

COMPANY

ANS. REC. BY:

REF: CS3/LPC/9004103/A1d3-1

Special Instruction

CUNA/01

ASSIGNMENT (Office)

From (Person):

Ong Liti

of

LPC

Date/Time:

10/04/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKN 960A

Insured:

STK 4889A

at Workshop m/a:

Alpha Car Services

Tel:

6504 8058 Cai Long

of

Blk C Lake Bukit Ave 4 #01-59

Policy No:

Claim No:

18/09/19/VP05/021472

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A

01/3/19

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction () Estimate
	SKN 960A x
	STK 4889A x
	Submit PRS report

lump sum \$2600, 4 days cred: 500, 167%)

RECEIVED 23 APR 2019


23/4/2019

- No bill

- Bay email first

REF:

LPC

Vehicle Number

Name

Date

Insurance Code

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

Engine/Vehicle No. SKN 960A

Workshop n/s Alpha Car

Bk c Kaki Bukit Ave 4 #01-59 Autobay.

Insured

Policy No.

Claims No.

Sum Insured

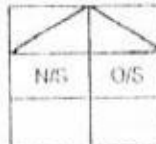
Excess

(Client's Record)

Make of Veh.

(Policy Condition)

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



Est. or Market Value

IDAC Accident Report

Consistent? Yes or No

GIA / PR / Gen

Consistent? Yes or No

Est. Repairs

days Res: Yes or No

Sum Insured

% 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date

Person Contacted

Date / Time

Action / Instruction

TP LonPac PRS.

Veh No

SKN 960A

Veh Type

05 14.

Type: M/Cycle / Bus / Van / Lorry / Taxi / Motor Mover /

Truck / Trailer or

Make

Toyota Estima.

2362

Colour

Grey.

AC Insured / Std / Nil / NA

Sp Reading

77825

T/Acch: Insured / Std / Nil / NA

Eng/No

C/No

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi Nil S/Rim / STD A/Rim or

Tyre Size

F: 235/50R18.
R: 235/50R18.

BS / DUN / EXNOVA / PS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal

06

mm

R/Bal

06

mm

L/Bal

06

mm

L/Bal

06

mm

D.O.A.

D.O.A.

Survey held at

Alpha Car -

11:25a

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

Front n/s.

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

RECEIVED 01 APR 2019

Caroline, the Pass to

114 Typist

Date of Issue / Date of Report



Prel. Report



Final Report

Report Format

PRTP

Emp. Sign / Date

Days Of Repair:

Resurvey No. of Trip:

2

Add Fee:



Site Insp. (1)



Interv. (1)



Emp. Sign (1)



Veh. Sign (1)

Survey Fee

Transportation

Other

Other

Other

Other

Nivitha (LKK Auto)

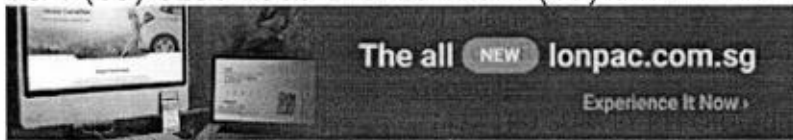
From: ONG LI LI <llong@lonpac.com>
Sent: Wednesday, 10 April 2019 12:10 PM
To: assignments@lkkauto.com; 'Admin-D (LKKAuto)'
Cc: MT_Claim_SG
Subject: RE: Your Ref: AL.INS.2018.SKN960A Our Ref: 18/19/19/VP05/021472 [External General]
Attachments: 21472 TPD SURVEY REPORT.pdf

Lonpac External - General

Dear Nivitha

Attached is the TP survey report, please let us have your surveyor's review and 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: ONG LI LI
Sent: Monday, 4 March, 2019 5:58 PM
To: Jeremy Peh; assignments@lkkauto.com; 'Admin-D (LKKAuto)'
Cc: vincent@alt.sg; allister@alt.sg; jiamin.mak@alt.sg; jerdine.wang@alt.sg; 'ALPHA CAR SERVICES'; MT_Claim_SG
Subject: RE: Your Ref: AL.INS.2018.SKN960A Our Ref: 18/19/19/VP05/021472 [External General]

Lonpac External - General

Without Prejudice
Save as to Costs

Dear Jeremy

We are not agreeable with your list of proposed surveyors and we shall appoint LKK Auto Consultants Pte Ltd to conduct the survey.

