

ASS. REC. BY:

REF: CS31 Lpc18018618/ Uvd37

Special Instruction:

Surveyor: Marcus

ASSIGNMENT (Office)

From (Person): Gerald poh

of lpc

Date/Time: 21.11.2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SFC 9969J

Insured: SJS 5347Z

at Workshop m/s Motor Intel

Tel: 8638 3318

of 13 kaki Blk rd 4 #01-20

Policy No:

Claim No: 18/18/18/vpos/021023

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A. 12/10/2018

CA / REV / REP. / REV 24 HRS

wp

H.O.D. Endorsement:

Date/Time: 12.25pm @ 15/10/18

Person Contacted: Wilson

Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SFC 9969J - X
	SJS 5347Z - CC3/AXA 10023174/H/n2c392 DOA: 12/11/2010
	Dismantle - 16/10/18
	After paint - 18/10/18
22/8/18	Submit PRS

22/11/18 Sumit H/s 7000 & ch. (Red H300, 389)

RECEIVED 22 NOV 2018

No bill

By email first

no/cus

REF:

MPC

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SAC9969J
 at Workshop no's: motor inter
 of _____
 Insured _____
 Policy No. _____
 Claims No. _____
 Sum Insured _____ Excess: _____
 (Client's Record) _____
 Make of Veh: _____

Veh No: SAC 9969J Yr Regn: 314
 Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA /
 Make: mer Benz A45 cc 199 /
 Colour: Gray/white A/C: Insured / Std / Nil / NA
 Sp. Reading: 45379 T/Radio: Insured / Std / Nil / NA
 Eng No: _____
 C/No: WDD176222J157472
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: No order / Jammed / Leaked / Burnt or
 Brake: No order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or

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

N/S	O/S

Tyre Size: F: _____ R: 235/30z220
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or centurion /
 Front R/Bal: 6 mm Rear R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A. _____ D.O.I: 15/10/08 25km

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 L/O/S.
 The U/C / Chassis frame / Body Structure affected due to collision.

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time | Action / Instruction
 no settling. any sticker buyer

After rep RECEIVED 22 OCT 2018
 18-10-18

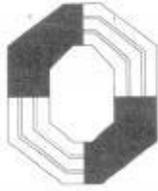
Date/Time File Pass to? : Preli. Report
 : Final Report

Days Of Repair:
 Resurvey No. of Trip:

Survey Fee	
Transportance	
Site Insp (\$)	
Interview (\$)	
Tech Insp (\$)	
Web and (\$)	TOTAL

Date/Time File Return to?
 22/10 - typist
 Report Format: PRS
 Lump Sum / I.B.I: (\$)

Add Fee: Site Insp (\$)
 Interview (\$)
 Tech Insp (\$)
 Web and (\$)



CS3/LPC 180 186 18/Uvd3

LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 18/18/18/VP05/021023

Your Ref :

15 November 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 SFC9969J

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SFC9969J
- b) GIA report of SFC9969J
- c) GIA report & photos of SJS5347Z

Kindly study the documents and let us have your report by 27 November 2018.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email : mt_claim@lonpac.com

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 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 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	15/10/2018 13:31
Date Of Accident	12/10/2018 10:15
Exact Location Of Accident	CARPARK GANTRY @ BREADTALK HQ
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC9969J
Insured/Policyholder	
Name Of Registered Owner	JASON NG KOK SOON
NRIC No	S1766617G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96999969
Alternative Phone No	OFFICE-96999969
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A45 AMG 4MATIC (R19 BI)
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0010913
Cover Note Number	
Driver	
Name of Driver	JASON NG KOK SOON
NRIC No	S1766617G
Date Of Birth	02/02/1966
Occupation	INDOOR
Date Of Driving Pass	29/06/1983
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96999969
Fax Number	
Contact Number	OFFICE-96999969
Email Address	NOEMAIL

Address	69 POH HUAT ROAD #01-05
Postcode	546777
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 - 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

MY VEHICLE WAS STATIONARY AND PARKED IN THE PARALLEL CARPARK OF BREADTALK HQ. I WAS WAITING OUTSIDE MY PARKED VEHICLE WHEN I SAW VEHICLE B REVERSED OUT OF THE CARPARK LOT. I GOT VIDEO RECORDING OF THE ACCIDENT.

