

22/03/2002

ASS. REC. BY:

REF: C93 / Lpc 18052675 / B7d3-1

Special Instruction:

Surveyor: Mr Lim ASSIGNMENT (Office)

From (Person): Gerald of LPC Date/Time: 28/02/2019

Estimated Cost: J Bill to: _____

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

To Inspect Vehicle No: SKE 470U Insured: YK 5323G

at Workshop m/s Eng Soon Painting Tel: 6760 6271

of Blk 4 Yew Tee Ind Estate 393-J

Policy No: _____ Claim No: 18/18/19 / VC00 / 021235

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15/12/018
(Client's Record)

CA / REV / REP. / REV 24 HRS w/p

Date/Time: 18/12/018 2:50pm Person Contacted: Mr. Ted H.O.D. Endorsement: _____

Vehicle IN / OUT

Date/Time Action/Instruction (X) Estimate

SKE 470U - X

YK 5323G - X

Submit PRS Report.

lump sum \$ 3100 - (Red: 4400: 58%)

4/3/2019

RECEIVED 07 MAR 2019

5 days

PRS

REF: JPC

ASSIGNMENT

UIC No: Date: 19/12/18

Veh No: SKE 470E Yr Bgn: 29/8 / 2008

Estimated Cost

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

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

Truck / Trailer or

To Inspect Vehicle No: SKE 470U
at Workshop no: Eng Soon Painting
of Blk 4, Yew Tee Ind. Est. 393-J

Make: TOYOTA VIO CC: 1497

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

Sp. Reading: 11748 T/Ratio: Insured / Std / NI / NA

Eng No: INEX797347

C/No: MRO534V930507844 B

Gen. Cond: Fair / Poor / Burnt

Steering: Jammed / Leaked / Burnt or

Brake: Jammed / Leaked / Burnt or

Mod: Nil S/Rim / STD A/Rim or

Tyre Size: F: 185/60R/15

R: 185/60R/15

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

TOYO / YOKO or NEXEN

Insured

Policy No

Claims No

Sum Insured:

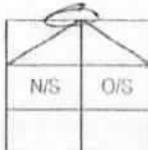
Excess:

(Client's Record)

Make of Veh:

After 12pm

(Policy Condition)



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

Brit. or Market Value:

Front

Rear

IDAC Accident Report: Consistent?: Yes or No

R/Bal. 5 mm R/Bal. 5 mm

GIA / PR Seen: Consistent?: Yes or No

L/Bal. 5 mm L/Bal. 5 mm

Est. Repairs: 4 days Res.: Yes or No

D.O.A. 15/12/18 D.O.I. 19/12/18 @ 03:44PM

Lump Sum: % 3 Val.: Yes or No

Survey held at ENG SOON PAINTING

CA / REV / REP. / 24 HRS ^{1up}

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

Date: Person Contacted:

Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV 26,000/-

PV 15,977/-

NV 24,023

RECEIVED 08 JAN 2019

Date/Time, File Pass to?

Blk Typist

: Prelim. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

3

Add Fee: Site Insp (\$

Interview (\$

Tech Invs (\$

Weekend (\$

Transportation

S + RD SI

Photos

Other

TOTAL

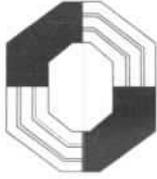
TG in
Lur
26/12/18

Report Format: TPPRS

Lump Sum / I.B.E. (\$

450

450



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 18/18/19/VC00/021235

Your Ref : CS3/LPC18022675/Btbe2

26 February 2019

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 SKE470U

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SKE470U
- b) GIA report SKE470U
- c) GIA report and photos of YK5323G

Kindly study the documents and let us have your report by 11 March 2019.

