111 653 LPC19006380 /Egols-1 ASSECTIONAL (Office) STIVE 12.6.2019 Chemled poh LPC AFEPB MY PC 136L be be peakly the late. serve you motor 9239 3188 10 Blk 5033 Amk Ind. perk 2 #01-265 18/19/19/2005/02/651 Claim No. CATERNATURE TREVETHE Vehicle 101 (our Lester Inc 10.04 amolo/4/N Person Contracted Elaine Action/Instruction () (Ampale flate/Lun 70.1361-NA/2001/2/0/345/44 4M 8033A - 7M/1900 6 45/K4 contrations before going deen as sury location is different. 12/4/19 CO 1,21/m checked with theme (alsp), they will not provide us exempte 37 5 19 Subsof PKS Suburit 15 \$ 13600, 8 days (Red \$ 10000, 43%) 11/9/19

RECEIVED 1 1 JUL 2019

No Bill By anal first

5 w	REF HXC		
and the same	ASS16	NAMENT	
Lundi		Veh Ne PC 136L Type: M.Car / M.Cycle (Pus) Van / Lorry / Ta	legn 14/1/11
OD (TP) WS / TP RES / OD RES /	EVA / INV / MV	Truck/Trailer or Make HiGer KLQ 61256	*
To in-spect Vehicle Abs		Sp. Reading 6 09809 I/R.	Insured / Std / NI / NA abo Insured / Std / NI / NA
incarried Folicy No Claims No		Cilvo LKLR KSN OBBS	
Sum Insured. (Chent's Record) Make of Veh. Elaine (992393188	Steering (norder) Jammed / Leaked / Burnt Brake: (norder) Jammed / Leaked / Burnt Modi: Nil / S/Rim / STD A/Rim r	
(Policy Condition) Remark. The veh had commence repair at the time of installing the commence of the commence	ed its N/S O/S	R: 295 / 72 BS/DUN/EXNOVA/GY/FS/LIZA/MIC/ TOYO/YOKO or FIRE	
Land Conference	Consistent? Yes or No Consistent? Yes or No yr. Res. Yes or No 3 Val. Yes or No	R/Bal 5 mm R/ L/Bal 5 mm L/	Bal 5 mm Bal 5 mm
CA / REV / REP. / 24 H	RS Vehicle: IN / OUT	Dis. of Damages: Frt / Rear / O/S / N/S From RH The U/C / Chassis frame / Body Stru	
Date / Time Action / Instru		D 2 2 MAY 2819	
			*

Dute/spo_Eje Pars ic? Preli. Report	Days Of Repair:		
IL A LUM : Final Report	Resurvey No. of Trip:	Survey Fee	
Oato/Tune File Return 337		Transgottation	
	Add Fee: Site Insp (\$) 5+1c 9	
	Internew (\$	j Pholos	
Report Format	Tech hivs (\$	1.0000	\$0
Lump Sum / L.B.F. (\$ 13600)	VVesteral (\$	1	
(144)	Consold)	TOTAL	



Our Ref

: 18/19/19/VC05/021651

Your Ref

: CS3/LPC19006380/Eqd3s2

10 June 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 PC136L

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of PC136L
- b) GIA report PC136L
- GIA report and photos of YN8937A

Kindly study the documents and let us have your report by 26 June 2019.

Yours faithfully

 $\langle V \rangle$

GERALD POH SENIOR EXECUTIVE (CLAIMS)

Email: mt_claim@lonpac.com

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

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

By the lodgement of this report to the insurers, yo aforesaid.	u nereby consent to the archiving of this report at the centre and to copies of the opposition	
	ACCIDENT STATEMENT	
Date Of Report	09/04/2019 15:31	
Date Of Accident	08/04/2019 17:50	
Exact Location Of Accident	TANAH MERAH COAST ROAD	
Country/State of Loss	SINGAPORE	and the second
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC136L	
Insured/Policyholder		
Name Of Registered Owner	REGENCY TRAVEL PTE LTD	
Co Reg No	198703192D	
Email Address	ZEPHANG@ANSTRANSPORTATION.COM	