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	SJS5347Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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

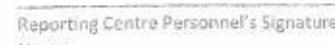
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.:

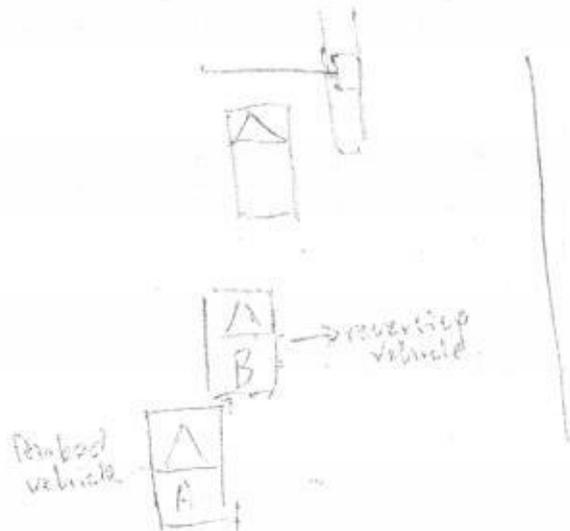
Date of Accident : 12 Oct 2018 Accident Time: 10:12 hrs (24-HR-Format)
 Accident Place : Carpark Country @ Breadtalk 1HG
 Vehicle No. (Car Plate No.) : SFL 9969J Make/Model: MAZDA A45
 Insurance Company : Etiga Policy No: W10010913
 Owner or Company Name / IC No. : Jason Ng Kok Soon 517666176
 Owner or Company Contact No. : 96999969 Owner's Hp: _____ Company Tel: _____
 DRIVER'S Name / IC No. : Jason Ng Kok Soon
 DRIVER'S Date Of Birth : 02 Feb 1986 DRIVER'S License Pass Date 29 Jun 1988
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 69 Rd. Wood Rd #01-25 S(546777)
 DRIVER'S Contact No / Alt No. : 1) 96999969 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____ Sales @ ma.com.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 01 - Driver
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any injury (if YES, Pls state): nil

Other Party Driver's Particular (if any)

Vehicle No: <u>QJS 3347Z</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Car park driveway of Broadwalk 1402
(Level 3)



veh. A: SFC 99695

veh. B: SJS 5347 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary and parked in the car park of Broadwalk 1402. I was waiting outside my parked vehicle when I saw vehicle B reversed and collided into my vehicle while trying to reverse out of the car park lot. I got video recording of the accident.

Vehicle A: SFC 99695
Vehicle B: SJS 5347 Z

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:

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

SKETCH PLAN

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 - (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;
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Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name
NIC/PIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	12/10/2018 16:10
Date Of Accident	12/10/2018 10:20
Exact Location Of Accident	BREADTALK BUILDING CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJS5347Z

Insured/Policyholder

Name Of Registered Owner

TANG WEILING

NRIC No

S8436348J

Email Address

WEILING.PRISCILLA@GMAIL.COM

Mobile Phone No

(LOCAL) +65-82337882

Alternative Phone No

OFFICE-82337882

Vehicle Particulars

Manufacturer

HONDA

Model

JAZZ-1.3 (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

REPORTING ONLY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

LONPAC INSURANCE BHD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

Z18VP05017120

Cover Note Number

21/02/2018 - 20/02/2019

Driver

Name of Driver

TANG WEILING

NRIC No

S8436348J

Date Of Birth

16/11/1984

Occupation

INDOOR

Date Of Driving Pass

14/04/2011

Driving Experience

7 YEARS AND 5 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-82337882

Fax Number

Contact Number

OFFICE-82337882

Email Address

WEILING.PRISCILLA@GMAIL.COM

Address	31 PUNGGOL FIELD #03-07
Postcode	S828816
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	COLLIDED INTO PARKED VEHICLE
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?	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

PLEASE REFER TO REPORT ATTACHED.