Please provide your client's GIA report.

Dear Catherine/Nivitha

FYA

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	04/03/2019 15:48
Date Of Accident	01/03/2019 18:00
Exact Location Of Accident	SIN MING LANE - MIDWELL CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN960A
Insured/Policyholder	
Name Of Registered Owner	DT MAINTENANCE
Co Reg No	53341965D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96923555
Alternative Phone No	OFFICE-96923555

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090761073-01
Cover Note Number	

Driver

Name of Driver	TAY TECK WEE, DANIEL
NRIC No	S7811028G
Date Of Birth	27/04/1978
Occupation	INDOOR
Date Of Driving Pass	31/12/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96923555
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	108 PUNGGOL WALK #09-18
Postcode	828764
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 - CHANGE/CROSS LANE
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	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)	2
Passenger 1	NAME: : SON GENDER: : MALE

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 ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK4889A
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHUNG YOKE WEY
NRIC/Passport Number	S7707209H
Contact Number	81131507
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

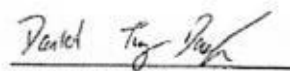
IMPORTANT NOTICE

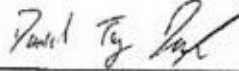
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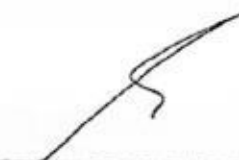
8. Consent under the Personal Data Protection Act (PDPA)

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.

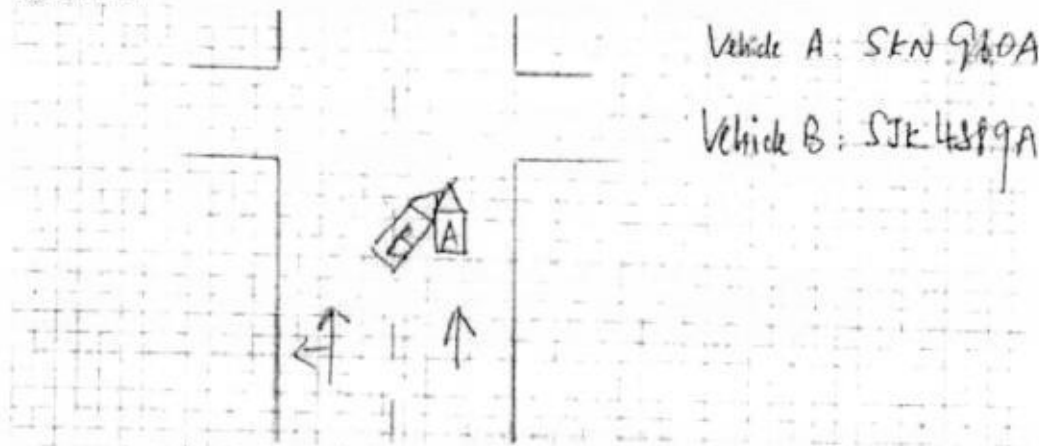

Policyholder's Signature
Date & Time: 4/3/19


Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/3/19


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/3/19, around 18:10hrs, on my way home after fetching my son from the child care centre. Driving out from the building, ~~when~~ vehicle no SJK 4889A suddenly turn to my direction which is going to park his car near next to the food court / FCC / Guardhouse.

DECLARATION

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

Paul Toy
 Policyholder's Signature
 Date & Time: 4/3/19

Paul Toy
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 4/3/19

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

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report	04/03/2019 15:48
Date Of Accident	01/03/2019 18:00
Exact Location Of Accident	SIN MING LANE - MIDWELL CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN960A
Insured/Policyholder	
Name Of Registered Owner	DT MAINTENANCE
Co Reg No	53341965D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96923555
Alternative Phone No	OFFICE-96923555

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090761073-01
Cover Note Number	

Driver

Name of Driver	TAY TECK WEE, DANIEL
NRIC No	S7811028G
Date Of Birth	27/04/1978
Occupation	INDOOR
Date Of Driving Pass	31/12/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96923555
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address 108 PUNGGOL WALK #09-18
Postcode 828764
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 - CHANGE/CROSS LANE
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 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) 2
Passenger 1
NAME: : SON
GENDER: : MALE

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 ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJK4889A
Vehicle Make/Model/Colour HONDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver PHUNG YOKE WEY
NRIC/Passport Number S7707209H
Contact Number 81131507
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

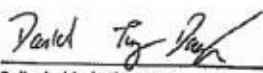
SKETCH PLAN

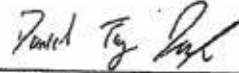
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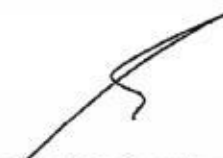
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I understand, acknowledge, agree and consent that:

- (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.

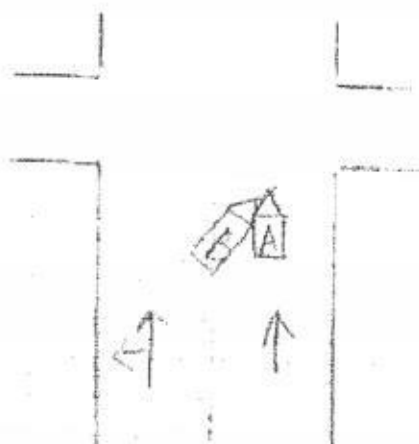

Policyholder's Signature
Date & Time: 4/3/19


Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/3/19


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

Sketch Plan #2

SKETCH PLAN



Vehicle A SKN 980A

Vehicle B: SJK 4889A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/3/19, around 18:15hrs, on my way home after fetching my son from the child care centre. Driving out from the building, vehicle no SJK 4889A suddenly turn to my direction which is going to park his car next to the food court / F&C / groundhouse.

DECLARATION

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

Policyholder's Signature
Date & Time: 4/3/19

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/3/19

Reporting Centre Personnel's Signature
Name: [Signature]
1999C/191011/1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report 02/03/2019 15:02
Date Of Accident 01/03/2019 18:20
Exact Location Of Accident MIDVIEW CITY @ SINMING
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJK4889A
Insured/Policyholder
Name Of Registered Owner PHANG YOKE WEY
Vehicle Particulars
Manufacturer HONDA
Model AIRWAVE 1.5M A
Vehicle Category PRIVATE CAR
Insurance Company
Name of Insurance Company LONPAC INSURANCE BHD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number Z18VP05020358
Cover Note Number

Driver

Name of Driver PHANG YOKE WEY
NRIC No S7707209H
Address APT BLK 815B CHOA CHU KANG AVENUE 7
#08-17

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
Number of Passengers (Including Driver) 1

Circumstances of Accident

PLEASE REFER TO THE 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

SKN960A

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

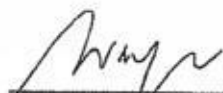
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I understand, acknowledge, agree and consent that:

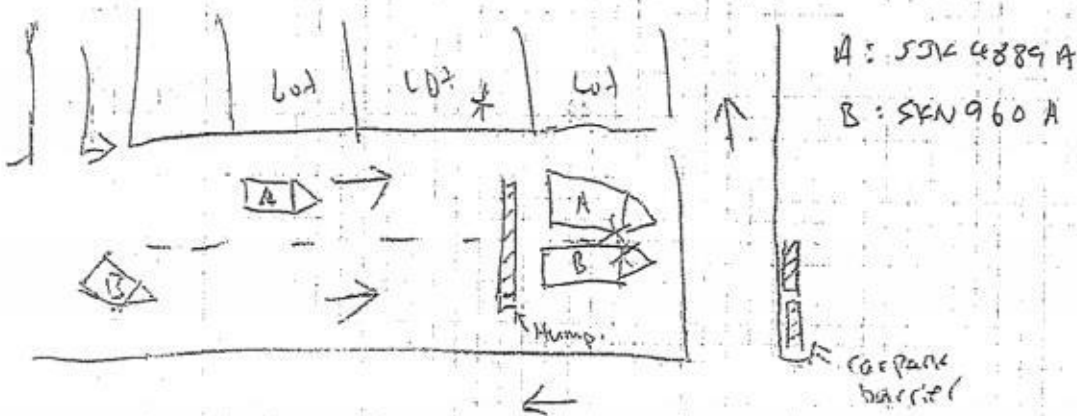
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 2/3/19 1505hrs.

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SSK 4889 A	ACCIDENT DATE & TIME: 1/Mar/19, 1818hrs
CONTACT NUMBER: 81131507	E-MAIL ADDRESS: Wayne.Phang@hutchins.com
LOCATION: Midview City @ Geylang	
<p>I was driving my vehicle towards the entrance where there are parking lot. I intend to park at designated lot (*)</p> <p>Vehicle from other side of lane run into my front bumper.</p> <p>His vehicle (SKN 960 A) Toyota Estima grey also damage his front bumper.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

DECLARATION

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

Policyholder's Signature

Date & Time: 2/3/19 1505hrs.

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224
Email: winsongkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S : DT MAINTENANCE
C/O ALPHA CAR SERVICES PTE LTD
Blk C, Kaki Bukit Ave 6, #01-59
Kaki Bukit Autobay, Singapore 417883

Date : 12 March 2019
Our Ref : WG/TP/2019-81

REFERENCE PARTICULARS

Date of Accident : 01 March 2019
Date of Inspection : 04 March 2019

Type of Inspection : Third Party Claim
Date of Re-Inspn : 07 March 2019

VEHICLE PARTICULARS

Registration No : SKN960A
Make : TOYOTA
Model : ESTIMA AERAS PREMIUM 2.4 A
Year : 2013

Engine No : 2AZJ022477
Chassis No : ACR500167678
Odometer : 77825km
Colour : Grey

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

	Make	Size
Front Near Side	: Goodyear	215/45R18
Front Off side	: Goodyear	215/45R18
Rear Near side	: Goodyear	215/45R18
Rear Off side	: Goodyear	215/45R18

Thread Balance
5mm
5mm
5mm
5mm

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the front left portion.
For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was S\$3,100.00 nett at lump sum basis. (Subject to GST if applicable)
Under normal circumstances, estimated period required for repairs : Five (05) working days.

Enclosed Thirty-Seven (37) photographs depicting damage to the vehicle.

Inspection conducted at : ALPHA CAR SERVICES PTE LTD
Blk C, Kaki Bukit Ave 6, #01-59, Kaki Bukit Autobay, Singapore 417883

In accordance to your instruction, we have not authorise repairs and inspection was conducted strictly on a "WITHOUT PREJUDICE BASIS".

Our Ref : WG/TP/2019-81

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

SPARE PARTS		QTY	ASSESSED	ORIGINAL	REVISED
		PC/SET	CONDITION	QUOTATION	QUOTATION
1	FRONT BUMPER	1	CRACKED	\$ 1,317.80	\$ 1,317.80 ✓
2	FRONT BUMPER TOP BEAM	1	NOT NECESSARY	\$ 289.75	\$ -
3	FRONT BUMPER SIDE RETAINER	2	NECESSARY	\$ 131.40	\$ 131.40 65.70
4	FRONT BUMPER REINFORCEMENT	1	NOT NECESSARY	\$ 281.45	\$ -
5	FRONT BUMPER LOWER MESH	1	CRACKED	\$ 261.55	\$ 261.55 ✓
6	FRONT LH FOG LAMP ASSY	1	CRACKED	\$ 387.40	\$ 387.40 ✓
7	FRONT LH HEADLAMP	1	GRAZED	\$ 1,517.80	\$ 1,517.80 ✓
8	FRONT LH FENDER	1	REPAIR	\$ 613.40	\$ -
				\$ 4,800.55	\$ 3,615.95
				Less 25%	\$ 903.98
				\$ 3,600.42	\$ 2,711.97
				3288.70	
				2466.52	
B)	<u>S/NETT ITEM</u>				
9	FRONT BUMPER CLIP	1SET	NECESSARY	\$ 40.00	\$ 30.00 ✓
				\$ 40.00	\$ 30.00
Parts Total :				\$ 3,640.42	\$ 2,741.97
C)	<u>LABOUR CHARGES & MISC</u>				
10	CHECK FRONT WIRING AND LIGHTNING SYSTEM			\$ 60.00	\$ 50.00 30
11	PANEL BEATING ON AFFECTED AREAS			\$ 600.00	\$ 600.00 300
12	SPRAY PAINTING ON AFFECTED AREAS			\$ 600.00	\$ 600.00 400
13	APPLY ANTI RUST ON AFFECTED AREAS			\$ 100.00	\$ 80.00 X
Labour Total :				\$ 1,360.00	\$ 1,130.00
Total Parts and Labour :				\$ 5,000.42	\$ 3,871.97
<u>FINAL LUMP SUM ADJUSTMENT</u>					
				\$ 3,226.50	\$ 3,100.00

