

ASSIGNMENT
Surveyor

REF CS3/IPC18019268/GVDB-1
ASSIGNMENT (Office)

From (Person) Ong Hi Hi of JPC Date/Time 30/01/2019

OD (T) / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No. SJM 3019R Insured: GZ 2895B
at Workshop no: Toh Motor Enterprise Tel: 9748 3351
of 160 Sin Ming Drive # 05-16

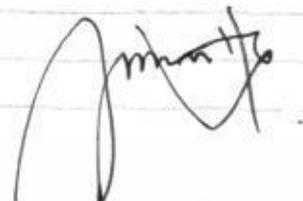
Policy No. Claim No: 181818 / VCOO/021044
Sum Insured Excess

Make of Vehicle (Client's Record) D.O.A 19/10/2008

CA / REV / REP. / REV 24 HRS 'up' H.O.D. Endorsement
Date/Time: 5:30pm @ 23/10/18 Person Contacted: Yee Sheen Vehicle IN (OUT)

Date/Time	Action/Remarks (x) Estimate
	SJM 3019R - OCT / AIG / 110878 / Kphay D.O.A: 10/8/2011
	GZ 2895B - CS3 / IPC 16022353 / Dgn 352-1 D.O.A: 21/11/16

Dismantle - 30/10/18
After paint - 2/11/18
7/11/18 Submit PRS report
Submit ^
29/3/19 LS \$3200, 4 Days.
(Red 1800, 360)


29/3/19

No bill
By email first

PRS
Xhd

REF: LPC

C096K

GOVERNMENT

(-2018)

Form No. 26110118

Val No. SJM3019R
Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or:
Yr Regd: 27 Dec 2008

Estimated Cost

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

To Inspect Vehicle No. SJM 3019R

Make: Honda Civic CC 1799

at Workshop no. Toh Motor

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

at 160 Sin Ming Drive #05-16

Sp Reading: 252278 T/Rack: Insured / Std / NI / NA

Insured

Eng No.

Policy No.

C/Ns: JHMFD16309S201284

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured Excess

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh. Yi Shen @ 9791 9594

Mod: Nil / STD A/Rim or

(Policy Condition)

Tyre Size: F: 215/45 R17
R: 11

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



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

Bal. or Market Value \$18K

TOYO / YOKO or FIRENZA

IDAC Accident Report Consistent? Yes or No

Front Rear
R/Bal 6 mm R/Bal 6 mm

GIA / PR Seen Consistent? Yes or No

L/Bal 6 mm L/Bal 6 mm

Est. Repair: 4 days Res Yes or No

D.O.A D.O.I 26-10-18

Lum Sum: 26 % 3 Val Yes or No

Survey held at W/S 12pm

GA / REV / REP. / 24 HRS (wp)

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

Date Person Contacted Vehicle: IN / OUT

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

Date / Time Action / Instruction

\$3000 - \$4000

RECEIVED 2018

Date/Time File Pass? Preli. Report
 Final Report

Days Of Repair:
Resurvey No. of Trip: Survey Fee

7/11 - typist

Add Fee: Site Insp \$5
 Interview \$5
 Tech Insp \$5
 Photograph \$5

Report Format:
Lump Sum / I.B. / I.C.

Transportation
S * P.L. 3
Photo
Other
Total

Nivitha (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Wednesday, 30 January 2019 3:15 PM
To: assignments@lkkauto.com; Admin-D (LKKAuto)
Cc: MT_Claim_SG
Subject: FW: Your Ref: MN.IG.T1.1812717.st Our Ref: 18/18/18/VC00/021044
Attachments: 30012019125647.pdf; RE: YOur Ref: MN/IG/T1/1812717 (SJM3019R) Our Ref: 18/18/18/VC00/021044 ... (42.2 KB); 21044 TPD SURVEY REPORT.pdf

Dear Catherine/Nivitha

Please refer to the attached and let us have your surveyor's comment/report.

Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



From: Igene Lim [mailto:igene.lim@mneduco.com.sg]
Sent: Wednesday, 30 January, 2019 1:00 PM
To: ONG LI LI
Cc: MT_Claim_SG
Subject: RE: Your Ref: MN.IG.T1.1812717.st Our Ref: 18/18/18/VC00/021044

WITHOUT PREJUDICE

Our Ref : MN.IG.T1.1812717

Hi Li Li,

Coloured photos attached as requested.

Certificate of Insurance and vehicle registration card will be forwarded to you as soon as we receive from our clients.

With thanks & regards,

Igene

M NEDUMARAN & CO

Advocates & Solicitors

Commissioner for Oaths

Branch Office :

No. 11 Sin Ming Road

#B2-09 (Unit 2), Thomson V Two

Singapore 575629

Tel : 6509-8480 / 6509-8481

Fax : 6509-8482

Email : igene.lim@mneduco.com.sg

IMPORTANT NOTE: This electronic mail transmission (including any attachments) is private and confidential and may contain legally privileged information. If you are not the intended recipient, you may not use, copy or disseminate the information contained herein. Please delete this message and its attachments immediately and contact us at (65) **6509-8480** if you have received this message in error. Thank you.

From: ONG LI LI <llong@lonpac.com>
Sent: Tuesday, 29 January 2019 4:50 PM
To: Igene Lim <igene.lim@mneduco.com.sg>
Cc: MT_Claim_SG <mt_claim@lonpac.com>
Subject: Your Ref: MN.IG.T1.1812717.st Our Ref: 18/18/18/VC00/021044

Without Prejudice
Save as to Costs

Dear Sirs/Mdm

ACCIDENT INVOLVING GZ2895B AND SJM3019R ON 19.10.2018

We acknowledge receipt of your letter dated 24 January 2019.

We confirmed insuring GZ2895B at the time of the accident.

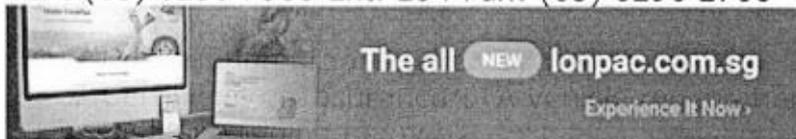
We are investigating your client's claim and will reply to you substantively soon.

In the meantime, please furnish us with the following:-

1. Colour photographs taken by your surveyor
2. Certificate of Insurance/LTA vehicle registration details
3. Video recording, if any
4. Police Investigation result

Yours faithfully

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse
Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



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	20/10/2018 14:43
Date Of Accident	19/10/2018 11:15
Exact Location Of Accident	JUNCTION OF MARINE CRES AND MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3019R
Insured/Policyholder	
Name Of Registered Owner	LUMENS AUTO PTE LTD
Co Reg No	201426961K
Email Address	MERVYN@LUMENS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91244015

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	18-MJ001357-R00
Cover Note Number	

Driver

Name of Driver	LIM MING HUEI
NRIC No	S1770761B
Date Of Birth	05/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1984
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98447171
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 11 LORONG 8 TOA PAYOH #09-304
 Postcode 310011
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRE
 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?
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. YES
 Number of Passengers (Including Driver) 2
 Passenger 1
 NAME: : NA
 GENDER: : FEMALE

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

AS SKETCH PLAN

Attachment(s)

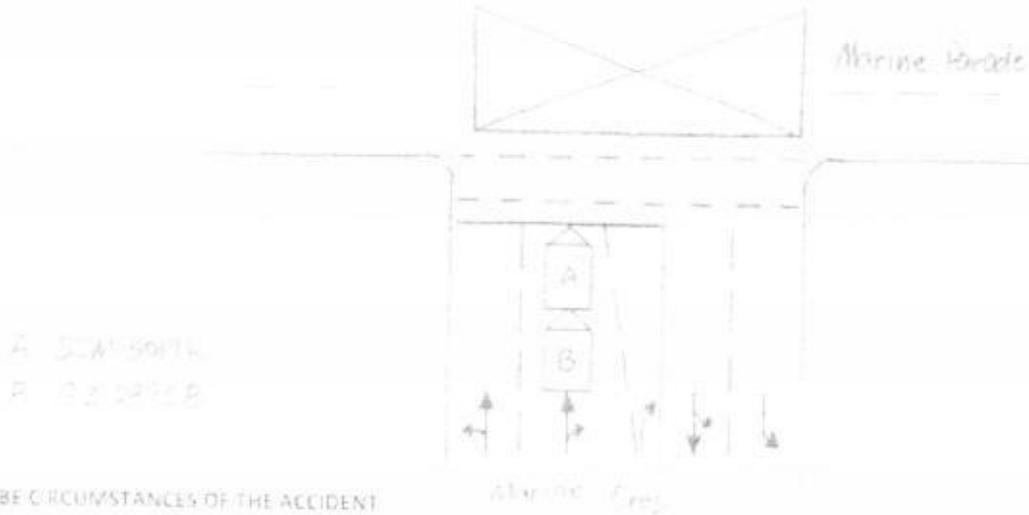
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GZ2895B
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver ANG U TECK
 NRIC/Passport Number S2626754D
 Contact Number 96639232
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN



A SW 5074
B 02 28718

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In the 15/10/2012 at about 11:45am I was travelling along Marine Lane at the junction between Marine Parade Road the traffic light was red I stopped and waiting. The vehicle in suddenly shifted into 1st gear from reverse at the 1st red light.

DECLARATION

I hereby declare that the information given is true and correct.

Reporting Officer
Name: [Signature]

Witness
Name: [Signature]
Address: [Signature]

Reporting Officer
Name: [Signature]
NRIC No: [Signature]

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 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	19/10/2018 17:59
Date Of Accident	19/10/2018 13:40
Exact Location Of Accident	T JUNCTION ALONG MARINE TERRACE INFRONT BLK 55
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ2895B
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	MING TECK AIR-CONDITIONING & ELECTRICAL ENGINEERIN
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96639232
Alternative Phone No	OFFICE-96639232

Vehicle Particulars

Manufacturer	NISSAN
Model	-

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	THIRD PARTY
Fleet Policy	NO
Policy Number	Z/18/VC00/101232
Cover Note Number	

Driver

Name of Driver	ANG U TECK
NRIC No	S2626754D
Date Of Birth	24/11/1958
Occupation	INDOOR
Date Of Driving Pass	11/07/1988
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96639232
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address -
 Postcode
 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 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

refer attached report.

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 SJM3019R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number 98557171
 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.
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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**.
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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:

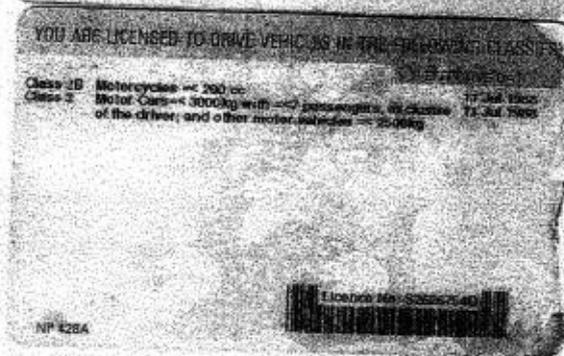
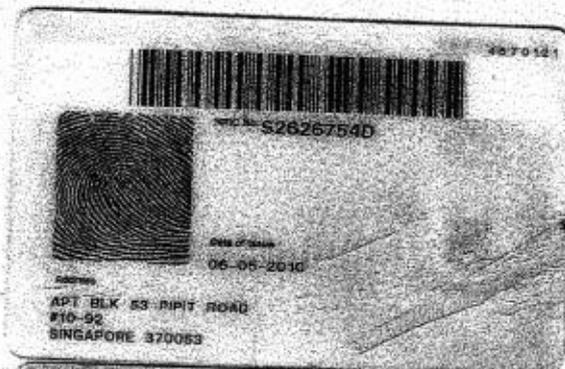
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.