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	SFC9969J
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	JASON
NRIC/Passport Number	
Contact Number	96999969
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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 - (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:

12/10/18

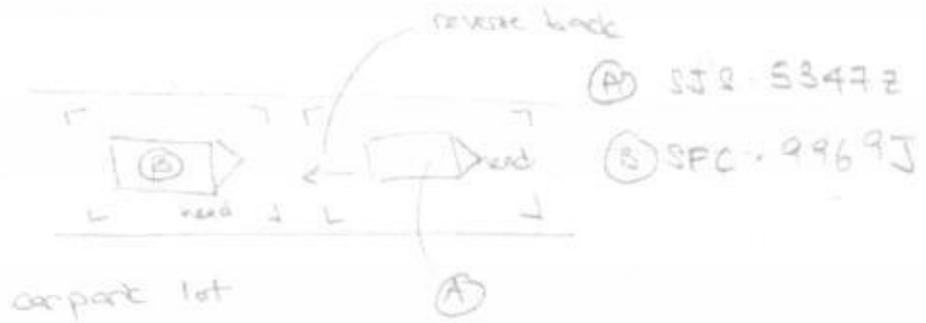
3:40pm



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A, 538 53472 is reversing out of the parallel car park lot to get out of the car park.

Car A accidentally back Car B SFC 9969J.

No injury.

Insurer Co. <u>Lon Pac</u>	
Vehicle No. <u>538 53472</u>	Date of Accident <u>12/10/18</u>
<input checked="" type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input type="checkbox"/> Third Party Claim	

