

ASS. REC. BY:

REF: CS3/LPC19007937/ R1+d3-11 Special Instruction:

Survey: Rasul ASSIGNMENT (Office)

30.7.19
6.5.2019 4.01p.m

From (Person): Gerald Poh of LPC Date/Time:

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJL 6711K Insured: YP 34712

at Workshop m/s Wah Yu Automotive Tel: 97360862

of 176 sin ming Drive #05-09

Policy No: _____ Claim No: 1912/19/VL00/021753

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 3.5.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS "top" H.O.D. Endorsement: 7.5.2019

Date/Time: 6.5.19 5:10 PM Person Contacted: A YW Vehicle IN OUT

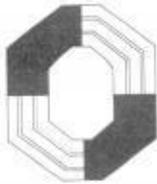
Date/Time	Action/Instruction
	Estimated (X)
	SJL 6711K - (CA/ALG/10/08/13/ R1H 19192 D.O.A - 27/07/2010
	YP 34712 - X
	PRS Report Submit.
	Submit lump sum \$ 5200 (Red: 2000 / 8days 2790)

1318 - file pass to typist.

[Signature]
13/8/2019

RECEIVED 14 AUG 2019

No Ball
By email
First.



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 19/19/19/VC00/021753

Your Ref : CS3/LPC19007937/R1td3s2

26 July 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 SJL6711K

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SJL6711K
- b) GIA report SJL6711KR
- c) GIA report and photos of YP3471Z

Kindly study the documents and let us have your report by 16 August 2019.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email : mt_claim@lonpac.com

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 willful 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 03/05/2019 13:50
Date Of Accident 03/05/2019 12:00
Exact Location Of Accident JURONG TOWN HALL ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL6711K

Insured/Policyholder
Name Of Registered Owner CHUAN SHU YUN ELIZABETH
NRIC No S8515875I
Email Address BIRDIE.CHUAN@GMAIL.COM
Mobile Phone No (LOCAL) +65-91853755
Alternative Phone No OTHERS-91853755

Vehicle Particulars
Manufacturer KIA
Model RIO 1.4 A HATCHBACK
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 PRIVATE CAR

Insurance Company
Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 1800152379
Cover Note Number

Driver
Name of Driver CHUAN JIN LOONG KENNETH (ZHUANG JINLONG)
NRIC No S9533032J
Date Of Birth 11/09/1995
Occupation OUTDOOR
Date Of Driving Pass 26/10/2017
Driving Experience 1 YEAR AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-88141442
Fax Number
Contact Number
EMail Address KENNETH.CHUAN95@GMAIL.COM

Address BLK 5 BEDOK SOUTH AVENUE 2 #03-358
Postcode 460005
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SIBLING
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions DRIZZLING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 3
Was any body injured in the Accident? YES
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

REFER TO 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 YP3471Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver XU ZHIQIANG
NRIC/Passport Number 0 76260257
Contact Number 83212288-DAVID LIM
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMH4768X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

JO ENG HUI LING

S8803100H

90478747

DETAILS OF INJURED PERSON 1

Name

CHUAN JIN LOONG KENNETH

Approximate Age

24

Injuries Sustain

NECK

red person in which vehicle?

SJL6711K

re seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 5 BEDOK SOUTH AVENUE 2 #03-358

Postcode

460005

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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)

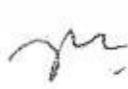
I understand, acknowledge, agree and consent that:

- (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 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.

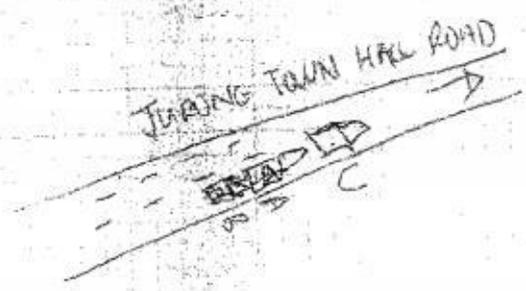
Policyholder's Signature
Date & Time:


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

- 3 MAY 2019


Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.: 38927273M

SKETCH PLAN



B → YP3471Z
 C → SMH 4768X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a RED LIGHT at the Junction.
 C stopped, A stopped behind C
 B did not stop in time and hit A from the back
 with a huge impact and caused A to hit C.