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 willful misrepresentation or withholding of material facts may cause 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 G.A. Records Management Centre established by the General Insurance Association of Singapore (GIAS) 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 and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	15/12/2018 11:26
Date Of Accident	15/12/2018 10:00
Exact Location Of Accident	INSIDE WEST LINK ONE BLDG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE470U
Insured/Policyholder	
Name Of Registered Owner	REVATHI D/O SAKER
NRIC No	S8741328D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81235916
Alternative Phone No	OFFICE-81235916

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104784488 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	DANNY ANIK KUMAR
NRIC No	S8401746I
Date Of Birth	14/01/1984
Occupation	INDOOR
Date Of Driving Pass	12/11/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81235916
Fax Number	
Contact Number	OFFICE-81235916
Email Address	NOEMAIL

Address 411 BUKIT BATOR WEST AVE 4
 #07-180
 Postcode 8650411
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 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?
 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) 0

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 ALONG THE DRIVEWAY IN WEST LINK BLDG. I WAS STANDING AT THE SIDE OF MY VEHICLE, THERE WAS A TRUCK WHICH WAS REVERSING HIS VEHICLE, THE SAID DRIVER FAILED TO NOTICED MY VEHICLE AND AS A RESULT, THE REAR LF PORTION OF THE SAID TRUCK HIT ONTO THE FRONT PORTION OF MY VEHICLE.

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 YK5323G
 Vehicle Make/Model/Colour TRUCK (STANPACK IND PTE LTD)
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver FONG TING KWOK
 NRIC/Passport Number S2640641B
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false 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.

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659415
Tel: 6560 3312 Fax: 6560 3313
Email: vac@idac.com.sg

15 DEC 2018



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.:

ENG SOON PAINTING SERVICES

Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677978
Tel: 6760 6271

Revathi D/o Saker

c/o M/s Eng Soon Painting Services
Block 4 Yew Tee Ind Est 393-
Woodlands Road
Singapore 677969

Date: 3 January 2019

Dear Sir,

Date of accident : 15/12/2018
Final repair bill to SKE 470 U

To Supply,

Repairs recommended By the surveyor	\$7,500.00
Total	\$7,500.00

Dollars : SEVEN THOUSAND FIVE HUNDRED ONLY

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the **front & rear** portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 05 working days to complete

5. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey done on a **"Without Prejudice"** basis. We hope that this report will be of assistance to you in dealing with the matter.

6. Should you discover any discrepancy in the report, please kindly notify us **within 1 week**, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to 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 vehicles and/or other accidents in other legal proceedings.

Vehicle Number : SKE470U

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
<u>List Items</u>				
1 pc	Front bumper fascia	deformed	\$ 383.20	\$ 383.20 DD ✓
1 pc	Front bumper top support garnish	deformed	\$ 181.75	\$ 181.75 BR ✓
1 pc	Front bumper reinforcement	distorted	\$ 330.35	\$ 330.35 DD ✓
2 pcs	Front bumper reinforcement bracket	dent	\$ 562.40	\$ 200.00 562.40 BT ✓
2 pcs	Front bumper side retainer	distorted	\$ 262.20	\$ 32.00 262.20 BR ✓
1 pc	Front bumper air guide	deformed	\$ 131.75	\$ 131.75 NN ✓
1 pc	Front bumper badge	necessary	\$ 61.00	\$ 47.00 61.00 NE ✓
1 pc	Front bumper clips	necessary	\$ 129.00	\$ 38.00 129.00 NE ✓
1 pc	Front bonnet assy	deformed	\$ 742.20	\$ 742.20 DD ✓
1 pc	Front grille	deformed	\$ 204.70	\$ 204.70 NN ✓
4 pcs	Front grille clips	necessary	\$ 77.40	\$ 77.40 NN ✓
1 pc	Front bumper air grille garnish	deformed	\$ 362.40	\$ 362.40 NN ✓
2 pcs	Headlamp L/R H	distorted	\$ 803.50	\$ 803.50 BR ✓
1 pc	Front support panel	dent/distorted	\$ 981.40	\$ 959.80 981.40 DD ✓ XR
1 pc	Aircon condenser	distorted	\$ 981.40	\$ 753.70 981.40 DD ✓
2 pcs	Aircon condenser top mounting	bent/deformed	\$ 86.20	\$ 86.20 NN ✓
2 pcs	Aircon condenser bottom mounting	bent/deformed	\$ 87.80	\$ 87.80 NN ✓
1 pc	Radiator assy	dent/distorted	\$ 981.40	\$ 981.40 NN ✓
		Parts Sub-Total	\$ 7,350.05	\$ 7,350.05
		Discount 25.00%	\$ 1,837.51	\$ 1,837.51
			\$ 5,512.54	\$ 5,512.54