Mobile Phone No

OFFICE-63831111 Alternative Phone No

Vehicle Particulars

HIGER Manufacturer

KLQ6125B-8.8 D (M) Model

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

BUS

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5099530529-01

Cover Note Number

Driver

Name of Driver LEE YEOW JOO

S1572875B NRIC No 06/05/1963 Date Of Birth OUTDOOR Occupation 01/12/2000 Date Of Driving Pass

18 YEARS AND 4 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-99999999 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address

BLK 688 HOUGANG ST 61 #02-210

SINGAPORE

Postcode

530688

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

SIDE SWIPE

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

NO

Was any body injured in the Accident?

.

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)

13

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

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

Vehicle Make/Model/Colour

YN8937A

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
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- 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)
 - (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 daims (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")
- 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 sited outside of Singapore, for one or more of the above Purposes.
- 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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centse Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN

Refer attach sketch

Please refer to attach for statement and sketch plan.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

DECLARATION

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

		Sketch Plan #3 Pg. 1	
Acident date: 08/04/19 At: Tanah Merah Coust Road	1		A = PC 136 L B = VN 8937A
Touch Moreh Formy Rd			Tonch Menh Loust Rd
	^		\$1

Accident involved: vehicle A) PC 136 L (Higer bus) /

Vehicle B) YN 8937 A (Lorry)

At: Tanah Merah Coast Road

Accident date: 08.04.19, time 1750

On 08/04/2019, at about 1750hrs, I was driving my company bus

A) PC 136 L at Tanah Merah Coast Road, there is 3 lanes and all right turn only, I was at the extreme left while turning, a lorry B) bearing plate no. YN 8937 A on my right moving straight to Tanah Merry Ferry Road causing an accident.

I wish to state that all lanes are right turns only and halfway, suddenly, the lorry YN 8937 A moving straight unknown reason to cause this accident. I can't avoid the accident as it is too fast to react.

I have the video of the accident footage for support.

Lee Yeow Joo

S1572875B

09.04.19

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

EMail Address

Fax Number Contact Number

Gender

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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- 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

	ACCIDENT STATEMENT
Date Of Report	10/04/2019 14:03
Date Of Accident	08/04/2019 17:45
Exact Location Of Accident	TANAH MERAH COAST ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN8937A
Insured/Policyholder	
Name Of Registered Owner	SASHTHA CONSTRUCTION PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91046747
Alternative Phone No	OFFICE-91046747
Vehicle Particulars	
Manufacturer	ISUZU
Model	· · · · · · · · · · · · · · · · · · ·
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05000406
Cover Note Number	
Driver	
Name of Driver	RASEL
Passport No/FIN	G8139367U
Date Of Birth	10/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2013

5 YEARS AND 4 MONTHS

(LOCAL) +65-91046747

OTHERS-91046747

MALE

NOEMAIL

Address

D WALL PTE LTD

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

PLS REFER TO THE ATTACHED STATEMENT

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

PC136L

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

92992875

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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- 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.
- 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 Mometary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 evestigations 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
 - (*) 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:

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

10/4/2019

Sketch Plan #2

SKETCH PLAN

Tanah	Merah	coast Rd	A-YN8937A B-PC136L
-> ->.			
->	A	//	

Vehicle A	was driving along	Tanah 11	eigh Coast Pd
When Velice	GA turning Fish		same time
		and wes	too chise
		Left side	
			E PEVINON
Velucle +		de wes	STISHTLY
damago	2 2		
7.0			
CLARATION			
e declare the foregoing par	ticulars are true in every respect	1	
		1	1 /
	Dony		10/4/201
yholder's Signature	Driver's Signature	Reporting Ce	intré Personnel's Signature
& Time.	(if driver is not the policyholder)	Name	
	Date & Time:	NRIC/FIN NO	