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: - 3 MAY 2019

Reporting Centre Personnel's Signature
 Name: Jenny Lim
 NRIC/FIN No.: 9892729H

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report	06/05/2019 09:34
Date Of Accident	03/05/2019 12:00
Exact Location Of Accident	ALONG JURONG TOWN HALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3471Z
Insured/Policyholder	
Name Of Registered Owner	PREMIUM LOGISTICS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94595723

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/19/VC00/103239
Cover Note Number	

Driver

Name of Driver	XU ZHIQIANG
Work Permit No	G2486576U
Date Of Birth	18/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	17/10/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94595723
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address -
 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 CHAIN COLLISION
 Weather Conditions RAINING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 3
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 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: : EMPLOYEE
 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

AS PER ATTACHED

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 SJL6711K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver KENNETH
 NRIC/Passport Number
 Contact Number 88141442
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMX4768X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JO
NRIC/Passport Number	
Contact Number	90478747
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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:

Handwritten signature

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

Handwritten signature

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

Accident Sketch Plan Pg. 1

SKETCH PLAN

②] SMX 4768X

③] SSL 6711K

①] YP 3971Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was driving along Serang Town Hall,
in front vehicle (B) suddenly stop, but I couldn't
stop in time and accidentally hit in front of my
vehicle.

