

ASS. REC. BY:

REF: CS/SMD19009261 / TIV d3

n2

Special Instruction:

SUIVATOR: TANAKH ASSIGNMENT (Office)From (Person): Grach Ray Loong of SMD Date/Time: 28.5.19 12.09 PM

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: XD 4599H Insured: SBT 6639Pat Workshop m/s Vix Auto Tel: 6455 2957of 60. Fak Bukit Ma 6Policy No: D18MTPV01010141 Claim No: CMTD1902546

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 25.5.2019  
(Client's Record)CA / REV / REP. / REV 24 HRS <sup>emp</sup> H.O.D. Endorsement: \_\_\_\_\_Date/Time: 28.5.19 1.37 PM Person Contacted: Yee Bing Vehicle IN/OUT: IN

Date/Time	Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate
	<u>XD 4599H - X</u>
	<u>SBT 6639P - X</u>
<u>12/6/19</u>	<u>Send preli revised via merimen</u>
<u>19/6/19</u>	<u>LS \$ 2050 confirmed by email (Real 10346.80, 8379)</u>

### ASSIGNMENT

From: \_\_\_\_\_ Date: 11.6.2019  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: XD4599H  
 at Workshop m/s V FIX AUTO  
 of 26 chia ping Road 619977  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: 3.00pm Owner working

Veh No: XD4599H Yr Regn: 2010, Dec  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or Tipper - truck  
 Make: 19434 (YZE52K) cc 15687  
 Colour: white A/C: Insured / Std / NI / NA  
 Sp. Reading: 628693 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JAL(YZE52K) 00004  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

(Policy Condition)

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

X	
N/S	O/S

Tyre Size: F: 295/80R22.5  
 R: 14(0)  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Double Happiness  

Front	Rear
R/Bal. <u>8</u> mm	R/Bal. <u>S/S</u> mm
L/Bal. <u>8</u> mm	L/Bal. <u>S/S</u> mm
D.O.A. _____	D.O.I. <u>11/6/19</u>

 Survey held at V Fix  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or \_\_\_\_\_

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

Date / Time	Action / Instruction
RECEIVED 20 JUN 2019	

Date/Time, File Pass to?  : Prel. Report  
 : Final Report

1) \_\_\_\_\_  
2) 2016- typist

Report Format: merimrn  
 Lump Sum / I.B.I: (\$ 2050k)

Days Of Repair: 2  
 Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ )  
 : Interview (\$ )  
 : Tech. Invs (\$ )  
 : Weekend (\$ )

Survey Fee:	
Transportation:	<u>350</u>
S + RS, SI	<u>11</u>
Photos	
Others	
TOTAL	<u>361</u>

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

<b>To:</b> Sompo Insurance Singapore Pte. Ltd. 50 Raffles Place #05-01/06, Singapore Land Tower Singapore 048623	<b>From:</b> LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
---	--

**Attn:** GNOH PAU LOONG **Date:** 12 Jun 2019

### Preliminary Advice

Insured Vehicle No	: SBT6639P	Accident Date	: 25/05/2019
TP Vehicle No	: XD4599H	Assignment Date	: 26/05/2019
Make	: ISUZU CYZ52K	Est. Duration of Repair	: 3
Date of Inspection	: 11/6/2019		
Inspection At	: VFIX AUTO PTE LTD		

#### Point of Impact / General Description of Damages

The vehicle sustained impact / damages front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	12,396.80
Revised Amount	:S\$	2,682.00
Check Items (Estimated)	:S\$	158.40
<b>Total</b>	<b>:S\$</b>	<b>2,840.40</b>
Lump Sum Repair	:S\$	

#### Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

#### Remarks

- ( ) The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- ( ) The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- ( X ) Other comments : The above survey was conducted on a 'Without Prejudice' basis.

## ...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 May 2019		28 May 2019 12:09 Assign				<b>New Assignment</b> Cancel Case

  

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	SEAH KUAN CHIANG KENNETH, ID: S7503479B, Tel: +6596945525, Email: kennethskc@gmail.com								
Main Claimant:	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD, Co. Reg. No.: 199904117E								
Vehicle Reg. No.:	XD4599H	Date of Loss:	25/05/2019 12:00 - :59						
Claim Type:	TP / CMTD1902546	Policy/Cover Note No.:	D18MTPV01010141 (Comprehensive)						
Vehicle Reg. No. (Insured):	SBT6639P	Policy No. (Claimant):							
		Excess:							
Repairer:	Vfix Auto Pte Ltd (HQ) 60 KAKI BUKIT AVE 6 ARK@KB, 417892 Kaki Bukit - Tel:								
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by GNOH PAU LOONG - 63295217]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 07/06/2019]								
Driver/Custodian (Insured):	SEAH KUAN CHIANG KENNETH (44 / Male); NRIC: S7503479B, Tel: +6596945525 Email: kennethskc@gmail.com								
Adj Asp. Remarks:	WS: YEE BING 6455 2957 NEW ADDRESS: 26, Chia Ping Road, Singapore 619977								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;">View All   Compose Case Mail</span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;">View All   Search Tasks   Create New Task   Complete</span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Veron Chen (LKKAuto)