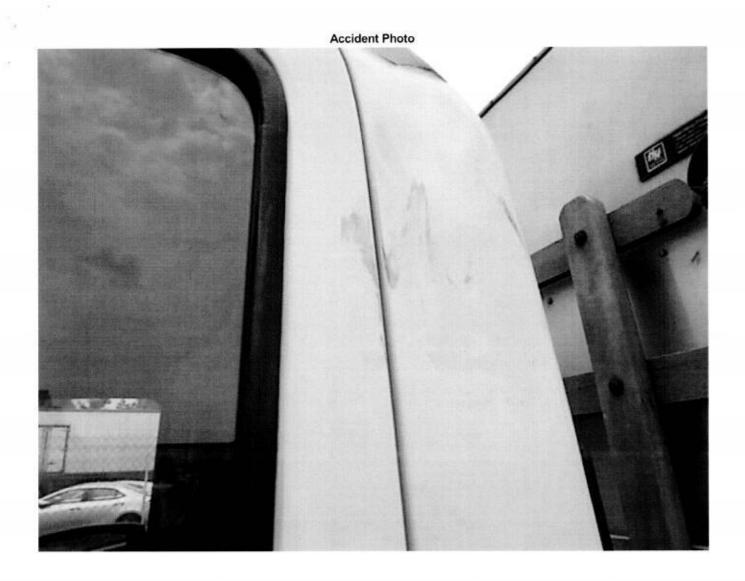


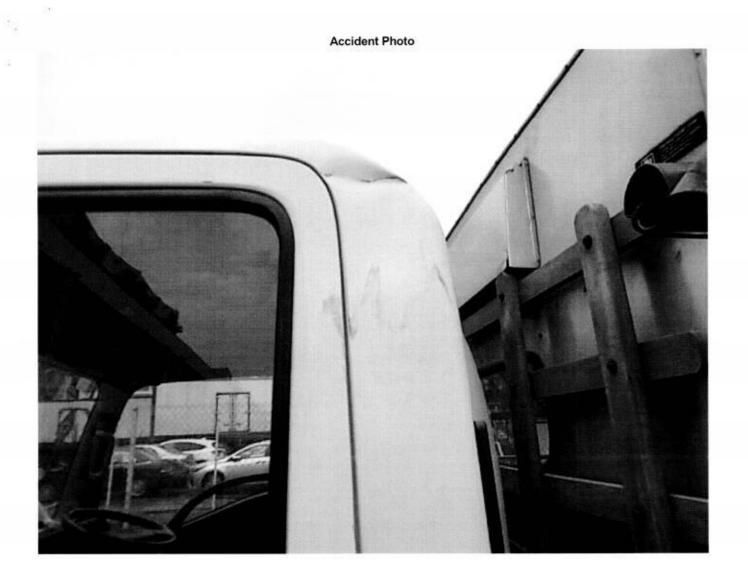




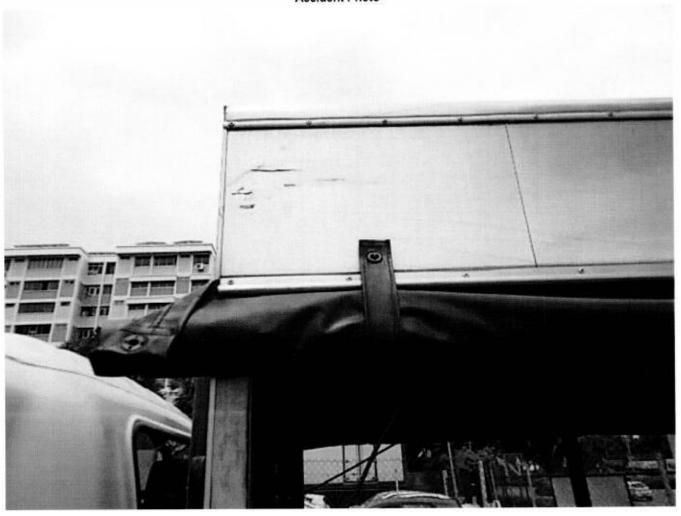






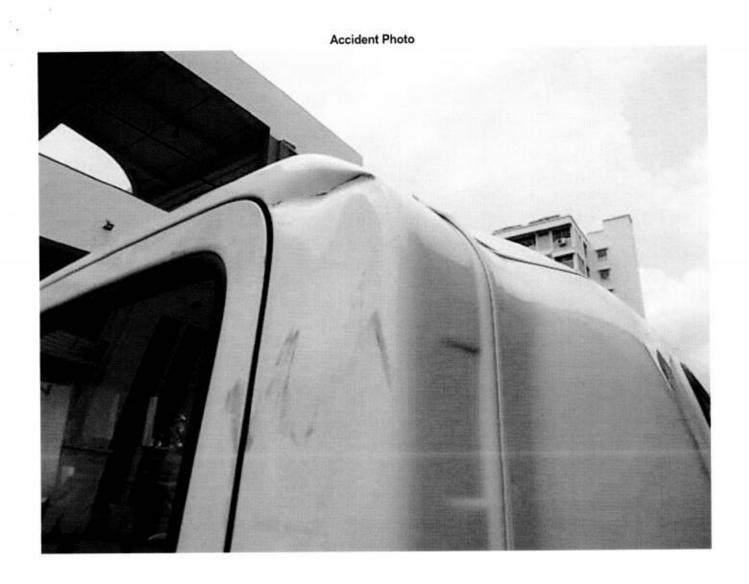


























為您汽車斯務

Serve You Motor Service

Block 5033 Ang Mo Kio Industrial Park 2 #01-265 Singapore 569536 HP, 9021 5688 Tel: 6481 0555 Fax: 6483 1654 Email, serveyou5033@gmail.com Rag. No.: 224530/00L

INVOICE

No. 80819

dessrs:	Rogency Trave		No PC. 1361
Ins: Lo	opal Insuland.	Bhd Da	
QUANTITY	DESCRIPTION		AMOUNT \$ cts
	Accident dat	2: 8/4/19	7
	Jun &	mi	# 23 8001
	no poly	/	7
		11 to 1 t	- Security State
nis credit is for not	more than 30 days	TOTAL	# 13800
		(on	
2 atomaris	O wash as	- Santa	Tu Motor Service

To: REGENCY TRAVEL PTE LTD

> C/O: SERVE YOU MOTOR SERVICE 5033 ANG MO KIO INDUSTRIAL PARK 2

#01-265

SINGAPORE 569536

Our Ref.: SVY190400112

Date: 15/05/2019

AUTOMOBILE INSPECTION REPORT

1. SURVEY TYPE: THIRD PARTY

Vehicle Inspected:

PC - 136-L

Your Reference:

NOT ADVISED

Insured Vehicle:

Policy Excess:

Assigned by:

MISS ELAINE

Assignment Date:

09/04/2019

Date of Accident:

08/04/2019

Surveyed / Assessed Date: 09/04/2019

Repairer / Survey at: SERVE YOU MOTOR SERVICE

VEHICLE PARTICULARS: 2.

Make & Model:

HIGER KLO6125B

General Condition:

FAIR

Registration Date:

14/01/2011

Colour:

MULTI

Engine Capacity:

8849

Odometer (km):

609809

Chassis No.:

LKLR1KSN0BB545296

Steering:

IN ORDER

Engine No.:

ISLE436021960861

Brake:

IN ORDER

3. TYRE CONDITION:

	Size	Make	Thread Depth (%)
FRONT LEFT	295/80R22.5	PIRELLI	70
FRONT RIGHT	295/80R22.5	PIRELLI	70
REAR LEFT	295/80R22.5	PIRELLI	70
REAR RIGHT	295/80R22.5	PIRELLI	70

4. **DESCRIPTION OF DAMAGES:**

The vehicle sustained damages mainly at the right front portion.

Your Ref.: NOT ADVISED Our Ref.: SVY190400112 Vehicle No.: PC - 136-L

Date of Accident: 08/04/2019

5. ADJUSTMENT SUMMARY:

Original Estimate:

\$38,742.60

Revised:

\$29,741.20

Final Adjustment:

\$23,800.00 (Lump Sum)

Estimated Repair Duration:

10.00 Working Days

The Inspection was conducted on a "Without Prejudice" basis.

Assessor: SAMUEL PHUN

Your Ref.: NOT ADVISED Our Ref.: SVY190400112 Vehicle No.: PC - 136-L

Date of Accident: 08/04/2019

ADJUSTMENT DETAILS

QTY	DESCRIPTION (PARTS)	CONDITION	ESTIMATE	REVISED
1	FRONT PANEL	CRACKED	\$3,400.00 L	\$3,400.00 L 2500/
1	FRONT BUMPER	REPAIR	\$2,820.00 L	- L
1	FRONT RH LOWER PILLAR	CRACKED	\$720.00 L	\$720.00 L 500/
1	FRONT BUMPER BRACKET (SET)	NECESSARY	\$420.00 L	\$420.00 L X ////
1	FRONT BUMPER FOG LAMP	SERVICEABLE	\$280.00 L	- L
2	FRONT BUMPER LAMPS	SERVICEABLE	\$440.00 L	- L
1	FRONT INDICATOR LAMP	SERVICEABLE	\$180.00 L	- L
1	FRONT W/SCREEN GLASS PILLAR (PH)	CRACKED	\$880.00 L	\$880.00 L X K
1	FRONT W/SCREEN GLASS PILLAR (\$4) GARNISH	NECESSARY	\$480.00 L	\$480.00 L
1	FRONT RH COMPARTMENT COVER	REPAIR	\$886.00 L	- L
1	FRONT RH COMPARTMENT COVER HANDLE	SERVICEABLE	\$280.00 L	- L
1	FRONT RH SIDE MIRROR ASSY (SET)	BROKEN	\$2,880.00 L	\$2,880.00 L 1800/
1	FRONT RH SIDE MIRROR BRACKET (SET)	BENT	\$588.00 L ////	
1	TOP TINTED W/SCREEN GLASS ON THE CURPER)	CRACKED	\$5,500.00 L	\$5,500.00 L 3090/
1	FRONT CENTER W/SCREEN GLASS	GRAZED	\$4,800.00 L	\$4,800.00 L 7500/
1	DRIVER DOOR GLASS	CRACKED	\$1,850.00 L	\$1,850.00 L 900/
1	TRIANGLE TINTED GLASS AT DRIVER SIDE	CRACKED	\$950.00 L	\$950.00 L /
1	ERP IU BRACKET	NECESSARY	\$120.00 S	\$30.00 S 200
1	FRONT CENTER W/SCREEN GLASS SEALANT	NECESSARY	\$420.00 S	\$350.00 S 2007
1	TOP TINTED W/SCREEN SEALANT	NECESSARY	\$450.00 S	\$380.00 S 200/
1	FRONT W/SCREEN GLASS MOULDING	NECESSARY	\$280.00 S	\$200.00 s /50/
1	FRONT RH WATER FLOW MOULDING	NECESSARY	\$1,284.00 S	\$850.00 S 600/
1	DRIVER DOOR GLASS SEALANT	NECESSARY	\$280.00 S	\$180.00 S 80/
1	FRONT RH CCTV ATTACHED MIRROR	CRACKED	\$680.00 S	\$480.00 S 300/
1	COMPANY LOGO (SET)	NECESSARY	\$1,300.00 S	\$800.00 S 300/
		Subtotal	\$32,168.00	\$25,738.00 15,489
	List Item Discount on L Iten	ns 10.00% / 10.00%	(\$2,735.40)	(\$2,246.80) - 10%
		Total Parts	\$29,432.60	\$23,491.20 13,932

