------------------------	---------------------------------

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T201805042021

Police Station Of Origin
Nanyang N.P.C
7 Jooong West Avenue 3 SINGAPORE
140002
Tel No: 18001929999

2 of 3

Report No: T201805042021

CONTINUATION OF REPORT

Rider			
Name	ABDUL HAKIM BIN RAMLI	ID No.	S9635491F
Related Vehicle	FX8840S (Motorcycle)	Contact No.	93570737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MUHAMMAD ALIF BIN ABDUL RASHID	ID No.	S8830265F
Related Vehicle	SKL4401G (Car)	Contact No.	84445686
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 04/05/2018, at around 0730hrs, I was driving my vehicle bearing the registration plate number SKL4401G along lane 1 of 4 KJE heading towards PIE. I saw a vehicle bearing the registration plate number FX8840S was heading towards me on my side mirror. Subsequently, the vehicle hit the rear left side of my vehicle which causes him to skid across the road, stop at the side of the road and came out to assist on the rider namely Abdul Hakim Bin Ramli (NRIC no S9635491F) Hp no 93570737 and called for the police and ambulance.

The police and ambulance then arrived shortly and the rider was conveyed to the hospital. The police officer arrived gave me a report number T20180504/0049. My passengers and I were not injured but the other rider suffers lacerations on his right hands and abrasion on his left knee, ankle and wrist. My vehicle's rear left headlight was cracked while the other vehicle was slightly damaged.

I am lodging this report for insurance's purposes.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



1001605042001

3 of 3

Police Station Of Origin
Nanyang N.P.O.
2 Jurong West Avenue 5 SINGAPORE
149411
Tel No: 6570 7629999

Report No: 1001605042001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474686 stating the report number as reference.

Signature Of Officer Recording The Report

Signature Of Informant

Signature Of Informant

Signature Of Informant

Not applicable

Date/Time

04/05/02 16:10:40

Officer In Charge Of Case

Classification Of Case

Officer In Charge Of Case

Contact No: 65471078

Signature Of Informant

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/018/0287SK

Your Reference: TBA

Date: 30/7/2018

TO: ABDUL RASHID BIN ALI
C/o ACE Autolution Pte Ltd
13 Kaki Bukit Road 4 #03-29
Bartley Biz Centre
Singapore 417807

Assessment of Vehicle No : SKL 4401 G

Date of Accident : 04/05/2018

Date of Inspection : 07/05/2018

We have carried out a physical assessment of SKL 4401 G at ACE Autolution Pte Ltd according to your instructions on 07/05/2018 and are pleased to submit our report as follows;

1.VEHICLE PARTICULARS

Registration No.	:	SKL 4401 G
Make & Model	:	HYUNDAI ELANTRA
Year of Registration	:	11/12/2013
Engine Capacity (cc)	:	1591
Chassis No.	:	KMHDH41CMDU910960
Engine No.	:	GFGDU109642
Colour	:	P/WHITE
Mileage (km)	:	121997

2.VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

3.TYRE PARTICULARS & CONDITION

Front

RH Make/Size	:	TOYO 225/40R18 - 80%
LH Make/Size	:	TOYO 225/40R18 - 80%

Rear

RH Make/Size	:	TOYO 225/40R18 - 80%
LH Make/Size	:	TOYO 225/40R18 - 80%

Note: % denotes the remaining percentage of the tyre

S K AUTO CONSULTANTS

Page No. 2

Our Reference TP/018/0287SK
Vehicle No. SKL 4401 G

4.DESRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the LHS REAR portion

Please see attached schedule for details.



Estimated Amount : S\$9,125.36
Adjusted Amount : S\$6,600/-
Estimated Repair Days : 6 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.

The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **S K AUTO CONSULTANTS** for any reliance on this report by any third party.

S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/018/0287SK
Vehicle No. SKL 4401 G

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)		OUR ASSESSMENT(\$\$)	
	PARTS (LIST ITEMS)					
1	Rear bumper	Deformed		1250.00		1250.00 837
1	Rear bumper lower cover	Deformed		752.00		752.00 376.
1	Rear bumper side retainer LHS	Slot deformed		126.00		126.00
1	Rear bumper reinforcement	Cracked @edge		482.00		482.00
1	LHS Taillamp	Broken		798.20		798.20
1	Rear end panel	Dented at LHS		980.00		980.00 RY
1	LHS Rear fender	dented		978.00		978.00 RY
1	LHS Rear fender inner shield	Refix VB		178.00		178.00
				5544.20		5544.20 2797.2
		less 20%		1108.84	20%	1108.84 2237.71
				4435.36		4435.36
	SPECIAL NETT ITEMS					
1	Reverse sensor	Refix		280.00		0.00
1	Rear end panel sealant	Necessary		100.00		80.00 xnn
1	LHS Rear sports rim	Grazed/Dmg.		980.00		980.00 600
1set	Rear bumper clips	Necessary		60.00		60.00 30
1	Rear fender inner shield clips	Necessary		60.00		40.00 20
1	Rear windscreen sealant	Necessary		100.00		80.00 xnn
	Total Parts			6015.36		5675.36 650.


