

CS3/LPC19006055/GSD35-1

CS3/LPC19006055/GSD35-1

ASSIGNMENT (Office)
From (Person) ong hi of JPC Date/Time 5/7/2019
Estimated Cost 5/4/19 @ 11:40am
OD / IP / WSP / RES / OD / RES / RVA / INV / MY / CS
To (Report Vehicle No.) GBH 1915M Insured: SLQ 5530Y
at (Workshop) Benz Bodyworkz Tel: 6844 4617 / 9759 4397
of 53 ubi Ave | # 05-15
Policy No. 17/18/18/vpus/020746
Sum Insured 7/07/2018
Make of Veh. (Client's Record)
CA / REV / REP. / REV 24 HRS
Date/Time 11:47am @ 5/4/19 Person Contacted Ben Vehicle IN / OUT IN

Date/Time Action/Description (X) Estimate
5/4/19 11:47am GBH 1915M 17/18/18/vpus/020746 SLQ 5530Y
SLQ 5530Y 17/18/18/vpus/020746 17/18/18/vpus/020746

12.4.19 - VNI - Ben

\$1600, 3 Days.

23/07/19 @ 15:16 pm Confirmed with
XGQ, (45 - 15%)



23/7/2019

RECEIVED 23 JUL 2019

- No Bill
- By email
first

PRS
GUR

REF: tpc

c 21948.

ASSIGNMENT

From: Date: 7/5/19

Estimated Cost:

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

To Inspect Vehicle No: GBH1915M

at Workshop n/s: Benz Body Kit

of 53 ubi Ave 1 # 05-15

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Car In

(Policy Condition)

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

Est. or Market Value:

IDAC Accident Rpt.

Consistent? Yes or No

GIA / PR Seen

Consistent? Yes or No

Est. Repair:

24 days

Res. Yes or No

Lump Sum:

3 Val Yes or No

CA / REV / REP. / 24 HRS ^{sup}

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

\$2000 - \$3000

Submit PRS report.

Veh No: 6BH1915M In Resp: 07 Mar 2018

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

Truck / Trailer or

Make: Toyota Dyna CC 2982

Colour: Silver Ans. Insured / Std / NI / NA

Sp Reading: 38962 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KDY2318029.066.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/75 R15

R: 145 R13

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

TOYO / YOKO or

Front

Rear

R/Bal: 5 mm

R/Bal: 5 mm

L/Bal: 5 mm

L/Bal: 5 mm

D.O.A

D.O.I

07-05-19

Survey held at

w/s

1230pm

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

o/s Tot.

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

Date/Time, File Pass to?

07/05/19
Typ. 34

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: /

Add Fee:

☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Insp (\$)
☐ Weekend (\$)

Report Format:

PRS

Lump Sum / L.B. / C

Survey Fee:

Transportation:

G + R: 24

Photos:

Others:

TOTAL

Nivitha (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Friday, 5 July 2019 10:09 AM
To: Admin-D (LKKAuto); assignments
Cc: MT_Claim_SG; SUR
Subject: RE: Our Ref: 17/18/18/VP05/020746 YRef: SLQ 5530Y Oref: KSG/4923/2019/O/ct [External General]
Attachments: 20746 TPD SR & GIA.pdf

Lonpac External - General

Dear Nivitha

Attached are the TP survey/GIA reports, please let us have your surveyor's review/report.

Thanks,

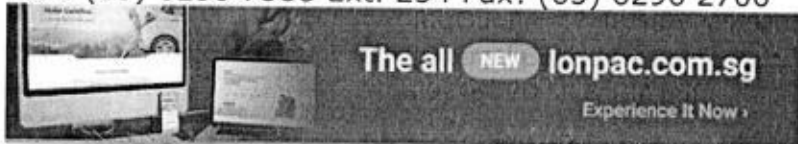
Regards,

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, 5 April, 2019 12:23 PM
To: ONG LI LI; assignments
Cc: MT_Claim_SG; SUR
Subject: RE: Our Ref: 17/18/18/VP05/020746 YRef: SLQ 5530Y Oref: KSG/4923/2019/O/ct [External General]