Your Ref.: NOT ADVISED Our Ref.: SVY190400112 Vehicle No.: PC - 136-L

Date of Accident: 08/04/2019

DESCRIPTION (LABOUR & MISC.)	ESTIMATE	REVISED)
TO DISMANTLE & REFIT FRONT W/SCREEN GLASS.	\$680.00	\$450.00	40
TO DISMANTLE & REFIT TOP TINTED W/SCREEN ON THE CEILING.	\$850.00	\$600.00	4
TO DISMANTLE & REFIT RH DRIVER DOOR GLASS.	\$350.00	\$280.00	2
TO STRAIGHTEN, KNOCKING FRONT AND RH ACCIDENT DAMAGED PORTION.	\$3,500.00	\$2,400.00	10
TO DISCONNECT AND REFIX ELECTRICAL WIRING FOR THE MIRROR/FRONT RH CCTV.	\$450.00	\$240.00	
TOUCH UP PAINTING (MULTI COLOR) ON ACCIDENT DAMAGED PORTION.	\$3,300.00	\$2,200.00	10
TO CHECK WIRING.	\$180.00	\$80.00	5
Subtotal	\$9,310.00	\$6,250.00	3
Total Labour	\$9,310.00	\$6,250.00	
Total	\$38,742.60	\$29,741.20	



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
LON	PAC INSURANCE	BHD	Ref : CS3/LPC19006	380/Eqd3s2-1
300 I #17-	BEACH ROAD 04/07 THE CONC	OURSESINGAPORE 199555	Date: 11-07-2019 Code: LPC2	
1.		Policy Particulars	:- THIRD PARTY CLAI	M
	Insured Veh.	YN 8937A	Veh. Inspected	PC 136L
	Policy No.	Z18VC05000406	Coverage (\$)	0.00
	Claim No.	18/19/19/VC05/021651	Excess (\$)	0.00
	Assign From	GERALD POH	Assign Date	18/06/2019
2.		Vehicle Parti	culars & Condition	
	Make & Model	HIGER KLQ6125B	c.c	8849
	Engine No.	HIDDEN	Year of Reg.	2011
	Chassis No.	LKLR1KSN0BB545296	Colour	MULTI-COLOUR
	Odometer	609809	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		
3.		Condit	ions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	295/80 R22.5	FIRELLI	5 mm
	L/H Front Tyre	295/80 R22.5	FIRELLI	5 mm
	R/H Rear Tyre	295/80 R22.5	FIRELLI	5 mm
	L/H Rear Tyre	295/80 R22.5	FIRELLI	5 mm
4.		Descripti	on of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE FR	ONT O/S PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Genera	al Information	
	Accident Date	08/04/2019	Inspection Date	11/04/2019
	Survey held at	SERVE YOU MOTOR SERVICE	E	
	1	BLK 5033 ANG MO KIO IND PH	(2 #01-265 SINGAPORE !	569536
5a.	ALE STATE	R	temarks	
	A)THE INSPECTION B)IN ACCORDANGE	ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V	THOUT PREJUDICE" BAS WE HAVE NOT AUTHORIS	IS. ED REPAIRS.
5b.	THE REAL PROPERTY.	Estimate	Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	8 Working Day	/S