DECLARATION

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



Policyholder's Signature
Date & Time

许嘉强

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

Cynthia

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

Accident Photo



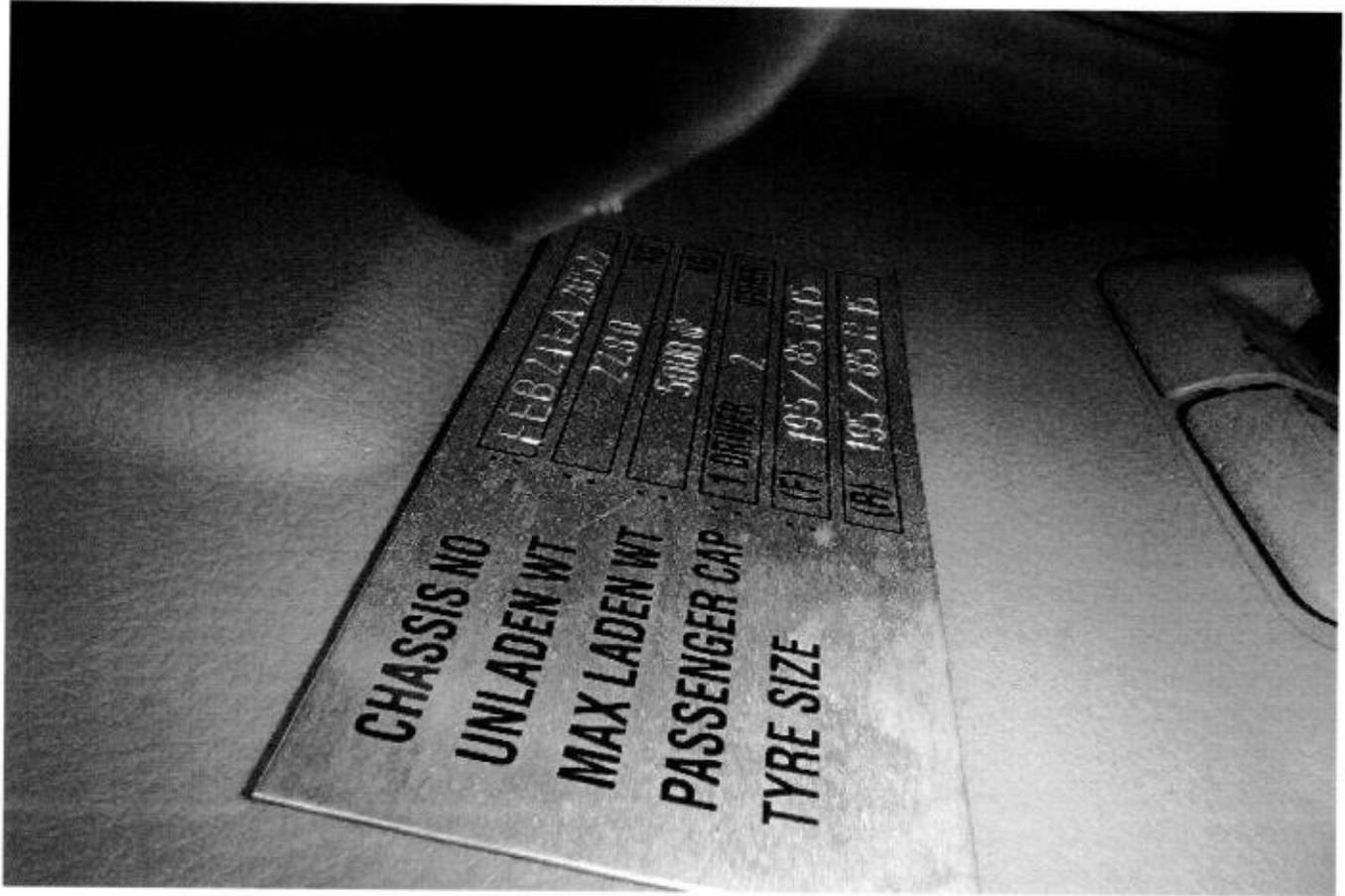
Accident Photo



Accident Photo



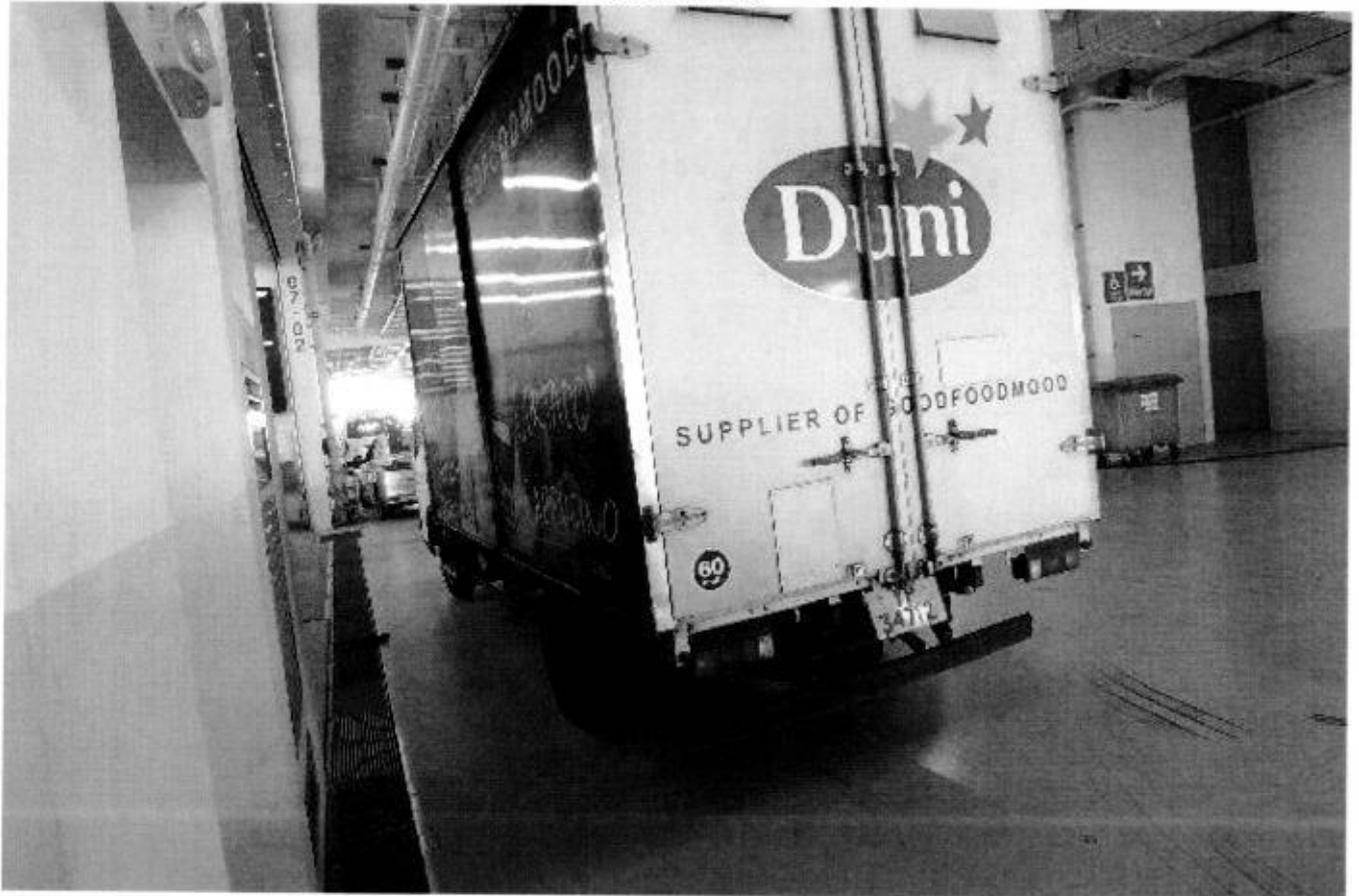
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



WAH YU AUTOMOTIVE BODY WORK

176 SIN MING DRIVE,
#05-09 SIN MING AUTOCARE
SINGAPORE 575721
TEL: 64553309 FAX: 64550361

13-JULY-2019

MS CHUAN SHU YUN ELIZABETH
BLK 5 BEDOK SOUTH AVENUE 2
#03-358
SINGAPORE 460005

DEAR SIR,

RE: Vehicle Registration Number SJL 6711K KIA RIO 1.4 A HATCHBACK

Final repair cost under lump sum basis is S\$7,200.00.

WAH YU AUTOMOTIVE BODY WORK



A handwritten signature in black ink is written over a circular stamp. The stamp contains the text 'WAH YU AUTOMOTIVE BODY WORK' around the perimeter. Below the signature and stamp is a horizontal line.



ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S : Chuan Shu Yun Elizabeth
C/O Wahyu Automotive Body Work
Blk 176 Sin Ming Drive #05-09
Sin Ming Autocare Singapore 575721

Date : 13 July 2019
Our Ref : TP/WYU/SJL6711K/8189

REFERENCE PARTICULARS

Date of Accident : 03 May 2019
Date of Inspection : 07 May 2019

Type of Inspection : Third Party Claim
Date of Re-Inspn : 16 May 2019

VEHICLE PARTICULARS

Registration No : SJL 6711 K
Make : KIA
Model : RIO 1.4 AT 2WD 5DR
Year : 2008 (COE Expiry 08/12/2023)

Engine No : G4EE8H192261
Chassis No : KNADE241396479965
Odometer : 96962 km
Colour : Red

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)

	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front Near side	: Hankook	195/50R15	6 mm
Front Off Side	: Hankook	195/50R15	6 mm
Rear Near Side	: Hankook	195/50R15	6 mm
Rear off Side	: Hankook	195/50R15	6 mm

GENERAL DESCRIPTION OF DAMAGES



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

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was **\$7,200.00 nett** at lump sum basis. (Subject to GST if applicable)

Under normal circumstances, estimated period required for repairs : Eight (8) working days.

Enclosed Sixty-Four (64) photographs depicting damage to the vehicle and after repairs.

Inspection conducted at : 176 Sin Ming Drive, #05-09 Sin Ming Autocare Singapore 575721.
Name of Workshop : WAHYU AUTOMOTIVE BODY WORK.