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Thursday, 20 June 2019 10:24 AM  
**To:** ybsim@vfixauto.com.sg  
**Cc:** alanclk@vfixauto.com.sg; 'kentsh'; jessicassy@vfixauto.com.sg; jeffbz@vfixauto.com.sg; SUR  
**Subject:** RE: XD4599H after paint

Dear Yee Bing,

Noted with thanks.

Kindly send Final invoice and all supporting documents directly to SOMPO INSURANCE

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** ybsim@vfixauto.com.sg <ybsim@vfixauto.com.sg>  
**Sent:** Wednesday, 19 June 2019 6:03 PM  
**To:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>  
**Cc:** alanclk@vfixauto.com.sg; 'kentsh' <kentsh@vfixauto.com.sg>; jessicassy@vfixauto.com.sg; jeffbz@vfixauto.com.sg  
**Subject:** RE: XD4599H after paint

Hi Veron,

We accept the offer.

Thank you.

Regards,  
Yee Bing

**From:** Loung Kee Chan <loungkee85@gmail.com>  
**Sent:** Wednesday, June 19, 2019 3:08 PM  
**To:** [contact@vfixauto.com.sg](mailto:contact@vfixauto.com.sg)  
**Subject:** Fwd: XD4599H after paint

----- Forwarded message -----

发件人 : **Loung Kee Chan** <loungkee85@gmail.com>  
Date: 2019年6月19日 周三 15:05  
Subject: Re: XD4599H after paint  
To: <[contact@vfixauto.com.sg](mailto:contact@vfixauto.com.sg)>

Veron Chen (LKKAuto) <[veronchen@lkkauto.com](mailto:veronchen@lkkauto.com)> 于 2019年6月19日周三 11:08写道 :

Dear Kee Chan,

WITHOUT PREJUDICE

Offer Lump Sum \$2050 @ 2 working days

Please check and confirm.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :[sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

Blk S1, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Loung Kee Chan <[loungkee85@gmail.com](mailto:loungkee85@gmail.com)>

**Sent:** Tuesday, 18 June 2019 4:54 PM

**To:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>

**Subject:** XD4599H after paint

## 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	27/05/2019 13:26
Date Of Accident	25/05/2019 11:55
Exact Location Of Accident	ALONG PIE @ SLIP ROAD TWDS JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4599H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97669082

### Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52K
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
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	GOODS VEHICLE

### Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2018-V0089773-VCV-R006
Cover Note Number	

### Driver

Name of Driver	AIW FAR CHOR
NRIC No	S1267512G
Date Of Birth	19/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1999
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97497395
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 426 CHOA CHU KANG AVENUE 4 #13-166
Postcode	680426
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 (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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO STATEMENT ON 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	SBT6639P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAH KUAN CHIANG KENNETH
NRIC/Passport Number	S7503479B
Contact Number	96945525
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 Authorized 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 lodging 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:

- (i) 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 Ministry Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 third parties 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")
- (ii) 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
- (iii) 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;
- (iv) 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;
- (v) the information so collected under (i) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders;

  
 Policyholder's Signature  
 Date & Time:

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

  
 Registrar's Signature  
 Name:   
 BRIC2/IN No: 



Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20190525/2107

1 of 8

Report No. T/20190525/2107

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689285  
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2019 15:38	Video Report No.	Station Diary No.: 96
--	------------------	--------------------------

Informant's Particulars

Name of Informant: AIW FAR CHOR		Address: APT BLK 426 CHOA CHU KANG AVENUE 4 #13-156 SINGAPORE 680428	
ID Type / ID No.: NRIC NO / S1287512G		Contact No: Home/Office	Mobile: 97497395
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 10/11/1955	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drugs: No	Date/Time of Accident: 25/05/2019 11:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY JURONG TOWN HALL ROAD Along RTE 6 SBD Travel Toward Jurong Town Hall Road			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
88T653RP	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD SDR	White	Slightly Damaged	0
XD458QH	Lorry	ISUZU	CY252K	White	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 686256  
Tel No: 1800-7550999



T/20190525/2107

2 a

Report No. T/20190525/2107

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Seah Kuan Chlang Kenneth	ID No	S7503479B
Related Vehicle	SBT6539P (Car)	Contact No	96945525
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	AIWFAR CHOR	ID No	S1267512Q
Related Vehicle	XD4589H (Lorry)	Contact No	97497365
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 25/05/2019 at about 1135hrs, I was driving in V1 (RUC80Y) on the extreme left lane along PIE.