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

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)

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 09/07/2018 16:47
Date Of Accident 07/07/2018 10:15
Exact Location Of Accident STILL ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH1915M
Insured/Policyholder
Name Of Registered Owner OCTO-JET BUILDING MAINTENANCE SERVICES PTE LTD
Co Reg No 197602194Z
Email Address OPERATION@OCTO-JET.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-65659903

Vehicle Particulars

Manufacturer TOYOTA
Model DYNA-3.0 D (M)

Exact Purpose for which vehicle was being used at time of accident

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

If No, Please state action to be taken THIRD PARTY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMCVSN1807981800
Cover Note Number

Driver

Name of Driver SETTUPATHAR SENTHILKUMAR
Passport No/FIN G7152563K
Date Of Birth 04/06/1973
Occupation OUTDOOR
Date Of Driving Pass 03/05/2016
Driving Experience 2 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-94879595
Fax Number
Contact Number
Email Address NOEMAIL

Address NA
Postcode
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 - 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) 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

ON 07/07/2018 @ ABR 1015HRS. I WAS TRAVELLING STRAIGHT ALONG STILL ROAD WHEN SUDDENLY VEHICLE (B), WHICH WAS ON MY RIGHT, CUT INTO MY MY LANE AND HIT ONTO THE FRONT RIGHT SIDE OF MY VEHICLE.

Attachment(s)

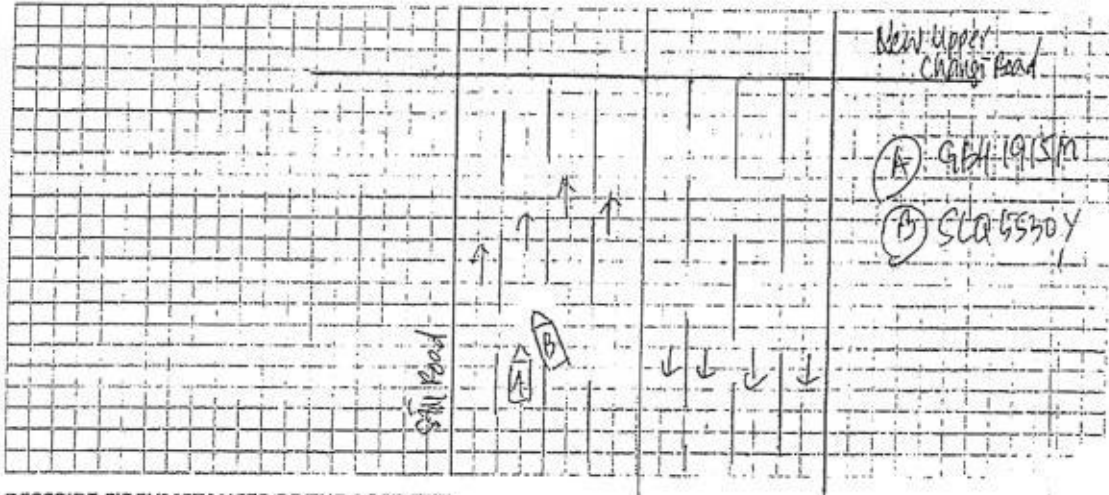
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ5530Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NG WAH LOON
NRIC/Passport Number S8774692E
Contact Number 92369428
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/7/2018 at 1015 hours, I was travelling straight along Still Road when suddenly vehicle (B), which was on my right, cut into my lane and hit onto the front ~~to~~ right side of my vehicle.