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

12/10/18
3:40
pm

[Signature]
Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



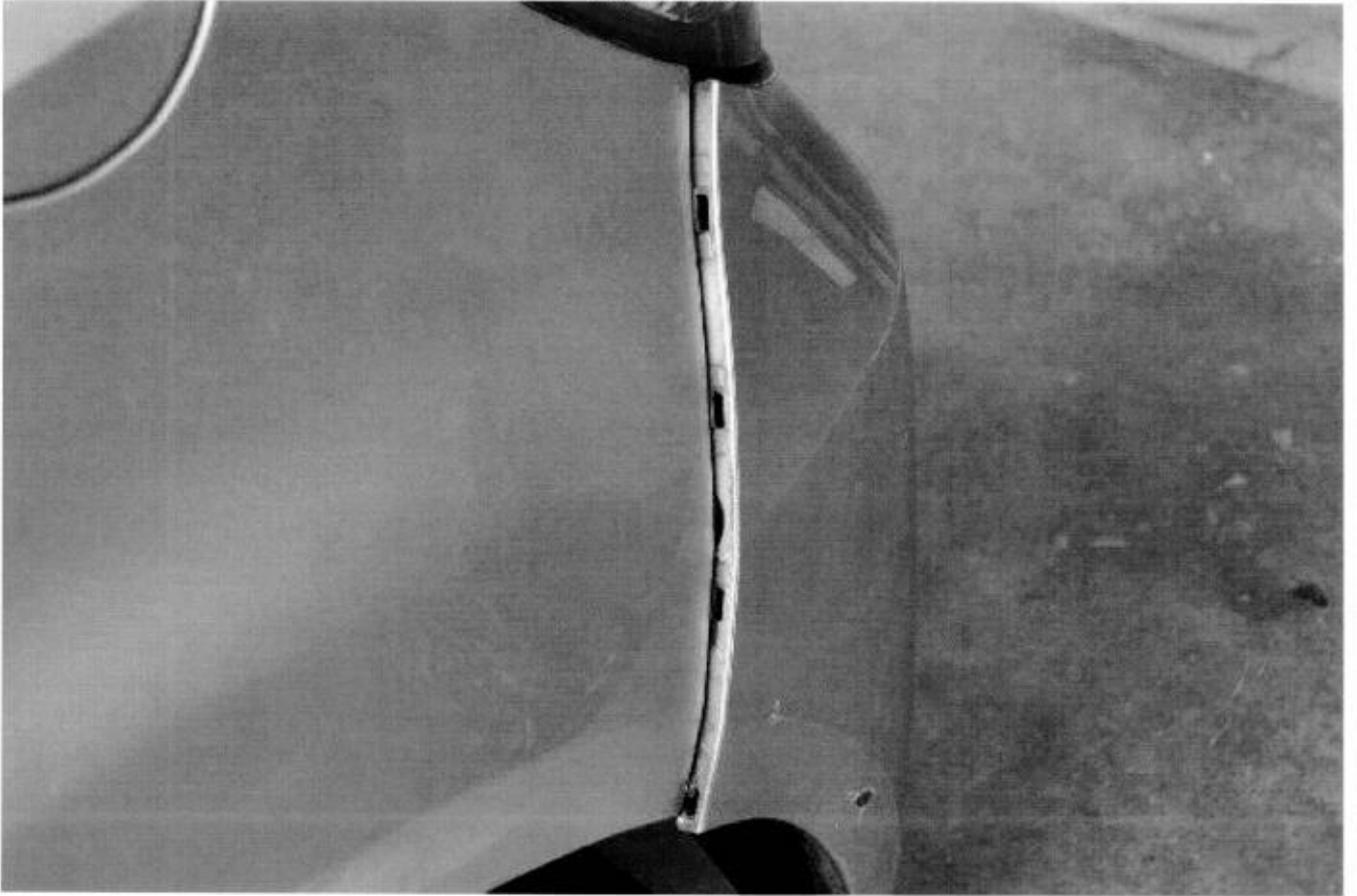
Accident Photo



Accident Photo



Accident Photo



S & C L APPRAISER PTE LTD

24 Penshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 20100228E

VEHICLE INSPECTION REPORT

To: Jason Ng Kok Soon Date : 31 October 2018
C/o: Motor Intel Automo Pte Ltd Our ref : MIA/10/1808/TP
13 Kaki Bukit Road 4, #01-20
Bartley Biz Centre, Singapore 417807

Accident Date : 12 October 2018 Type of Survey : Third Party
Inspection Date : 15 October 2018
Repairer Name : Motor Intel Automo Pte Ltd
13 Kaki Bukit Road 4, #01-20
Bartley Biz Centre, Singapore 417807

PARTICULARS OF VEHICLE

Registration No : SFC 9969 J Year / Capacity : 2014 / 1991 cc
Make / Model : Mercedes Benz A45 Colour : Grey
Chassis No : WDD1760522J157472 Mileage : 55379
Engine No : 13398080001625

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Continental	235/30 R20	5 mm	Sport
Front Offside	: Continental	235/30 R20	5 mm	Sport
Rear Nearside	: Continental	235/30 R20	5 mm	Sport
Rear Offside	: Continental	235/30 R20	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the o/s front portion.
(Details refer to the photographs attached)

Enclosed number of photographs: 81 copies

REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis
and we have not given authorization and instruction to the repairer to proceed with the repair

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$ 11,300.00** on a contractual basis.

Under normal circumstances, the repair period would be about 6 (Six) working days.

SCL APPRAISER PTE LTD

Vehicle Registration No: SFC 9969 J

Our Ref No: MIA/10/1808/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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SPARE PARTS - LIST ITEMS

1	Front headlamp with HID 2789.59	Damage	\$ <i>cm</i> 3,981.00	\$ 3,981.00 ✓
1	Front headlamp inner garnish	Damage	\$ <i>cm</i> 225.00	\$ 225.00 ✓
1	Front headlamp panel	Repair	\$ <i>n</i> 256.00	✓
1	Front headlamp nozzle pen	Damage	\$ <i>nn</i> 215.00	\$ 215.00 ✓
1	Front grille assy	Damage	\$ <i>cm</i> 782.00	\$ 782.00 ✓
1	Front bumper -AMG kit 2800	Damage	\$ <i>de</i> 4,850.00	\$ 4,850.00 ✓
1	Front bumper centre pad	Damage	\$ <i>nn</i> 305.00	\$ 305.00 ✓
1	Front bumper clip (1 set)	Necessary	\$ <i>nn</i> 80.00	\$ 80.00 ✓
1	Front bumper inner sponge	Damage	\$ <i>cm</i> 243.00	\$ 243.00 ✓
1	Front bumper side spoiler	Intact	\$ <i>nn</i> 186.00	✓
1	Front bumper lower side moulding	Damage	\$ <i>nn</i> 280.00	\$ 280.00 ✓
1	Front bumper reinforcement	Damage	\$ <i>nn</i> 683.00	\$ 683.00 ✓
1	Front bumper side grille	Damage	\$ <i>nn</i> 350.00	\$ 350.00 ✓
1	Front bumper side retainer	Necessary	\$ <i>nn</i> 277.00	\$ 277.00 ✓
2	Front bumper PDC sensors	Damage	\$ <i>nn</i> 647.00	\$ 647.00 ✓
1	Front o/s fender	Repair	\$ <i>nn</i> 1,155.00	✓
			\$ 14,515.00	\$ 12,918.00
			Less 10%	\$ 1,451.50
Total Cost - List Items			\$ 13,063.50	\$ 11,626.20 8229.59

SPECIAL NETT ITEMS

1	Front sticker set - Matte	Necessary	\$ 1,200.00	\$ 1,200.00 500
Total Cost - Special Nett items			\$ 1,200.00	\$ 1,200.00

Total cost of parts

	\$	14,263.50	\$	12,826.20
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SCL APPRAISER PTE LTD

Vehicle Registration No: SFC 9969 J

Our Ref No: MIA/10/1808/TP

S/No	Description	Repairer's Estimate	Revised Amount
	Total cost of parts c/f	\$ 14,263.50	\$ 12,826.20

LABOUR

1	To check wiring , lighting and resetting headlamps focussing.	\$ 80.00	\$ 50.00 <i>20</i>
2	To remove and refit front sensor.	\$ 150.00	\$ 120.00 <i>50</i>
3	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 1,000.00	\$ 500.00 <i>300</i>
4	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 800.00	\$ 440.00 <i>400</i>
5	To diagnose erase fault memory after repair.	\$ 300.00	\$ 250.00 <i>80</i>

GRAND TOTAL

\$ 16,593.50 \$ 14,186.20

8756-63
2005

C L APPRAISER PTE LTD

Vehicle Registration No: SFC 9969 J

Our Ref No: MIA/10/1808/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 11,300.00**

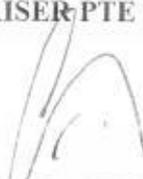
By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

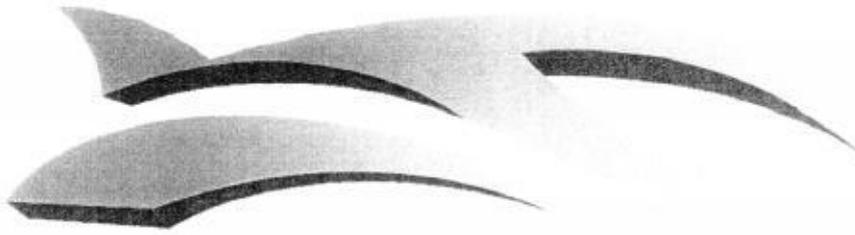
Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser



Motor Intel Automo Pte Ltd

Reg No: 201732961N
 GST No: 201732961N
 13 Kaki Bukit Road 4,
 #01-20 Bartley Biz Centre
 Singapore - 417807
 Mobile no: 91501587 Phone no: 62810087
 Email: sales@mia.com.sg

Customer :

Proforma Invoice No:
PI 150Dated:
November 2, 2018**JASON NG KOK SOON (SFC 9969 J)**

69 POH HUAT ROAD,
 #01-05,
 Singapore - 546777
 Phone no: 96999969

S.No	Item	Description	Quantity	Unit	Rate(SGD)	Amount (SGD)
1	COST OF REPAIR	COST OF REPAIR (LUMP SUM)	1	JOB	11,300.00	11,300.00
Sub Total (SGD)						11,300.00
GST 7% (7%):						791.00
Total (SGD)						12,091.00

Amount in words :

Twelve Thousand Ninety One Singapore Dollar (SGD) Only

Declaration:

We declare that this Proforma Invoice shows the actual price of the goods described and that all particulars are true and correct.