While I was about to reach the slip road towards Jurong town (exit road), V2 (FB92447) suddenly overtook onto my lane from the right and applied emergency brake in front of my vehicle with no reason. I managed to brake and at the same time applied horn to driver of V2 ahead to notify him of his reckless behavior.

When I was driving along the slip road with V2 ahead, V2 again applied emergency brake and to which was too sudden for me to avoid. Thus my vehicle V1 collided onto the rear of V2. After the accident, I exited my vehicle to exchange particulars with driver of V2. I observed that driver of V2 is alone and do not have any visible injuries on him. Shortly after, both of us left the vicinity.

My vehicle V1 suffered from dent on the front bumper.

However driver of V2 then notified that there were 2 kids in his vehicle which I affirm it to be false. I am lodging this report for police investigation.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No. 1800-7859999



T/20190225/2107

2 of 4

Report No. T/20190225/2107

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



TQ01905252107

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

4 of 4  
Report No. TQ01905252107

CONTINUATION OF REPORT

Sketch Plan

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 65478825 making the report number as reference.

Signature Of Officer Receiving The Report: J / Sgt 2 BAN JUNG YANG
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU KUN Contact No: 65478151

Signature Of Informant: 
Date/Time: 25/05/2019 15:38
Classification Of Case:

Administration Stamp  
None



Vfix Auto Pte Ltd  
 26 Chia Ping Road  
 Singapore 619977  
 Email : contact@vfixauto.com.sg  
 Tel : 6448 9268 Fax: 6445 2368  
 UEN / GST Reg No. : 201830761R

**ESTIMATE**

DATE :  
 ACC DATE :  
 REF NO :  
 POLICY NO :

**Attention: Motor Claim Department**

**RE : VEHICLE NO :XD4599H ISUZU CYZ52**

DESCRIPTION		AMOUNT S\$
1 1 FRONT BUMPER		bt 2,280.00
2 2 FRONT BUMPER BRACKET	250.00	X 500.00
3 2 FRONT BUMPER GRILLE -> photo	88.00	X? 176.00
4 2 FRONT BUMPER FOR LAMP	302.00	X 604.00
5 1 FRONT BUMPER TOP STEP GARNISH		X 328.00
6 2 HEAD LAMP	872.00	X 1,744.00
7 2 HEAD LAMP BRACKET	658.00	X 1,316.00
8 2 HEAD LAMP RIM	442.00	X 884.00
9 1 AIR CON CONDENSER		X 1,100.00
10 1 AIR CON DRYER		X 350.00
11 1 AIR CON PIPE		X 370.00

15%  
 LESS 10% \$ 9,652.00  
 \$ 8,686.80

DESCRIPTIONS	UNIT PRICE	AMOUNT S\$
<u>SPECAIL NETT</u>		
1 <u>FRONT NUMBER PLATE</u>		\$ bt 30- 60.00
		\$ 60.00

LABOUR & MISCELLANEOUS :

AMOUNT S\$

1	To remove damaged body panel with all necessary components/attachments apply hot-works where necessary straighten front door pillar, repair/reshape body dented panels in accordance with factory specifications replace new parts refit and align into position refit all necessary components / attachments	260	1,400.00
2	To spray paint replaced/repaired body panels inclusive of preparatory works and painting materials	200	1,200.00
3	To reset and diagnosis fault code and check wiring	X	800.00
4	To remove, refit air con	X	250.00
			<hr/>
		\$	3,650.00

GRAND TOTAL : \$ 12,396.80

Vfix Auto Pte Ltd

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

*[Handwritten Signature]*  
12/6/19

Taufik 9749 5749  
- wp'  
11/6/19 @ 3:20 pm

Resurvey after repair  
2-3 days  
see @ [unclear]

## LKK Auto Consultants Pte Ltd (Co.Reg.No.199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/SMO19009361/T1VD3N2

Date: 21/06/2019

## REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTPV01010141
Claimant Vehicle No :	XD4599H	Insured Vehicle No :	SBT6639P
Date of Loss:	25/05/2019	Nature of Claim:	TP
		Claim No:	CMTD1902546