S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/018/0299SK

Vehicle No. GV 9545 L

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas; replace the damaged parts and components.	1200.00	1000.00 ⁶⁰⁰
2	To supply paint materials, expandable items & putty, respray paint on parts replaced and repaired areas -	1200.00	1000.00 ⁶⁰⁰
3	To remove, check and refix wiring at damaged areas	150.00	120.00 ³⁰
4	To remove and refix rear windscreen	140.00	120.00 ^x
5	To remove and refix/replace inner trims, garnish and rear fittings etc. so as to facilitate repairs	200.00	180.00 ⁶⁰
6	To remove and refix reverse sensors and check for proper function	100.00	80.00 ³⁰
7	To perform anti-rust treatment on affected areas	120.00	90.00 ⁴⁰
	Labour Total :	3110.00	2590.00
	TOTAL (PARTS & LABOUR):	9125.36	8265.36
Note: (For Lump Sum Repair) The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements. The final adjusted Lump Sum contract amount is S\$6,600/-			



 S. Kumanan
 Motor Surveyor

5 days
 4247.76
 4583400.




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 : CS3/SMO18008275/T1tbe2-1	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 22-10-2018	
		Code : SMO	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FX 8840S	Veh. Inspected	SKL 4401G
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1801895	Excess (\$)	0.00
Assign From	BERNARD HAN	Assign Date	04/10/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI ELANTRA	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHDH41CMDU910960	Colour	WHITE
Odometer	121997	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/40 R18	TOYO	6 mm
L/H Front Tyre	225/40 R18	TOYO	6 mm
R/H Rear Tyre	225/40 R18	TOYO	6 mm
L/H Rear Tyre	225/40 R18	TOYO	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	04/05/2018	Inspection Date	08/05/2018
Survey held at	ACE AUTOLUTION PTE LTD 13 KAKI BUKIT ROAD 4 #03-29 BARTLEY BIZ CENTRE SINGAPORE 417807		
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:		5 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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKL 4401G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	1,250.00	837.00
1	REAR BUMPER LOWER COVER	DEFORMED	752.00	376.00
1	REAR BUMPER SIDE RETAINER LHS	SLOT DEFORMED	126.00	126.00
1	REAR BUMPER REINFORCEMENT	CRACKED @ EDGE	482.00	482.00
1	LHS TAILLAMP	BROKEN	798.20	798.20
1	REAR END PANEL	TO REPAIR SEE LABOUR	980.00	-
1	LHS REAR FENDER	TO REPAIR SEE LABOUR	978.00	-
1	LHS REAR FENDER INNER SHIELD	USED BACK	178.00	178.00
	LESS 20% DISCOUNT		-1,108.84	-559.44
			4,435.36	2,237.76
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR (SN)	REFIX	280.00	-
1	REAR END PANEL SEALANT (SN)	NOT NECESSARY	100.00	-
1	LHS REAR SPORTS RIM (SN)	GRAZED / DAMAGED	980.00	600.00
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	60.00	30.00
1	REAR FENDER INNER SHIELD CLIPS (SN)	NECESSARY	60.00	20.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	100.00	-
			1,580.00	650.00
<u>LABOUR</u>				
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS; REPLACE THE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL AND LHS REAR FENDER.		1,200.00	600.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED AND REPAIRED AREAS.		1,200.00	600.00
	TO REMOVE, CHECK AND REFIX WIRING AT DAMAGED AREAS.		150.00	30.00
	TO REMOVE AND REFIX REAR WINDSCREEN.	NOT NECESSARY	140.00	-
	TO REMOVE AND REFIX / REPLACE INNER TRIMS, GARNISH AND REAR FITTINGS ETC. SO AS TO FACILITATE REPAIRS.		200.00	60.00
	TO REMOVE AND REFIX REVERSE SENSORS AND CHEC		100.00	30.00

Report Ref No. CS3/SMO18008275/T1tbe2-1



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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS.		120.00	40.00
			3,110.00	1,360.00
GRAND TOTAL			9,125.36	4,247.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,400.00

Report Ref No. CS3/SMO18008275/T1tbe2-1

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.