total: 3226.52

L/S: 2.6K.

04 Days.

\$ 3,100.00

POINT OF IMPACT

The impact was confined to the front left portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair the vehicle at a lump sum basis of \$3,100.00 nett corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully

WG APPRAISAL SERVICES

Winson Goh
Automotive Appraiser





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/LPC19004102/Atd3s2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Date : 25-04-2019	
			Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SJK 4889A	Veh. Inspected	SKN 960A
	Policy No.	Z18VP05020358	Coverage (\$)	0.00
	Claim No.	18/19/19/VP05/021472	Excess (\$)	0.00
	Assign From	ONG LI LI	Assign Date	10/04/2019
2. Vehicle Particulars & Condition				
	Make & Model	TOYOTA ESTIMA	c.c	2362
	Engine No.	HIDDEN	Year of Reg.	2014
	Chassis No.	ACR500167678	Colour	GREY
	Odometer	77825	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	235/50R18	GOODYEAR	6 mm
	L/H Front Tyre	235/50R18	GOODYEAR	6 mm
	R/H Rear Tyre	235/50R18	GOODYEAR	6 mm
	L/H Rear Tyre	235/50R18	GOODYEAR	6 mm
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
	Accident Date	01/03/2019	Inspection Date	06/03/2019
	Survey held at	ALPHA CAR SERVICES PTE LTD BLK C, KAKI BUKIT AVE 6 #01-59 KAKI BUKIT AUTOBAY SINGAPORE 417883		
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

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. SKN 960A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	CRACKED	1,317.80	1,317.80
1	FRONT BUMPER TOP BEAM	NOT NECESSARY	289.75	-
2	FRONT BUMPER SIDE RETAINER	O/S NOT NECESSARY / N/S NECESSARY	131.40	65.70
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	281.45	-
1	FRONT BUMPER LOWER MESH	NOT NECESSARY	261.55	-
1	FRONT LH FOG LAMP ASSY	CRACKED	387.40	387.40
1	FRONT LH HEADLAMP	GRAZED	1,517.80	1,517.80
1	FRONT LH FENDER	TO REPAIR SEE LABOUR	613.40	-
	LESS 25% DISCOUNT		-1,200.13	-822.18
			3,600.42	2,466.52
SPECIAL NETT ITEMS				
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	40.00	30.00
			40.00	30.00
LABOUR				
	CHECK FRONT WIRING AND LIGHTNING SYSTEM.		60.00	30.00
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF FRONT LH FENDER.		600.00	300.00
	SPRAY PAINTING ON AFFECTED AREAS.		600.00	400.00
	APPLY ANTI RUST ON AFFECTED AREAS.	NOT NECESSARY	100.00	-
			1,360.00	730.00
GRAND TOTAL			5,000.42	3,226.52
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,600.00

Report Ref No. CS3/LPC19004102/Atd3s2-1

ADRIAN LING WAI PING

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

Licensed Appraiser

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