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	XD4599H	Engine No:	6WG1413963
Make & Model:	ISUZU CYZ52K, 15.7 D (M)	Chassis No:	JALCYZ52KA7000024
Reg. Date:	15/12/2010 (Man. Year: 2010)	Odometer:	628693 km
Colour:	White		
Engine Capacity:	15681 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size:	295/80R22.5	Rear Tyre Size:	295/80R22.5 (D)
Front Left Side:	Double Happiness 8 mm	Rear Left Side:	Double Happiness 8/8 mm
Front Right Side:	Double Happiness 8 mm	Rear Right Side:	Double Happiness 8/8 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %	
Parts	8,746.80	1,968.00	6,778.80	77.50	
Miscellaneous Items	0.00	0.00	0.00		
Labour	3,650.00	600.00	3,050.00	83.56	
Paintwork Labour	0.00	0.00	0.00		
Towing	0.00	0.00	0.00		
<b>Calculated Gross Total (S\$)</b>	<b>12,396.80</b>	<b>2,568.00</b>	<b>9,828.80</b>	<b>79.28</b>	
<b>Approved Total (Overridden) (S\$)</b>		<b>2,050.00</b>			
	(S\$)	12,396.80	2,050.00	10,346.80	83.46
<b>+ GST 7.00/7.00% (S\$)</b>	867.78	143.50	724.28	83.46	
<b>Nett Amount (S\$)</b>	<b>13,264.58</b>	<b>2,193.50</b>	<b>11,071.08</b>	<b>83.46</b>	

## INSPECTION

Date of Assignment:	28/05/2019	Inspected At:	Vfix Auto Pte Ltd (HQ)
Date Inspected:	11/06/2019		26 Chia Ping Road
			Singapore 619977
Estimated Period of Repair:	2.0 days		

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

*knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.*

## REPAIR DETAILS

<b>Reference</b>		
<b>Part Source:</b>	(Last Synchronised: 21 Jun 2019)	
<b>Parts:</b>	N/A	ISUZU CYZ52K 15.7 D (M) (Model not available in database)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for XD4599H)	
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Bent	2,280.00 FL	*2,280.00 FL
2	2		*FRONT BUMPER BRACKET	Repair	500.00 FL	*- FL
3	2		*FRONT BUMPER GRILLE	Not Necessary	176.00 FL	*- FL
4	2		*FRONT BUMPER FOG LAMP	Not Necessary	604.00 FL	*- FL
5	1		*FRONT BUMPER TOP STEP GARNISH	Not Necessary	328.00 FL	*- FL
6	2		*HEAD LAMP	Not Necessary	1,744.00 FL	*- FL
7	2		*HEAD LAMP BRACKET	Not Necessary	1,316.00 FL	*- FL
8	2		*HEAD LAMP RIM	Not Necessary	884.00 FL	*- FL
9	1		*AIR CON CONDENSER	Not Necessary	1,100.00 FL	*- FL
10	1		*AIR CON DRYER	Not Necessary	350.00 FL	*- FL
11	1		*AIR CON PIPE	Not Necessary	370.00 FL	*- FL
12	1		*FRONT NUMBER PLATE	Bent	60.00 FS	*30.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

<b>Sub Total (\$)</b>	<b>9,712.00</b>	<b>2,310.00</b>
<b>- List Item Discount on L Items 10.00/15.00% (\$)</b>	965.20	342.00
<b>Total Parts (\$)</b>	<b>8,746.80</b>	<b>1,968.00</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	TO REMOVE DAMAGED BODY PANEL WITH ALL NECESSARY COMPONENTS/ATTACHMENTS APPLY HOT-WORKS WHERE NECESSARY STRAIGHTEN FRONT DOOR PILLAR,REPAIR/RESHAPE BODY DENTED PANELS IN ACCORDANCE WITH FACTORY SPECIFICATIONS REPLACE NEW PARTS REFIT AND ALIGN INTO POSITION REFIT ALL NECESSARY COMPONENTS/ATTACHMENTS	New	1,400.00	300.00
2	TO SPRAY PAINT REPLACED/REPAIRED BODY PANELS INCLUSIVE OF PREPARATORY WORKS AND PAINTING MATERIALS	New	1,200.00	300.00
3	TO RESET AND DIAGNOSIS FAULT CODE AND CHECK WIRING	New	800.00	0.00
4	TO REMOVE,REFIT AIR CON	New	250.00	0.00
<b>Gross Labour Cost (S\$)</b>			<b>3,650.00</b>	<b>600.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >