From (Person): ONG HA of HC Date/Tim USI U4 3019 Estimated Cost: DOD / PD WS/TP RES / OD RES / EVA/INV/MV/CS To Inspect Vehicle No: SJV 2755H Insured: GBG1016M at Workshop m/s Date/Time Action/Instruction (X) Estimate Date/Time Action/Instruction (X) Estimate Date/Time Action/Instruction (X) Estimate Date/Time Action/Instruction (X) Estimate	
Sum Insured: Excess: Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS Person Contacted Date/Time: April 23/H N Person Contacted CRIC Vehicle IN OUT Date/Time Action/Instruction (×) Estimate SIV 2455H - ×	189 4842
8IV 2156H-X	-
GROWER - CSTEGITTON ASA/KABEZ AVA: 1419/17	9/12
12/04/19 Submt 115 \$ 1,600/- @ 4 days (\$ 1,200/- Red - 43%)	manto

PRS		ASSI	CAMEA	1				
From	Date	26/11/18	Vett No.		2055H Bus / Van / L	rr Roge orry / Taxi / Pri		SHU
Estimated Cost:	con processor call (M		_	k / Trailer or				
	OUL OT		Make	Super	24 Itan	ity seoan 2	U.c 19	54
To Inspect Vehicle No:		D H CC	Golour	BLACK			sured / Std / t	
ut Werkshop m/s	Benefit Auto	Lare	So Readon	010		T/Radio: In	sured / Std /	NI/NA
of Il kaki f	3kt Rd 1#0 technolink	1-02	Eng/No	0.0.				
Policy No.	Jeen no mile		G/No:	JF1B	m skc	244003	696	
Claims No.			Gen, Cond	Good / 3	Poor / Buri	nt		
Sum Insured.	Excess		Steering: In	order I Jamin	ed / Leaker	d / Burnt or		
(Client's Record)			Brake: (n	order / Jamn	ned / Leaked	d/Burnt or		
Make of Veh:	ERIC @948	9 4845	Modi: N	1 / 8/12/1 1				
	TKICO-1		Tyre Size	F:	205	(60R16		
(Policy Condition)				R:				
Romark, The veh had	commenced its	N/S 0/S	BS / DUN /	EXNOVA / G	Y/FS/LIZ	A (MIC) OHTSI	U / PIR / SUM	W.Z
repair at the	time of inspection.	0	TOYOTY	OKO or				
Bal. or Market Value:			Front	1		Rear	1.	
IDAC Accident Rport.	Consistent?:	Yes or No	R/Bal.	5	mm	R/Bal.	6	mm
GIA / PR Seen:	Consistent?	Yes or No	L/Bal.	6	mm	L/Bal.		mm
Est Repairs:	days Res.:	Yes or No	D.O.A.	08/11/13	•		26/11/18	1.33
Lum Sum:	% 3 Val	Yes or No	Survey he	2000	- de la companya del la companya de	fit hursi	Constitution of	1000
GA / REV / REF	9. 1 24 HRS (up)	Vehicle: IN / OUT		amages : Frt i	1 01	S / N/S / U/C	/ Rooftop o	jr
Date:	Person Contacted:		The U	C / Chassis	frame / Bo	ody Structure	affected due to	o collision
	tion / Instruction							
Su	bmit PRS rep	or f						
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Lump Sum / 1.8.1: (\$		3		Weekend	(5	- ^	TOTAL	

Nivitha (LKK Auto)

From:

ONG LI LI < llong@lonpac.com>

Sent:

Friday, 5 April 2019 4:00 PM

To:

Admin-D (LKKAuto)

Cc:

MT_Claim_SG

Subject:

RE: 2nd Notice to Conduct Pre-repair Survey; Our Ref: SJV 2755H/BA/jp/ps - Your

Ref: 18/18/18/VC00/021146 [External General]

Attachments:

21146 TP SURVEY.pdf

Lonpac External - General

Dear Nivitha

Attached is the TP survey report.

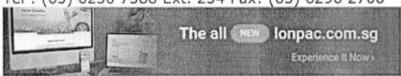
Please let us have your surveyor's review/report.

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



Lonpac External - General data is for internal / external use.

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]

Sent: Friday, 23 November, 2018 4:52 PM

To: ONG LI LI Cc: MT_Claim_SG

Subject: RE: 2nd Notice to Conduct Pre-repair Survey; Our Ref: SJV 2755H/BA/jp/ps - Your Ref:

18/18/18/VC00/021146

Dear Li Li,

Noted, with thanks.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: ONG LI LI [mailto:llong@lonpac.com]
Sent: Friday, 23 November 2018 4:49 PM

To: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Cc: MT_Claim_SG <mt_claim@lonpac.com>

Subject: RE: 2nd Notice to Conduct Pre-repair Survey; Our Ref: SJV 2755H/BA/jp/ps - Your Ref:

18/18/18/VC00/021146

Dear Nivitha

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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 wiful misrepresentation or witholding of meterial 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.
- 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 ladgement 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.

Capita Canada Mathamas (Canada Canada Canada	ACCIDENT STATEMENT
Date Of Report	09/11/2018 17:10
Date Of Accident	08/11/2018 18:00
Exact Location Of Accident	ALEXANDRA RD BESIDE ALEXANDRA POINT BUILDING
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV2755H
Insured/Policyholder	公司的社会设备的特别。 第二章
Name Of Registered Owner	TAN KIM WATT EDWIN
NRIC No	S6832227H
Email Address	EDWINTAN1621@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98232920
Alternative Phone No	OTHERS-98232920
Vehicle Particulars	A THE REST OF THE REST OF THE PERSON OF THE
Manufacturer	SUBARU
Model	LEGACY 2.0A
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	The second secon
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO .
Policy Number	5102455895
Cover Note Number	
Driver.	
Name of Driver	TAN KIM WATT EDWIN
NRIC No	S6832227H
Date Of Birth	29/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1994
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE

(LOCAL) +65-98232920

EDWINTAN1621@YAHOO.COM.SG

OTHERS-98232920

Address

BLK 148 SERANGOON NORTH AVE 1

#03-463

Postcode

550148

OWNER

Was driver an employee of the Insured's Company NO

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?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

3

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

· NA

GENDER:

: MALE

Passenger 2

NAME:

: NA

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name

SERANGOON NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 . POSTCODE: 550108, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2849999 - FAX NO: 63431742

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER POLICE 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

Vehicle Registration Number

GBG1016M

Vehicle Make/Model/Colour

Details Of Properties

FRONT

Vehicle Category

COMMERCIAL VEHICLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Name of Driver

Page 2 of 20

NRIC/Passport Number

Contact Number

84947387

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN KIM WATT EDWIN

Approximate Age Injuries Sustain

REFER REPORT

Injured person in which vehicle?

SJV2755H

Were seat belts wom?

VER

Was this injured conveyed to hospital by

YES

ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the dalms 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 misropresentation 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
- 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 cialms;
 - (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
- 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 sted outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile dalms history for the purpose of fraud detection, investigation and management in present and all future claims
- 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: Q

Driver's Signature

(If driver is not the policyholder)

Date & Time:

1315 pm

Reporting Centre Name:

connel's Signature

NRIC/FIN No.:

GLANNIC Shirt-Hilland (trim

Sketch Plan #2 Pg. 1

	Ale	xandia		
SKETCH PLAN	P	bjot 1		
14444	14111			toward
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	FIALS	4 1 1 1 1		Queenway
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		Panjong		111111111
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A THE SECRET				
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		(SIN)		
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ECLARATION We declare the foregoing particula	ry are tour in a			
The deciare the lidregoing particula	rs are true in eve	rry respect.		1
200		-8		1km
	0.		March Paylet Carlo	11117
olicyholder's Signature	Driver's Signa		Reporting Centre	Personnel's Signature
ate & Time: 9/11/2018	Date & Time:	ot the policyholder)	Name: NRIC/FIN No.:	
www.sminfigiftsporm		9/11/2018	margian no.	2

Sketch Plan #3 Pg. 1

Date: 8th Nov 2018

Time: 6pm

Location : Alexandra Road (Beside Alexandra Point Building) toward Queensway

Subject: Car Accident involve between SJV2755H and GBG1016M

On 8th Nov 2018 at 6pm along Alexandra Road(Beside Alexandra Point Building) toward Queensway at middle lane when my vehicle SIV2755H was moving slowing due to heavy traffic congestion along the Alexandra Road, suddenly the white van of vehicle number GBG1016M bang into my rear and cause damage to my rear bumper. Before I go and check the accident, I on the hazard light and ask my 2 Grab Riders(Passenger) whether they are okay cause during the accident I'm on Grab booking to ferry my 2 Grab riders to Dempsey Road. The 2 Grab riders replied and acknowledged they are fine hence I proceed to check my car condition. There are damages to my rear bumper, I took some photos and as well exchange phone numbers with the driver of GBG1016M(hp 8494 7387). As not to cause traffic congestion to other road users, we proceed to embark our way and settle the accident via SMS communication.

Attach are the accident photos involve SJV2755H and GBG1016M and also the SMS corresponds.

Best Regards;

Edwin Tan Kim Watt

Mobile: 98232920

Vehicle: SJV2755H

Common Statement Pg. 1





Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

1 of 3 Report No. T/20181109/2099

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 018 15:35	Made:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars when the	(Add 1979) (Add (Add (Add (Add))	CONCLUSION CONTRACTOR			
	f Informant If WATT ED	energy and a second	Address: APT BLK 148 SERANGOON SINGAPORE 550148				
	/ ID No.: D / S68322	27H	Contact No.: Home/Office:	Mobile: 98232920			
	Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 50	Date of Birth: 29/08/1968	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupat GRAB D			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Others		Drink Drive: No	Type of Locatio Straight Road		
ALEXANDRA QUEENSWA						
Weather: Clear			ad Surface;		Road Speed Limit:	
Traffic Flow: Two Way	9	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ffic Control; ffic Light - Wo	rking	Traffic Volume: . Heavy	
Type of Collis Between Mov	ion: ring Vehicles - Hea	d To Rear			Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GBG1016M	Car					0
SJV2755H	Car	SUBARU	LEGACY SEDAN 2.01 AWD CVT ABS AIRBAGS	Black		2

Common Statement Pg. 1



T/20181109/2009

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999 2 of 3 Report No. T/20181109/2099

CONTINUATION OF REPORT

Details of V	chiclo inaurance		Land House	I-CHOUSE WHEE
Venicle No.	Insurance Company	meuratice No.	Effective N	Expity Date
SJV2755H	NTUC Income Insurance Co-Operative	5102455895	23/07/2018	

Brief Details.

On 08/11/2018 at about 1800hrs, I was driving my car SJV2755H, along Alexandra Road towards Queensway. It was heavy traffic then thus the traffic was slow. I was at the center lane near to Alexandra Point Building and was stationery. Suddenly, one van GBG1016M, came from behind and believed that he did not stop and hit onto the back of my car. I had 2 foreign passenger in my car at that point of time. After the hit, I checked on my passenger and they said they were alright. I then stepped out of my vehicle and checked on my car and there was 2 dent at the back of my bumper. I then exchanged particular with the van driver and as the traffic was heavy, I told him to discussed further through phone and we left to smoothed the traffic.

I thought that I was alright, however when it comes to the night, I felt pain at the back of my neck and I went to see the doctor and I got 4 days of MC. Thus I am making this report for insurance claim.

Common Statement Pg. 1





Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

3 of 3 Report No. T/20181109/2099

CONTINUATION OF REPORT

Sketch Plan

NP168

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 65474885 stating the report number as reference.

Signature Of Officer Recording The Report F1 Sgt 2 TEO JING XIAN	Signature Of Informant:	1.0
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2018 15:35	
Officer In Charge Of Case:	Classification Of Case:	
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No : 65476204		97.4

Correspondence Address: 1 Simei St.3 #02-24 S(529890) Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

VEHICLE INSPECTION REPORT

Report No.: PAS/TP/0751118

Date of Report

: 08/02/2019

To: Mr Tan Kim Watt, Edwin

Date of Assignment

: 26/11/2018

C/o. 11 Kaki Bukit Road 1

Report requested by

: Mr Tan Kim Watt, Edwin

#01-02 Eunos Technolink

Date of Accident

: 08/11/2018

Singapore 415939

Date of Inspection

: 26/11/2018

Claim No.