MANG TECK AIR-CONDITIONING & ELECTRICAL ENGINEERING
48 CIRCUIT ROAD #05-727
SINGAPORE 370048

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.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
Mobile: 9688-0413 Fax: 6266-7396
Email: absolute.app.svcs@gmail.com

Vehicle Inspection Report

To: Lumens Auto Pte Ltd
C/o: 160 Sin Ming Drive #05-16
Sin Ming AutoCity (S) 575722

Date of report: 08.11.2018
Date of request: 26.10.2018
Date of inspection: 26.10.2018
Date of accident: 19.10.2018
Claim type: Third Party Claim

Report No: AAS/2018/461

Particulars of affected vehicle:

Registration no:	SJM3019R	Odometer:	252278 km
Make/Model:	Honda Civic 1.8 (A)	Engine Capacity:	1798 cc
Year of registration:	2008	Engine no:	R18A14006558
Colour:	Metallic Black	Chassis no:	JHMFD16309S201284

Condition of tires:

Front Left:	6mm	Front Right:	6mm
Make:	Firenza	Make:	Firenza
Rear Left:	6mm	Rear Right:	6mm
Make:	Firenza	Make:	Firenza

Type of road wheel: Alloy (The above represent the remaining life of the tire thread)

Pre-accident condition (Static tests only)

General Bodywork	: Good
Paintwork	: Good
Handbrake	: In order
Footbrake	: In order
Steering	: In order
Apparent engine modification	: Nil

The Assignment

The inspection was conducted at M/s. Toh Motor Enterprise
160 Sin Ming Drive #05-16
Sin Ming AutoCity (S) 575722

(Subsequent inspection was conducted)

Assessment

Repairer's estimate:	\$ 8,178.48
Revised estimate:	\$ 6,256.40
Recommended reserve:	\$ 5,000.00 (Lump sum)

Estimated normal duration of repairs : 7 Working days



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
Mobile: 9688-0418 Fax: 6266-7396
Email: absolute.app.svcs@gmail.com

Vehicle No: SJM3019R

Report No: AAS/2018/461

W/O PREJUDICE

Point of impact

At the rear portion.

General description of damages

The boot lid, boot lid lamps, tail lamps, rear bumper, tail end panel, etc.

Other parts were also found damaged. (See schedule for details)

Recommendation

The estimate cost of repair submitted by M/s Toh Motor Enterprise as per schedule attached have been revise and scrutinize. We list the breakdown of our findings and recommendation as per attached.

Our adjusted amount for the cost of repair is SGD \$6,256.40

Conclusion

The repairer has agreed to undertake the repair at a lumpsum of SGD \$5,000.00

Under normal circumstances, the repair of the damaged vehicle should be completed within a reasonable period of 7 working days.

We have **Not Authorised** and/or instruction to the repairer to proceed with the repairs. This inspection was conducted entirely on a 'Without Prejudice' basis.

We are pleased to advise that the inspection was carried out accordingly and hereby submit our appraisal report which includes 58 photographs.