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 136L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT PANEL	CRACKED	3,400.00	2,500.00
1	FRONT BUMPER	TO REPAIR SEE LABOUR	2,820.00	125
1	FRONT RH LOWER PILLAR	CRACKED	720.00	500.00
1	SET FRONT BUMPER BRACKET	NOT NECESSARY	420.00	72-
1	FRONT BUMPER FOG LAMP	SERVICEABLE	280.00	× -
2	FRONT BUMPER LAMPS	SERVICEABLE	440.00	13.
1	FRONT INDICATOR LAMP	SERVICEABLE	180.00	0.5
1	FRONT W/SCREEN GLASS PILLAR (RH)	TO REPAIR SEE LABOUR	880.00	
1	FRONT W/SCREEN GLASS PILLAR GARNISH (RH)	NECESSARY	480.00	480.00
1	FRONT RH COMPARTMENT COVER	TO REPAIR SEE LABOUR	886.00	XI.
1	FRONT RH COMPARTMENT COVER HANDLE	SERVICEABLE	280.00	2-
1	SET FRONT RH SIDE MIRROR ASSY	BROKEN	2,880.00	1,800.00
1	SET FRONT RH SIDE MIRROR BRACKET	NOT NECESSARY	588.00	
1	TOP TINTED W/SCREEN GLASS ON THE CEILING (UPPER)	CRACKED	5,500.00	3,000.00
1	FRONT CENTER W/SCREEN GLASS	GRAZED	4,800.00	3,500.00
1	DRIVER DOOR GLASS	CRACKED	1,850.00	900.00
1	TRIANGLE TINTED GLASS AT DRIVER SIDE	CRACKED	950.00	950.00
	LESS 10% DISCOUNT		-2,735.40	-1,363.00
			24,618.60	12,267.00
	SPECIAL NETT ITEMS			
1	ERP IU BRACKET (@ \$20.00 DISC 10%) (SN)	NECESSARY	120.00	18.00
1	FRONT CENTER W/SCREEN GLASS SEALANT (@ \$200.00 DISC 10%) (SN)	NECESSARY	420.00	180.00
1	TOP TINTED W/SCREEN SEALANT (@ \$200.00 DISC 10%) (SN)	NECESSARY	450.00	180.00
1	FRONT W/SCREEN GLASS MOULDING (@ \$150.00 DISC 10%) (SN)	NECESSARY	280.00	135.00
1	FRONT RH WATER FLOW MOULDING (@ \$600.00 DISC 10%) (SN)	NECESSARY	1,284.00	540.00
1	DRIVER DOOR GLASS SEALANT (@ \$80.00 DISC 10%) (SN)	NECESSARY	280.00	72.00
1	FRONT RH CCTV ATTACHED MIRROR (@ \$300.00 DISC 10%) (SN)	CRACKED	680.00	270.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET COMPANY LOGO (@ \$300.00 DISC 10%) (SN)	NECESSARY	1,300.00	270.00
			4,814.00	1,665.00
	LABOUR			
	TO DISMANTLE & REFIT FRONT W/SCREEN GLASS.		680.00	400.00
	TO DISMANTLE & REFIT TOP TINTED W/SCREEN ON THE CEILING.		850.00	400.00
	TO DISMANTLE & REFIT RH DRIVER DOOR GLASS.		350.00	200.00
	TO STRAIGHTEN, KNOCKING FRONT AND RH ACCIDENT DAMAGED PORTION. INCLUSIVE OF THE REPAIR OF FRONT BUMPER, FRONT W/SCREEN GLASS PILLAR (RH) AND FRONT RH COMPARTMENT COVER.		3,500.00	1,000.00
	TO DISCONNECT AND REFIX ELECTRICAL WIRING FOR THE MIRROR / FRONT RH CCTV.		450.00	50.00
	TOUCH UP PAINTING (MULTI COLOR) ON ACCIDENT DAMAGED PORTION.		3,300.00	1,000.00
	TO CHECK WIRING.		180.00	50.00
			9,310.00	3,100.00
	GRAND TOTAL		38,742.60	17,032.00

RECOMMENDED COST OF LUMP SUM REPAIRS	13,600.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS3/LPC19006380/Eqd3s2-1

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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