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other works hop
- ☐ For record purpose

Policy No. BRUCVSN1807981800
Insurer Ching Veh. No. GBH1915M

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Sharon

NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S62590205 / GST Reg. No.: M400017725

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MSAT 18088425 Vehicle Registration No: GBH 1915M
Name (as shown in NRIC): Settupathar Sentikumar NRIC/PIN/Passport No: _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: _____
Email Address: _____
Date of Accident: 07/07/2018 Time of Accident: 10:15
Place of Accident: Stall Road
Insurance Company: China Taiping Insurance (S) P/L

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to change my report to third party claim

HAN/KS
Policyholder / Driver's Signature
Date: 04/03/19

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

Enquire Vehicle & Owner Information (Vehicle No. GBH1915M As At 07 Jul 2018 / 10:20:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: KSG/4923/2019/O/CT

Current Owner Details

Owner ID Type: Company

Owner ID: 197602194Z

Owner Name: OCTO-JET BUILDING MAINTENANCE SERVICES PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:2

Registered Street Name: JURONG EAST STREET 21

Registered Unit No.: # 04 - 33U

Registered Building Name: IMM BUILDING

Registered Postal Code: 609601

Current Vehicle Details

Vehicle No.: GBH1915M

Make Description/Model: TOYOTA / DYNA 3.0 M

Insurance Company Name: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Enquire Vehicle & Owner Information (Vehicle No. SLQ5530Y As At 07 Jul 2018 / 10:15:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: KSG/4923/2019/O/CT

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S6913614A
Owner Name: KOH HUN BOON
Registered Address Type: HDB / HUDC
Registered Block/House No.: 436A
Registered Street Name: FERNVALE ROAD
Registered Unit No.: # 18 - 194
Registered Building Name: -
Registered Postal Code: 791436

Current Vehicle Details

Vehicle No.: SLQ5530Y
Make Description/Model: HONDA / SHUTTLE 1.5G CVT
Insurance Company Name: LONPAC INSURANCE BHD

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report 09/07/2018 15:00
Date Of Accident 07/07/2018 10:20
Exact Location Of Accident ALONG NEW UPP CHANGI RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ5530Y
Insured/Policyholder
Name Of Registered Owner KOH HUN BOON
Vehicle Particulars
Manufacturer HONDA
Model SHUTTLE 1.5G CVT
Vehicle Category PRIVATE CAR
Insurance Company
Name of Insurance Company LONPAC INSURANCE BHD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number Z/17/VP05/014539-001
Cover Note Number

Driver

Name of Driver NG WAH LOON
NRIC No S8774692E
Address BLK 436A FERNVALE ROAD
#18-194

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
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

REFER TO 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

GBH1915M

Vehicle Make/Model/Colour

Name of Driver

SETTUPATHAR SENTHILKUMAR

Insurance Company Name

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the making 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, regulatory, 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 Centre Personnel's Signature
Name:
NRIC/PIA No.:

Accident Sketch Plan

SKETCH PLAN

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

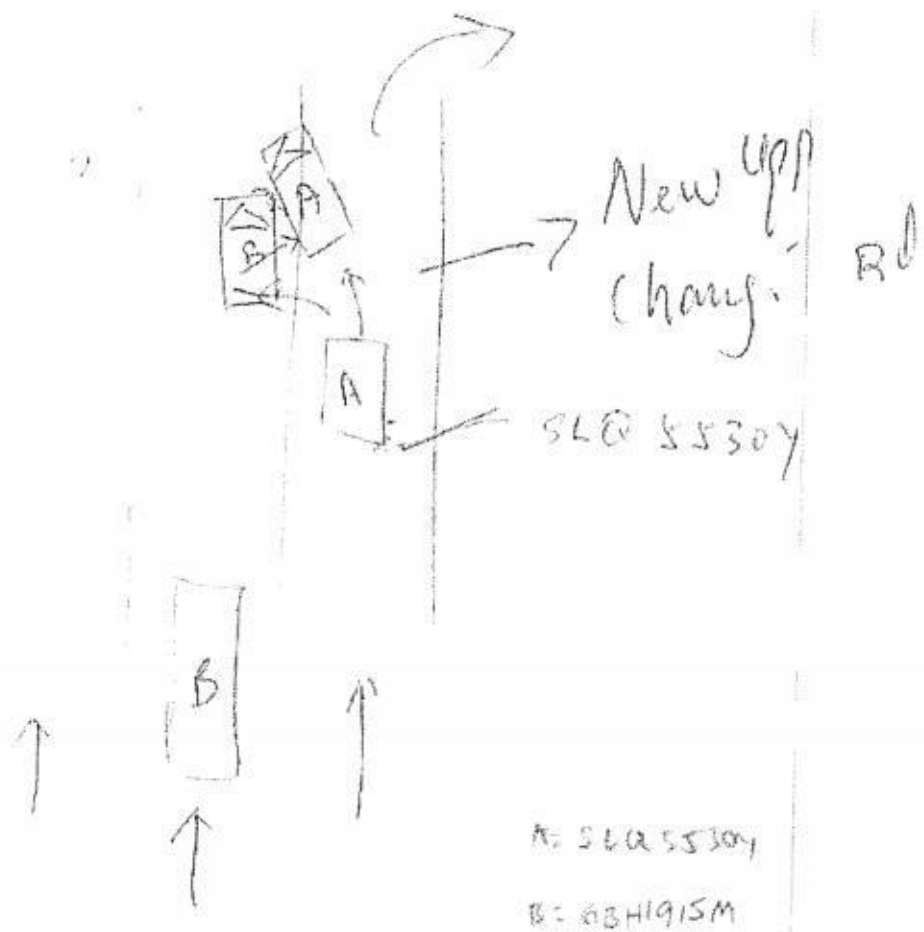
I/We declare the foregoing particulars are true in every respect