For Motor Intel Automo Pte Ltd

Authorized Signatory



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

LONPAC INSURANCE BHD

Ref : CS3/LPC18018618/Uvd3s2-1

300 BEACH ROAD
#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 26-11-2018



Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJS 5347Z	Veh. Inspected	SFC 9969J
Policy No.	Z18VP05017120	Coverage (\$)	0.00
Claim No.	18/18/18/VP05/021023	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	21/11/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ A45 (A)	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	WDD1760522J157472	Colour	GREY / WHITE
Odometer	55379	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	235/30ZR20	CONTINENTAL	6 mm
L/H Front Tyre	235/30ZR20	CONTINENTAL	6 mm
R/H Rear Tyre	235/30ZR20	CONTINENTAL	6 mm
L/H Rear Tyre	235/30ZR20	CONTINENTAL	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	12/10/2018	Inspection Date	15/10/2018
Survey held at	MOTOR INTEL AUTOMO PTE LTD 13 KAKI BUKIT ROAD 4 @ BARTLEY BIZ CENTRE #01-20 SINGAPORE 147807		

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:	4 Working Days
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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. SFC 9969J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT HEADLAMP WITH HID	CRACKED	3,981.00	2,789.59
1	FRONT HEADLAMP INNER GARNISH	CRACKED	225.00	225.00
1	FRONT HEADLAMP PANEL	TO REPAIR SEE LABOUR	256.00	-
1	FRONT HEADLAMP NOZZLE PEN	NOT NECESSARY	215.00	-
1	FRONT GRILLE ASSY	CRACKED	782.00	782.00
1	FRONT BUMPER - AMG KIT	DENTED / DEFORMED	4,850.00	2,800.00
1	FRONT BUMPER CENTRE PAD	NOT NECESSARY	305.00	-
1	SET FRONT BUMPER CLIP	NECESSARY	80.00	80.00
1	FRONT BUMPER INNER SPONGE	CRACKED	243.00	243.00
1	FRONT BUMPER SIDE SPOILER	NOT NECESSARY	186.00	-
1	FRONT BUMPER LOWER SIDE MOULDING	NOT NECESSARY	280.00	-
1	FRONT BUMPER REINFORCEMENT	DENTED	683.00	683.00
1	FRONT BUMPER SIDE GRILLE	CUT	350.00	350.00
1	FRONT BUMPER SIDE RETAINER	BENT	277.00	277.00
2	FRONT BUMPER PDC SENSORS	NOT NECESSARY	647.00	-
1	FRONT O/S FENDER	TO REPAIR SEE LABOUR	1,155.00	-
	LESS 10% DISCOUNT		-1,451.50	-822.96
			13,063.50	7,406.63
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT STICKER - MATTE (SN)	NECESSARY	1,200.00	500.00
			1,200.00	500.00
<u>LABOUR</u>				
	TO CHECK WIRING, LIGHTING AND RESETTING HEADLAMPS FOCUSSING.		80.00	20.00
	TO REMOVE AND REFIT FRONT SENSOR.		150.00	50.00
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF FRONT HEADLAMP PANEL AND FRONT O/S FENDER.		1,000.00	300.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		800.00	400.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO DIAGNOSE ERASE FAULT MEMORY AFTER REPAIR.		300.00	80.00
			2,330.00	850.00
	GRAND TOTAL		16,593.50	8,756.63
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				7,000.00

Report Ref No. CS3/LPC18018618/Uvd3s2-1

CHUA KANG SENG

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.

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