: Third Party Claim

Policy No.

PARTICULARS OF DAMAGED VEHICLE

Vehicle Registration No.

: SJV2755H

: Subaru Legacy

Mileage (km)

Engine Capacity (cc) : 1994cc : 96714km

Date of Registration

Make & Model

: 19/01/2010

Chassis / Frame No. : JF1BM5KC2AG003696

Colour

: Met. Black

Engine No.

: EJ20D914317

TYRE CONDITION

Front LH

: 6 mm

Front RH

: 6 mm

Make

: Michelin

Make

: Michelin

Rear LH

· 6 mm

Rear RH

: 6 mm

Make

: Michelin

Make

: Michelin

Road wheels Type: Alloy

(The above represents the approximate remaining life of tyre treads)

PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)

General Bodywork

: Good

Paintwork

: Good

Handbrake

: Serviceable

Footbrake

: Serviceable

Steering

: Serviceable

Apparent Engine Modification

: Nil

PLACE OF REPAIRER OFFICE/WORKSHOP

Location

M/s. Benefits Auto Care Private Limited

11, Kaki Bukit Road 1, #01-02, Eunos Technolink, Singapore 415939

ASSESSMENT

Repairer's Estimate

Revised Amount

: \$ 4,694.72

Less Excess

: \$ 3,507.60

: \$

Recommended Reserve

: \$

2,800.00 (Lump Sum)

Estimated Normal Period of Repairs : 6 Working Days

Disclaimer: This report is intended for the exclusive use of the addresses solely in relation to the loss occurrence in which the assessed vehicle involved. No liability or responsibility whatsoever shall be held by PROMINENT APPRAISER SERVICES PTE LTD for any reliance on this report by any third party.

Qualified Loss Adjusters And Motor Appraisers
Correspondence Address: 1 Simei St.3 #02-24 S(529890)
Mobile: 9295 2204 Fax: 6722 8508 Email: pasvos@hotmail.com

Business Reg. 201404434D

Vehicle No: SJV2755H

Report No.: PAS/TP/0751118

GENERAL REMARKS

WITHOUT PREJUDICE

THE ASSIGNMENT

The survey was conducted at M/s. Benefits Auto Care Private Limited, 11, Kaki Bukit Road 1, #01-02, Euros Technolink, Singapore 415939.

(Subsequent inspections have been conducted)

POINT OF IMPACT

At the rear portion.

DAMAGES

The boot lid, rear bumper, rear end panel, rear floor panel, rear chassis members, etc.

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

ADJUSTMENT / RECOMMENDATION

We have inspected thoroughly each and every item on the repairer's estimate against the actual damaged found on the vehicle. We list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is SGD \$3,507.60.

CONCLUSION

The repairer has agreed to undertake the repairs at a lump sum of SGD \$2,800.00.

This inspection was conducted entirely on a 'Without Prejudice' basis. We have not given an authorization and/or instruction to the repairer to proceed with the repairs.

We hereby reverting the matter to you for your discretion on repairs.

Assuring you of our best services always.

Yours Truly.

Prominent Appraiser Services Pte Ltd

Andrew How

Automobile Appraiser

MSAAA

Licensed Appraiser



PROMINENT APPRAISER SERVICES PTE LTD Qualified Loss Adjusters And Motor Appraisers Correspondence Address: 1 Simei St.3 #02-24 S(529890) Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com Business Reg. 201404434D

Vehicle No.: SJV2755H

CHOSE PROLINESS MINISTER STATES OF STATES

Report No.: PAS/TP/0751118

APPRAISEMENT SCHEDULE

S/No.	Qty	Parts Descriptions	Condition			Re	pairer's		C)ur
			M. Halley			Es	timate (S\$)	Ass	essi	nent (S\$)
1	1 pc	Rr bumper	Dented			\$	723.00		\$	723.00
2	6 pcs	Rr bumper clip	Necessary	\$	3.00	2	18.00		\$	18.00
3	2 pcs	Rr bumper retainer	Cracked/Necessary	0.7	27.00	9	54.00			54.00 X N N
4		Rr bumper side bracket	Cracked/Broken	s	47.00	S	94.00		\$	
5	1 pc	Rr bumper reinforcement	Dented		47.00	4	287.00		\$	94.00 47
6	1 pc	Rr end panel	Dented/Distorted			4	545.00		\$	287.00
7	1 pc	Rr end panel garnish	Refit		20	S	184.00		\$	545.00
8	1 pc	Boot lid	Dented/Repair	.00	6	9	612.40		\$	-
9	1 pc	Boot lid emblem (Logo)	Necessary	12		\$	64.00		\$	-
10	1 pc	Boot lid emblem (Subaru)	Necessary	20	2	\$	30.00		S	64.00
11	1 pc	Boot lid emblem (Legacy)	Necessary			\$			S	30.00
12	1 pc	Boot lid emblem (AWD)	Necessary	980	080	\$	33.00		S	33.00
		(12)	riccosary	_		2	24.00	9 93	\$	24.00
						\$	2,668.40	_	\$	1,872.00
				Less D	iscount: 20%	S	533.68	20%	\$	374.40
			List	Parts Sul	o-Total:	\$	2,134.72	=	\$	1,497.60
1	l set	Reverse sensor	Dented/Damaged	200	S/N	s	250.00		\$	220.00
2	1 pc	Rr end panel sealant	Necessary		S/N	\$	50.00		\$	40.00 X N
			Specia	l Nett Sul				82		
			Specia	I Men Suc	- I otal :	\$	300.00		\$	260.00
				Dont		_		_		

Parts Total: \$ 2,434.72 \$ 1,757.60

P_{AS}

PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers Correspondence Address: 1 Simel St.3 #02-24 S(529890) Mobile: 9295 2204 Fax: 6722 8508 Email: pasvos@hotmail.com

Business Reg. 201404434D

Vehicle No. : SJV2755H		Report No	.: PAS/T	P/0751118	
S/No. Labour Descriptions	1000	pairer's imate (S\$)	Our Assessment (S\$)		
1 To remove and reinstall rear interior trims, garnishes, etc. for necessary repairs.	\$	100.00	\$	80.00 V	
2 To check rear electrical wiring system.	\$	50.00	\$	20.00 🗙	
3 To remove, replace and reinstall rear reverse sensors & control unit.	\$	60.00	\$	50.00	
4 To straighten, repair, realign on affected area and replace damaged parts.	\$	1,000.00	\$	770.00 3	
5 To spray painting, blending on affected and adjacent area.	\$	1,000.00	\$	800.00 4	
6 To spray anti-rust coating on new and affected panels.	\$	50.00	\$	30.00×	
Labour Total :	\$	2,260.00	\$	1,750.00	
Total (Parts & Labour):	S	4,694.72	S	3,507.60	

For Lump Sum Repairs

The final adjusted Lump Sum contract amount is \$ 2,800.00

Under normal circumstances, the repairs should be completed within a reasonable period

of 6 Working Days. (Exclude waiting days of PRI, Sunday, Pubic Holiday and awaiting of shipment for spare parts)

48 Photographs were taken at the time of inspection.

N.B: By accepting to carry out the repairs on a contract Lump Sum basis, the repairer shall has the prerogative and discretion to replace the damaged parts with new, used, OEM or reconditioned parts and/or to repair the vehicle on a roadworthy condition to the entire satisfaction of owner.

980,80 220.00 790.00 1990.80 1592.64 45-1,600

Note: The revised estimate has been adjusted from a visual inspection. Any discrepancies or unseen damages should be notified to the company within 7 days from the date hereof. Otherwise this revised amount shall be deemed as valid.



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 Internation	nale Des Experts En Autom	obile	
ONPAC INSURANCE	BHD	Ref : CS3/LPC180212	249/R1sd3n2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date: 16-04-2019 Code: LPC2		
1.	Policy Particulars	:- THIRD PARTY CLAIR	M	
Insured Veh.	GBG 1016M	Veh. Inspected	SJV 2755H	
Policy No.		Coverage (\$)	0.00	
Claim No.	18/18/18/VC00/021146	Excess (\$)	0.00	
Assign From	ONG LI LI	Assign Date	05/04/2019	
2.	Vehicle Parti	culars & Condition		
Make & Model	SUBARU LEGACY SEDAN 2.0	c.c	1994	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	JF1BM5KC2AG003696	Colour	BLACK	
Odometer	96714	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3.	Condit	ions of Tyres		
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	MICHELIN	6 mm	
L/H Front Tyre	205/60 R16	MICHELIN	6 mm	
R/H Rear Tyre	205/60 R16	MICHELIN	6 mm	
L/H Rear Tyre	205/60 R16	MICHELIN	6 mm	
4.	Descript	ion of Damages		
	USTAINED DAMAGES AT THE RE	EAR PORTION.		
DAMAGES SEE	DETAILS.			
5.		al Information		
Accident Date	08/11/2018	Inspection Date	26/11/2018	
Survey held at	BENEFIT AUTO CARE PTE LT	D		
	11 KAKI BUKIT ROAD 1 #01-0	2 SINGAPORE 415939		
5a.		Remarks		
A)THE INSPECT B)IN ACCORDAN	ION WAS CONDUCTED ON A"WINCE TO YOUR INSTRUCTIONS, I	THOUT PREJUDICE" BAS WE HAVE NOT AUTHORIS	SIS. SED REPAIRS.	
5b.	Estimate	e Days of Repair		
No. Contract	RMAL PERIOD FOR REPAIR:	4 Working Day	ys	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJV 2755H

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	RR BUMPER	DENTED	723.00	723.00
6	RR BUMPER CLIP @\$3.00	NECESSARY	18.00	18.00
	RR BUMPER RETAINER @\$27.00	NOT NECESSARY	54.00	
	RR BUMPER SIDE BRACKET @\$47.00	CRACKED / BROKEN	94.00	47.00
1	RR BUMPER REINFORCEMENT	DENTED	287.00	287.00
1	RR END PANEL	TO REPAIR SEE LABOUR	545.00	
1	RR END PANEL GARNISH	REFIT	184.00	
1	BOOT LID	TO REPAIR SEE LABOUR	612.40	
1	BOOT LID EMBLEM (LOGO)	NECESSARY	64.00	64.0
1	BOOT LID EMBLEM (SUBARU)	NECESSARY	30.00	30.0
1	BOOT LID EMBLEM (LEGACY)	NECESSARY	33.00	33.0
1	BOOT LID EMBLEM (AWD)	NECESSARY	24.00	24.0
	LESS 20% DISCOUNT		-533.68	-245.2
			2,134.72	980.8
	SPECIAL NETT ITEMS			
1	SET REVERSE SENSOR (SN)	DENTED / DAMAGED	250.00	220.0
1	RR END PANEL SEALANT (SN)	NOT NECESSARY	50.00	
	S. 10		300.00	220.0
	LABOUR			
	TO REMOVE AND REINSTALL REAR INTERIOR TRIMS, GARNISHES, ETC. FOR NECESSARY REPAIRS.		100.00	40.0
	TO CHECK REAR ELECTRICAL WIRING SYSTEM.		50.00	20.0
	TO REMOVE, REPLACE AND REINSTALL REAR REVERSE SENSORS & CONTROL UNIT.		60.00	50.0
	TO STRAIGHTEN, REPAIR, REALIGN ON AFFECTED AREA AND REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF RR END PANEL AND BOOT LID.		1,000.00	300.0
	TO SPRAY PAINTING, BLENDING ON AFFECTED AND ADJACENT AREA.		1,000.00	400.0

Report Ref No. CS3/LPC18021249/R1sd3n2-1



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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO SPRAY ANTI-RUST COATING ON NEW AND AFFECTED PANELS.	NOT NECESSARY	50.00	
			2,260.00	810.00
	GRAND TOTAL		4,694.72	2,010.80

RECOMMENDED COST OF LUMP SUM REPAIRS	1,600.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS3/LPC18021249/R1sd3n2-1

MKB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

X.S.

ADRIAN LING WAI PING

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

Licensed Appraiser

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