Policyholder's Signature
Date & Time

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

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

Accident Sketch Plan



Accident Sketch Plan

On the date of 7/7, Sunday, around 10:20am
I was driving my brother-in-law car (SL55304,
along new upper change rd extreme right lane

I moved my signal ^{left} ~~to the~~ intent to change lane
Suddenly I felt an impact from my left and I

Stopped my car and came out to inspect I realised
^{lost control} the thing ~~lost~~ on my left side there was nobody
against in the time.

UNIQUE APPRAISERS SERVICE

BLK 650, HOUGANG AVENUE 8, #07-335,
SINGAPORE 530650.

TEL: 97579896 FAX: 68584193

REG. NO. 47083000W

TO: M/S Octo-Jet Building Maintenance Services Pte Ltd
2, Jurong East Street 21, #04-33U, IMM Building,
Singapore 609601

INSURED : -
POLICY NO : -
CLAIM NO : -
ACC. DATE : -
OUR REF : UNI/MISC/0188/19

VEHICLE PARTICULARS

VEHICLE NO : GBH 1915 M
MAKE/MODEL : Toyota Dyna Lorry
CHASIS NO : KDY231-8029066
ENGINE NO : Hidden
MILEAGE : 38,962 km
ENG. CAP. : 1,5 Ton

COLOUR : Silver
AIRCON : Fitted
SPORTRIM : N.A.
SEATBELT : Fitted
C/RADIO : Fitted
OTHER : -

ACCIDENT CONDITION

BRAKE : Serviceable
STEERING : Serviceable

BODY WORK : Good

FRONT O/S TYRE	BALANCE	30%	SIZE	195R16	MAKE	Bridgestone
REAR O/S TYRE	BALANCE	30%	SIZE	155E12	MAKE	Bridgestone
FRONT N/S TYRE	BALANCE	30%	SIZE	195R16	MAKE	Bridgestone
REAR N/S TYRE	BALANCE	30%	SIZE	155E12	MAKE	Bridgestone

ADJUSTMENT AND RECOMMENDED COST OF REPAIR

REPAIRER'S EST.	OUR REVISED
\$ 5,841.00	\$ 3,150.00
LESS EXCESS:-	N.A.
	<u>\$ 3,150.00</u>

REMARKS:

Normal circumstances, repairs to the vehicle would take approximately four (4) days to complete.(excluding of Sunday & Public Holidays)

The survey was carried out on a "Without Prejudice" basis only.

GENERAL DESCRIPTION OF DAMAGED:

The vehicle sustains damages to the o/s front portion, description are listed overleaf.