Your Faithfully
Absolute Appraisal Services Pte Ltd



Nicky Seah
Automobile Appraiser
MSAAA / MSMCTA



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
 160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
 Mobile: 9688-0418 Fax: 6266-7396
 Email: absolute.app.svcs@gmail.com

Vehicle No: SJM3019R
 Appraisal Schedule

Report No: AAS/2018/461

S/N	Parts Description	Qty	Condition		Repairer's Est	Revised Est
1	Rear bumper	1	Dented		\$ 685.30	\$ 685.30 /
2	Rear bumper retainer LH/RH	2	Cracked	\$ 33.20	\$ 66.40	\$ 66.40 /
3	Rear bumper clips	8	Necessary	\$ 3.00	\$ 24.00	\$ 24.00 /
4	Boot lid	1	Dented		\$ 988.50	\$ 988.50 / 760
5	Boot lid lock	1	Distorted		\$ 91.80	\$ 91.80 /
6	Boot lid catch	1	Serviceable		\$ 32.10	- x NN
7	Boot lid weather-strip	1	Necessary		\$ 91.10	\$ 91.10 /
8	Boot lid lamp LH/RH	2	Loop Broken	\$ 287.40	\$ 574.80	\$ 574.80 /
9	Boot lid emblem	1	Necessary		\$ 35.80	\$ 35.80 /
10	Boot lid nameplate 'Civic'	1	Necessary		\$ 38.00	\$ 38.00 /
11	Boot lid hinges LH/RH	2	Serviceable	\$ 189.50	\$ 379.00	- x
12	Boot lid hinges cover LH/RH	2	Serviceable	\$ 57.40	\$ 114.80	- x NN
13	Boot lid hinges cover clips	4	Necessary	\$ 3.00	\$ 12.00	\$ 12.00 x
14	Boot lid inner trim clips	8	Necessary	\$ 3.00	\$ 24.00	\$ 24.00 x
15	Tail end panel	1	Dented		\$ 595.40	\$ 595.40 x R
16	Tail end panel top garnish	1	Deformed		\$ 128.30	\$ 128.30 /
17	Tail lamp LH/RH	2	Cracked 1pc-309	\$ 487.20	\$ 974.40	\$ 974.40 / 618
18	Tail lamp lower bracket LH/RH	2	Dented	\$ 26.60	\$ 53.20	\$ 53.20 x NN
19	Spare tyre cover	1	Serviceable		\$ 289.20	- x NN
Total:					\$ 5,198.10	\$ 4,383.00 3113.50
-20%					\$ 1,039.62	\$ 876.60
List total:					\$ 4,158.48	\$ 3,506.40 2490.80
1	Reverse sensor	1set	Malfunctioned		\$ 300.00	\$ 250.00 200 /
2	joint sealant	1	Necessary		\$ 60.00	\$ 40.00 /
Special nett total:					\$ 360.00	\$ 290.00 240
Parts Total:					\$ 4,518.48	\$ 3,796.40



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
Mobile: 9688-0419 Fax: 6266-7996
Email: absolute.app.svcs@gmail.com

Vehicle No: SJM3019R

Report No: AAS/2018/461

S/N Labour Description

Repairer's Est

Revised Est

1 Remove & refit rear trimmings.

\$ 100.00

\$ 60.00 ✓

2 Transfer boot lid fittings.

\$ 100.00

\$ 60.00 ✓

3 Renew reverse sensor.

\$ 80.00

\$ 50.00 40

4 Anti rust on rust rear affected area.

\$ 100.00

\$ 40.00 X NW

5 Check rear lighting and wirings.

\$ 80.00

\$ 50.00 30 ✓

6 Remove & renew rear damaged parts.

\$ 1,600.00

\$ 1,000.00 500

7 Respray all rear damaged parts.

\$ 1,600.00

\$ 1,200.00 600 ✓

Labour Total:

\$ 3,660.00

\$ 2,460.00 290

Grand Total:

\$ 8,178.48

\$ 6,256.40

The final adjusted lump sum amount is \$5,000.00

Under normal circumstances, the repair should be completed within a reasonable period of 7 working days.

58 Photographs were taken at the time of inspection.

4020.8

20%: 3200

4 Days

0

Disclaimer: This report is intended for the exclusive use of the address solely in relation to the loss occurrence in which the assessed vehicle involved. No liability or responsibility whatsoever shall be held by Absolute Appraisal Service Pte Ltd for any reliance on this report by any third party.