Vehicle Number : SKE470U

SPARE PARTS

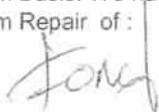
QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
<u>Special Nett Items</u>				
1 pc	Number plate casing ' emboss '	distorted	\$ 50.00	\$ 50.00
1 pc	Number plate casing	dent/distorted	\$ 30.00	\$ 30.00
		Special Nett Sub-Total	\$ 80.00	\$ 80.00
		Spare Parts Total	\$ 5,592.54	\$ 5,592.54

LABOUR COST

S/No	JOB DESCRIPTIONS	Workshop Estimation (\$)	Our Revised Estimation (\$)
	Spare Parts Total c/f	\$ 5,592.54	\$ 5,592.54
1	To check & repair snap wiring	\$ 120.00	\$ 100.00 ^{40.00}
2	To remove and refix interior upholstery	\$ 180.00	\$ 150.00 NNX
3	To respray affected areas	\$ 1,800.00	\$ 1,600.00 ^{600.00}
4	To remove & replace air con condenser, piping, vacuum & top up gas	\$ 180.00	\$ 150.00 ^{120.00}
5	To remove & replace radiator & top up coolant	\$ 120.00	\$ 100.00 NNX
6	To renew damaged parts, straightener and repair front chassis member & aligned all parts.	\$ 1,600.00	\$ 1,400.00 ^{400.00}
	Total	\$ 9,592.54	\$ 9,092.54

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair of:

\$ 7,500.00



Fong Kok Heng
Qualified Appraiser

TCCM
Mina

4/3/19

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.
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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. 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	19/12/2018 17:12
Date Of Accident	15/12/2018 09:50
Exact Location Of Accident	1 TUAS VIEW PLACE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YK5323G
Insured/Policyholder	
Name Of Registered Owner	STANPACK INDUSTRIES PTE LTD
Co Reg No	0
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98433102
Vehicle Particulars	
Manufacturer	NISSAN
Model	MKB210N02771
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/VC00/102658
Cover Note Number	
Driver	
Name of Driver	FONG TING KWOK
NRIC No	S2640641B
Date Of Birth	22/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	25/02/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98433102
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 305 JURONG EAST ST 32 # 08- 148
Postcode	600305
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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.	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 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	SKG470U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81235916
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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.



Handwritten signature of Driver

Handwritten signature of Reporting Centre Person

Policyholder's Signature
Date & Time:

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

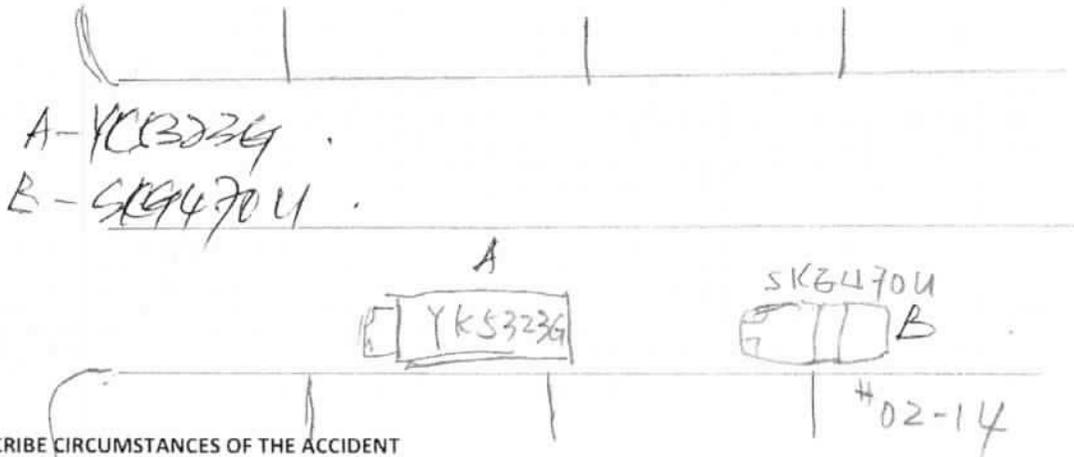
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.
() Claim Own Damage () Claim TP (x) Reporting Only () Claim OD/TP at other workshop

Handwritten signature of Reporting Centre Person

Workshop Name : _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

本人方定國於15-12-2018年早上去大士貨倉
 拿貨 #02-14, 有一輛車 SK6470U
 I Tuas View Place
 停在貨倉門口, 因 YK5323G 後退時判斷錯誤,
 車尾右邊車把碰到 SK6470U 車頭部份。
 On 5/12/18, in the morning, I was driving my vehicle
 into Tuas Warehouse to collect goods. The unit number
 is #02-14 (I Tuas View Place). There was a vehicle,
 SK6470U which was parked in front of warehouse entrance.
 Due to my judgement of YK5323G when I reversing,
 vehicle YK5323G's rear collided into vehicle
 SK6470U's front side.

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:

方定國

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

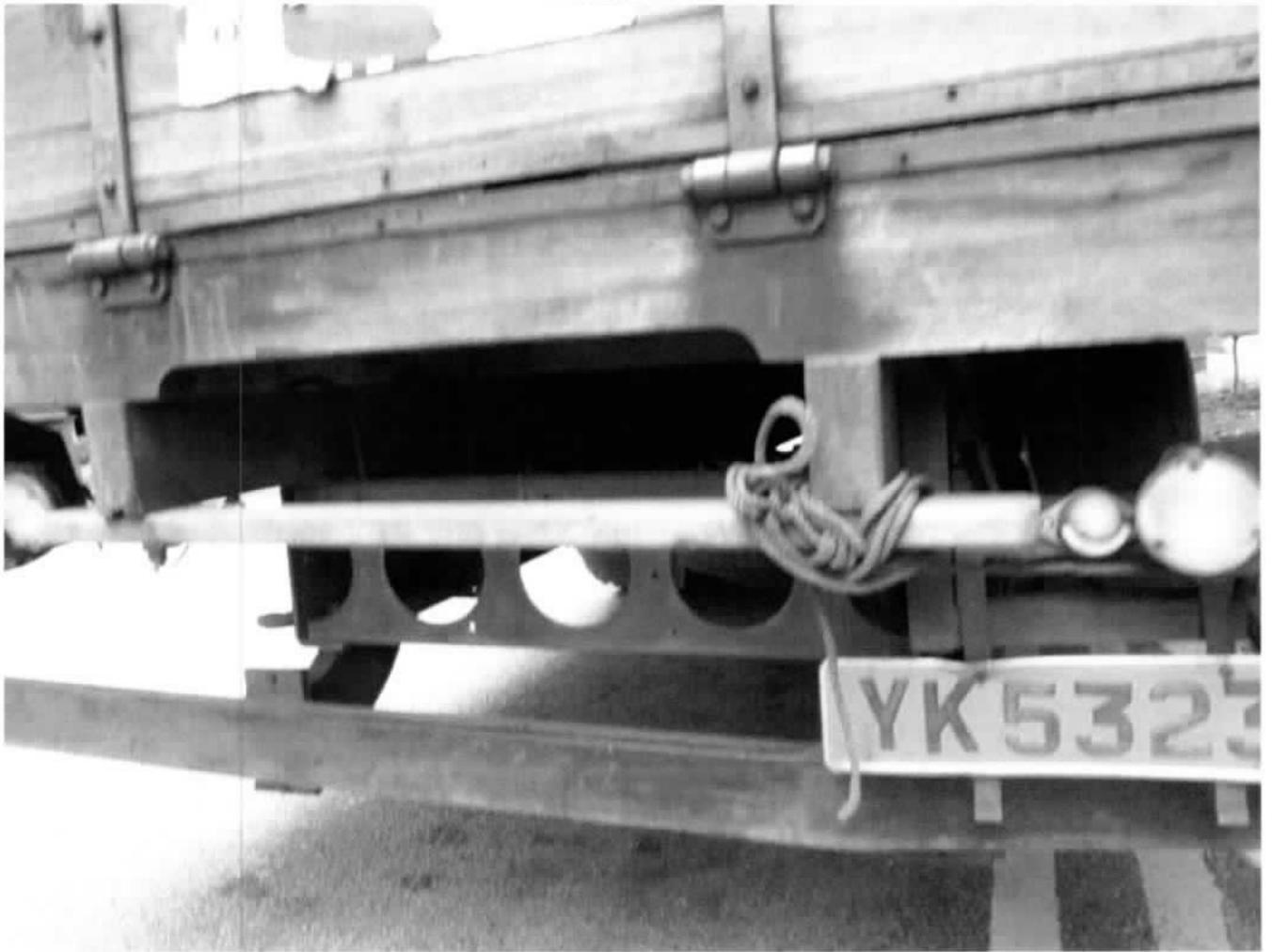
Accident Photo



Accident Photo



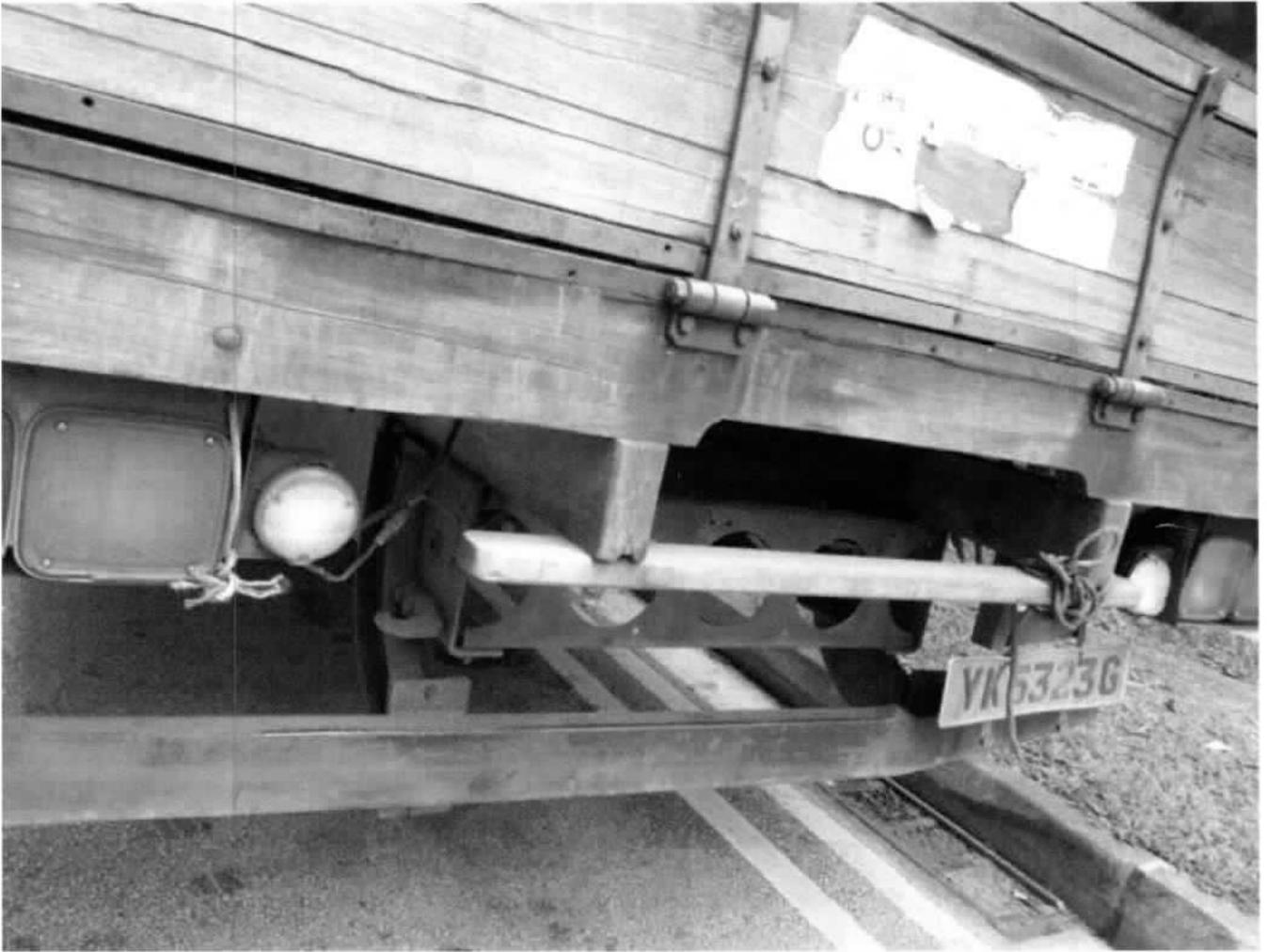
Accident Photo



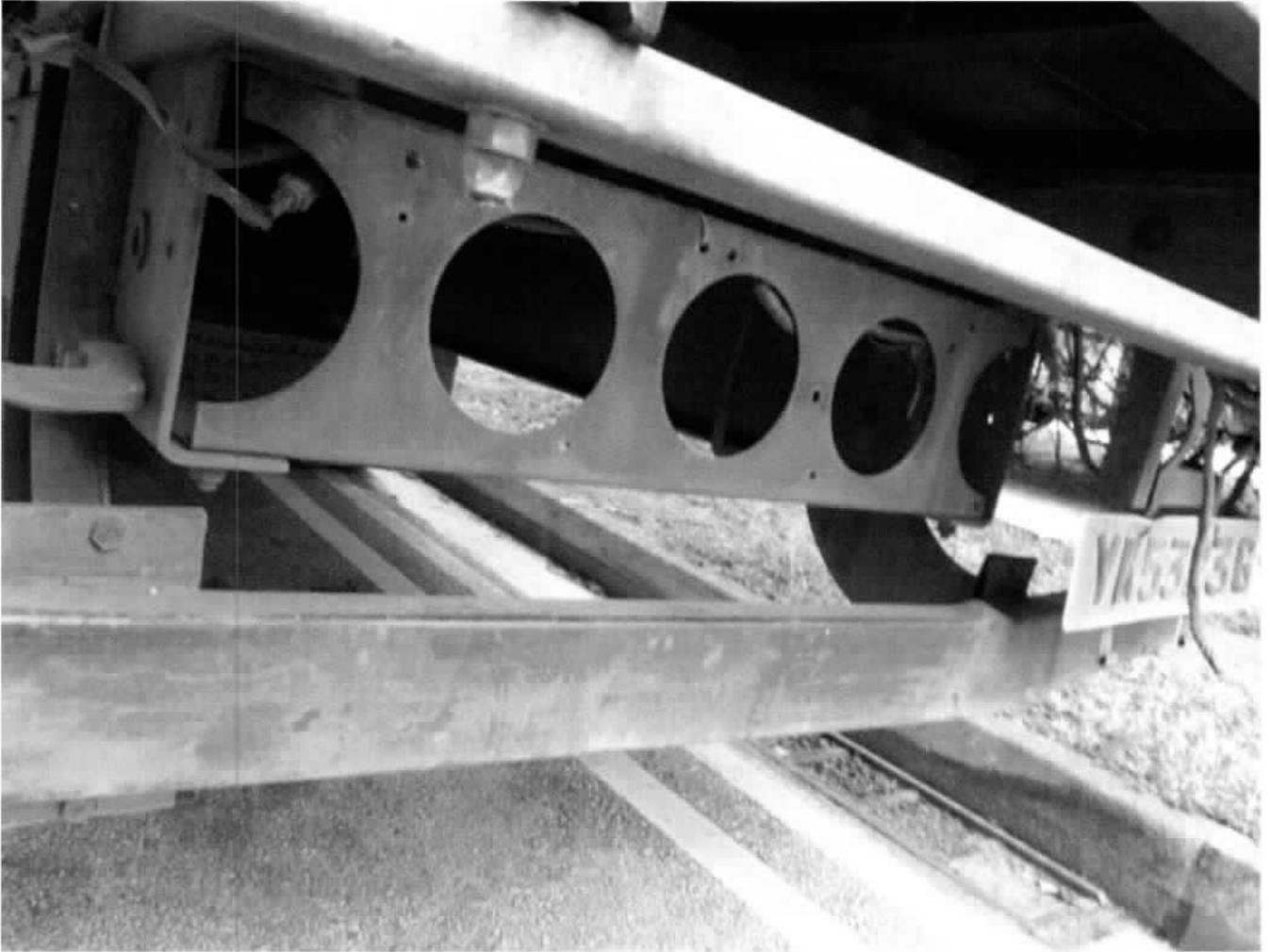
Accident Photo



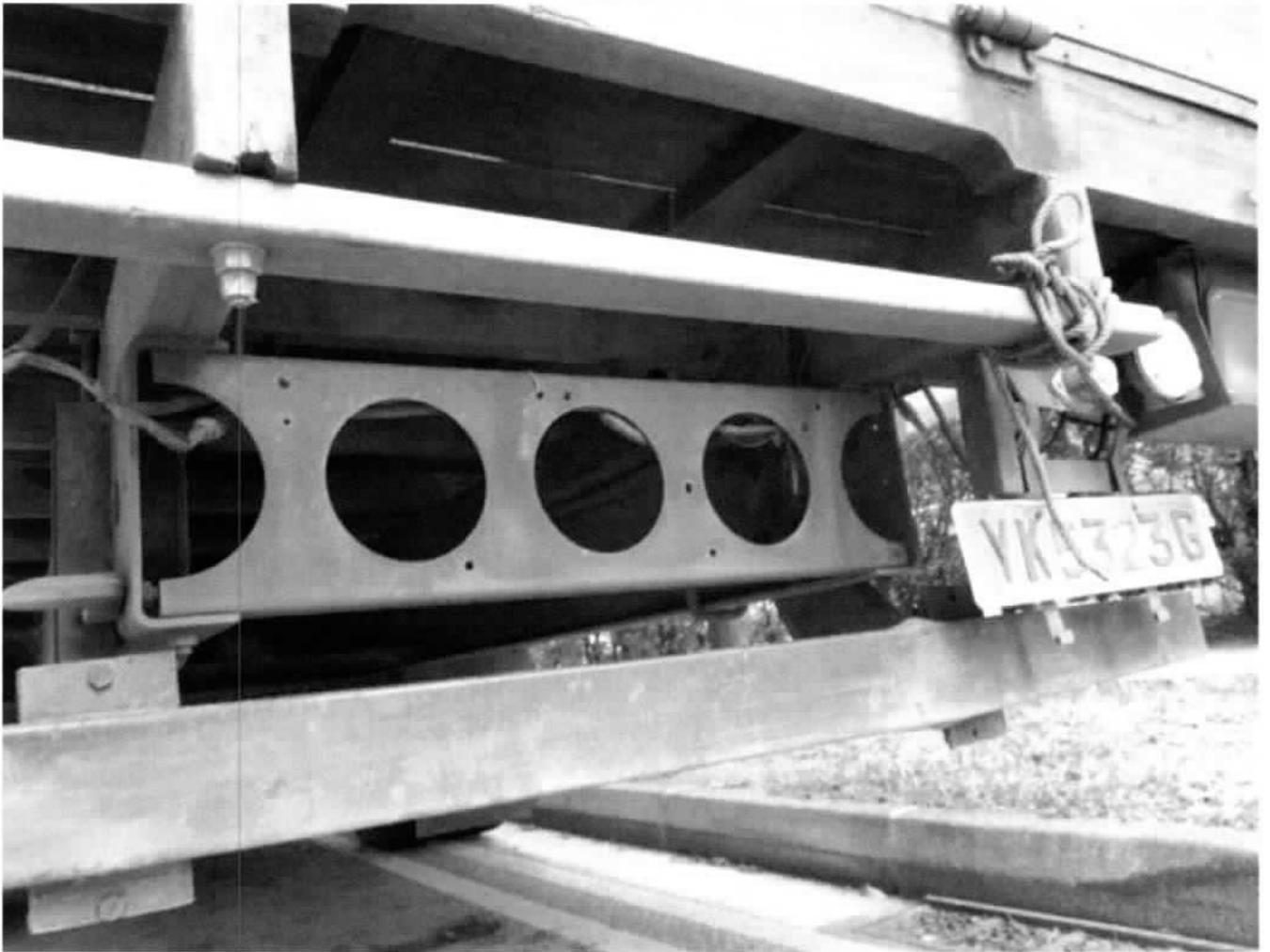
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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/LPC18022675/Btd3e2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 08-03-2019	
		Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	YK 5323G	Veh. Inspected	SKE 470U
Policy No.		Coverage (\$)	0.00
Claim No.	18/18/19/VC00/021235	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	28/02/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VIOS	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	MR053HY9305078443	Colour	BEIGE
Odometer	111748	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/60 R15	NEXEN	5 mm
L/H Front Tyre	185/60 R15	NEXEN	5 mm
R/H Rear Tyre	185/60 R15	NEXEN	5 mm
L/H Rear Tyre	185/60 R15	NEXEN	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/12/2018	Inspection Date	19/12/2018
Survey held at	ENG SOON PAINTING SVC BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677969		
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	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKE 470U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER FASCIA	DENTED	383.20	383.20
1	FRONT BUMPER TOP SUPPORT GARNISH	BROKEN	181.75	181.75
1	FRONT BUMPER REINFORCEMENT	DENTED	330.35	330.35
2	FRONT BUMPER REINFORCEMENT BRACKET	BENT-1PC ONLY	562.40	200.00
2	FRONT BUMPER SIDE RETAINER	BROKEN-1PC ONLY	262.20	32.00
1	FRONT BUMPER AIR GUIDE	NOT NECESSARY	131.75	-
1	FRONT BUMPER BADGE	NECESSARY	61.00	47.00
1	FRONT BUMPER CLIPS	NECESSARY	129.00	38.00
1	FRONT BONNET ASSY	DENTED	742.20	742.20
1	FRONT GRILLE	NOT NECESSARY	204.70	-
4	FRONT GRILLE CLIPS	NOT NECESSARY	77.40	-
1	FRONT BUMPER AIR GRILLE GARNISH	NOT NECESSARY	362.40	-
2	HEADLAMP L/RH	BROKEN	803.50	803.50
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	981.40	-
1	AIRCON CONDENSER	DENTED	981.40	753.70
2	AIRCON CONDENSER TOP MOUNTING	NOT NECESSARY	86.20	-
2	AIRCON CONDENSER BOTTOM MOUNTING	NOT NECESSARY	87.80	-
1	RADIATOR ASSY	NOT NECESSARY	981.40	-
	LESS 25% DISCOUNT		-1,837.51	-877.93
			5,512.54	2,633.77
<u>SPECIAL NETT ITEMS</u>				
1	NUMBER PLATE CASING 'EMBOSS' (SN) }	DISTORTED	50.00	50.00
1	NUMBER PLATE CASING (SN) }	DENTED / DISTORTED	30.00	-
			80.00	50.00
<u>LABOUR</u>				
	TO CHECK & REPAIR SNAP WIRING.		120.00	40.00
	TO REMOVE AND REFIX INTERIOR UPHOLSTERY.	NOT NECESSARY	180.00	-
	TO RESPRAY AFFECTED AREAS.		1,800.00	600.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE & REPLACE AIR CON CONDENSER, PIPING, VACUUM & TOP UP GAS.	NOT NECESSARY	180.00	120.00
	TO REMOVE & REPLACE RADIATOR & TOP UP COOLANT.		120.00	-
	TO RENEW DAMAGED PARTS, STRAIGHENER AND REPAIR FRONT CHASSIS MEMBER & ALIGNED ALL PARTS. INCLUSIVE OF THE REPAIR OF FRONT SUPPORT PANEL.		1,600.00	400.00
			4,000.00	1,160.00
	GRAND TOTAL		9,592.54	3,843.77
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,100.00

Report Ref No. CS3/LPC18022675/Btd3e2-1

LIM TEOW GUAN

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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