UNIQUE APPRAISERS SERVICE

ADJUSTMENT OF REPAIR COST AND REPLACEMENT OF PARTS:

* Instruction Received

Veh No: GBH 1915 M Date of Inspection: 08-05-19
Assign By: Mr. Joe Tan Date of Re-inspection:
Date: 08-05-19 Date of Report: 27-05-19

Workshop: Benz Body Work

QTY	DESCRIPTION OF PARTS AND LABOUR	DESCRIPTION OF DAMAGE	REPAIR'S EST.	OUR REVISED
1 pc	o/s door	dented & distorted	\$ 1,541.00	\$ 1,541.00 1380
1 pc	o/s headlamp	casing cracked	979.00	979.00 Xnn
1 pc	front bumper	to repair	991.00	0.00
	Les 25% discount on parts		\$ 3,511.00	\$ 2,520.00
				630.00
				\$ 1,890.00 1035
	<u>Labour charges & misc.</u>			
	To dismantle & replace damaged parts, to straighten, repair & reshape front o/s corner panel, front bumper & front o/s door pillar & align necessary parts.		\$ 1,000.00	\$ 800.00 200
	To transfer door glass & fittings		\$ 150.00	\$ 100.00 60
	To putty & respray paint on affected accident sections		\$ 1,000.00	\$ 800.00 500
	To respray rust proof on affected accident areas		\$ 100.00	\$ 80.00 60
	To check, test lighting functions and refocus headlamp alignment.		\$ 80.00	\$ 60.00 30
	Note:- Contract job as agreed at a lump sum amount of:-		\$ 5,841.00	\$ 3,730.00
				\$ 3,150.00 850
				1885
				15%: 1600
				3 Days

UNIQUE APPRAISERS SERVICE

Automobile Adjuster K H Quek

**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/LPC19006055/Gsd3s2-1

300 BEACH ROAD

#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 25-07-2019



Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLQ 5530Y	Veh. Inspected	GBH 1915M
Policy No.	Z/17/VP05/014539-001	Coverage (\$)	0.00
Claim No.	17/18/18/VP05/020746	Excess (\$)	0.00
Assign From	ONG LI LI	Assign Date	05/07/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA DYNA	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KDY2318029066	Colour	SILVER
Odometer	38962	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	175/75R15	BRIDGESTONE	5 mm
L/H Front Tyre	175/75R15	BRIDGESTONE	5 mm
R/H Rear Tyre	145 R13	BRIDGESTONE	5 mm
L/H Rear Tyre	145 R13	BRIDGESTONE	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	07/07/2018	Inspection Date	07/05/2019
Survey held at	BENZ BODYKIT PTE LTD BLK 53 UBI AVE 1 #05-15 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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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. GBH 1915M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	O/S DOOR	DENTED / DISTORTED	1,541.00	1,380.00
1	O/S HEADLAMP	NOT NECESSARY	979.00	-
1	FRONT BUMPER	TO REPAIR SEE LABOUR	991.00	-
	LESS 25% DISCOUNT		-	-345.00
			3,511.00	1,035.00
	LABOUR			
	TO DISMANTLE & REPLACE DAMAGED PARTS, TO STRAIGHTEN, REPAIR & RESHAPE FRONT O/S CORNER PANEL, FRONT BUMPER & FRONT O/S DOOR PILLAR & ALIGN NECESSARY PARTS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		1,000.00	200.00
	TO TRANSFER DOOR GLASS & FITTINGS.		150.00	60.00
	TO PUTTY & RESPRAY PAINT ON AFFECTED SECTIONS.		1,000.00	500.00
	TO RESPRAY RUST PROOF ON AFFECTED ACCIDENT AREAS.		100.00	60.00
	TO CHECK, TEST LIGHTING FUNCTIONS AND REFOCUS HEADLAMP ALIGNMENT.		80.00	30.00
			2,330.00	850.00
	GRAND TOTAL		5,841.00	1,885.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,600.00

Report Ref No. CS3/LPC19006055/Gsd3s2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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