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/LPC18019268/Gvd3s2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 29-03-2019	
		Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GZ 2895B	Veh. Inspected	SJM 3019R
Policy No.		Coverage (\$)	0.00
Claim No.	18/18/18/VC00/021044	Excess (\$)	0.00
Assign From	ONG LI LI	Assign Date	30/01/2019
2. Vehicle Particulars & Condition			
Make & Model	HONDA CIVIC	c.c	1799
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JHMFD16309S201284	Colour	BLACK
Odometer	252278	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/45Z R17	FIRENZA	6 mm
L/H Front Tyre	215/45Z R17	FIRENZA	6 mm
R/H Rear Tyre	215/45Z R17	FIRENZA	6 mm
L/H Rear Tyre	215/45Z R17	FIRENZA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	19/10/2018	Inspection Date	26/10/2018
Survey held at	TOH MOTOR ENTERPRISE 160 SIN MING DRIVE #05-16 SIN MING AUTOCITY SINGAPORE 575722		
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	



LKK Auto Consultants Pte Ltd

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

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJM 3019R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DENTED	685.30	685.30
2	REAR BUMPER RETAINER LH/RH @\$33.20	CRACKED	66.40	66.40
8	REAR BUMPER CLIPS @\$3.00	NECESSARY	24.00	24.00
1	BOOT LID	DENTED	988.50	760.00
1	BOOT LID LOCK	DISTORTED	91.80	91.80
1	BOOT LID CATCH	NOT NECESSARY	32.10	-
1	BOOT LID WEATHER-STRIP	NECESSARY	91.10	91.10
2	BOOT LID LAMP LH/RH @\$287.40	LOOP BROKEN	574.80	574.80
1	BOOT LID EMBLEM	NECESSARY	35.80	35.80
1	BOOT LID NAMEPLATE 'CIVIC'	NECESSARY	38.00	38.00
2	BOOT LID HINGES LH/RH @\$189.50	NOT NECESSARY	379.00	-
2	BOOT LID HINGES COVER LH/RH @\$57.40	NOT NECESSARY	114.80	-
4	BOOT LID HINGES COVER CLIPS @\$3.00	NOT NECESSARY	12.00	-
8	BOOT LID INNER TRIM CLIPS @\$3.00	NOT NECESSARY	24.00	-
1	TAIL END PANEL	TO REPAIR SEE LABOUR	595.40	-
1	TAIL END PANEL TOP GARNISH	DEFORMED	128.30	128.30
2	TAIL LAMP LH/RH @\$487.20	CRACKED	974.40	618.00
2	TAIL LAMP LOWER BRACKET LH/RH @\$26.60	NOT NECESSARY	53.20	-
1	SPARE TYRE COVER	NOT NECESSARY	289.20	-
	LESS 20% DISCOUNT		-1,039.62	-622.70
			4,158.48	2,490.80
<u>SPECIAL NETT ITEMS</u>				
1	SET REVERSE SENSOR (SN)	MALFUNCTIONED	300.00	200.00
1	JOINT SEALANT (SN)	NECESSARY	60.00	40.00
			360.00	240.00
<u>LABOUR</u>				
	REMOVE & REFIT REAR TRIMMINGS.		100.00	60.00
	TRANSFER BOOT LID FITTINGS.		100.00	60.00
	RENEW REVERSE SENSOR.		80.00	40.00
	ANTI RUST ON RUST REAR AFFECTED AREA.	NOT NECESSARY	100.00	-
	CHECK REAR LIGHTING AND WIRINGS.		80.00	30.00
	REMOVE & RENEW REAR DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF TAIL END PANEL.		1,600.00	500.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	RESPRAY ALL REAR DAMAGED PARTS.		1,600.00	600.00
			3,660.00	1,290.00
	GRAND TOTAL		8,178.48	4,020.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,200.00

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XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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