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

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS						
A)	SPARE PARTS	QTY PC/SET	ASSESSED CONDITION		ORIGINAL QUOTATION	REVISED QUOTATION
1	Front bumper	1	Deformed	\$	695.60	\$ 695.60
2	Front bumper side retainer L/R @ \$35.40	2	Damaged	\$	70.80	\$ 70.80
3	Front bumper reinforcement	1	Serviceable	\$	416.80	-
4	Front bumper protector L/R @ \$79.80	2	Grazed	\$	159.60	\$ 159.60
5	Front bumper lower grille	1	Torn	\$	109.00	\$ 109.00 X SVC
6	Front radiator grille	1	Sheared off	\$	314.00	\$ 314.00 X SVC
7	Rear bumper	1	Dislodged	\$	597.00	\$ 597.00
8	Rear bumper reinforcement	1	Cracked	\$	287.50	\$ 287.50 X SVC
9	Rear bumper sponge	1	Damaged	\$	159.00	\$ 159.00 X SVC
10	Rear bumper side retainer L/R @ \$39.50	2	Damaged	\$	79.00	\$ 79.00
11	Rear bumper center bracket L/R @ \$36.40	2	Bent	\$	72.80	\$ 72.80
12	Rear tail gate	1	Dented	\$	894.00	\$ 894.00
13	Rear tail gate lock	1	Jammed	\$	79.50	\$ 79.50
14	Rear tail gate handle cover	1	Torn	\$	34.00	\$ 34.00 X SVC
15	Rear windscreen glass	1	Shattered	\$	741.00	\$ 741.00
16	Rear tail gate damper L/R @ \$146.20	2	Jammed	\$	292.40	\$ 292.40 X SVC
17	Rear tail gate wiper motor	1	Jammed	\$	328.00	\$ 328.00 X SVC
18	Rear tail lamp L/R @ \$387.50	2/pc	Cracked	\$	775.00	\$ 775.00 387.50
19	Rear end panel	1	Dented	\$	549.50	\$ 549.50
20	Rear end panel top garnish	1	Deformed	\$	149.40	\$ 149.40
21	Rear fender inner trim cover L/R @ \$259.00	2	Serviceable	\$	518.00	-
22	Rear tail gate weather-strip	1	Cut	\$	86.00	\$ 86.00
23	Rear air duct L/R @ \$47.40	2	LH only (Torn)	\$	94.80	\$ 47.40
			Less 10%	\$	7,502.70	\$ 6,520.50
				\$	750.27	\$ 652.05
				\$	6,752.43	\$ 5,868.45
B)	<u>NETT ITEM</u>					
24	Front bumper clips	1 set	Necessary	\$	38.00	\$ 38.00
25	Front radiator grille emblem	1	Grazed	\$	47.00	\$ 47.00 X nn
26	Front number plate with casing	1 set	Bent/Cracked	\$	60.00	\$ 60.00 35
27	Rear bumper clips	1 set	Necessary	\$	38.00	\$ 38.00
28	Rear windscreen glass inner seal	1	Necessary	\$	79.80	\$ 79.80 60
29	Rear tail gate wiper arm	1	Serviceable	\$	157.00	-
30	Rear tail gate 'Rio' emblem	1	Necessary	\$	38.00	\$ 38.00
31	Rear tail gate 'KIA' emblem	1	Necessary	\$	47.00	\$ 47.00
32	Rear tail gate 'Cycle & Carrier' emblem	1	Necessary	\$	21.00	\$ 21.00
33	Rear number plate with casing	1 set	Cut	\$	60.00	\$ 60.00 X nn
34	Rear view reverse camera	1 set	Malfunction	\$	372.00	\$ 372.00 X nn
	Parts Total :			\$	7,710.23	\$ 6,669.25
C)	<u>LABOUR CHARGES & MISC</u>					
35	Spray painting on above new & repaired parts including supply of paint materials.			\$	1,200.00	\$ 950.00 900
36	Remove damaged parts, knock out dent front bonnet, straighten, jack out damaged panel, panel beating, cutting, welding, remove & reinstall necessary fittings to facilitate repairs, reshape spare tyre wheel base, refit, adjust, replace and realign all relevant parts.			\$	1,100.00	\$ 900.00 850
				\$	2,300.00	\$ 1,850.00

Balance B/F	\$	2,300.00	\$	1,850.00
37 To replace rear windscreen glass.	\$	120.00	\$	120.00 ✓
38 To transfer rear tail gate components.	\$	80.00	\$	40.00 ✓
39 To remove & reinstall trims garnish, interior upholstery etc, to enable necessary repairs, check, refit as same.	\$	100.00	\$	60.00 ✓
40 Check wiring, lighting system, vacuum shattered glass & centre locking system for proper function.	\$	80.00	\$	50.00 30
41 To check, straighten & re-align rear exhaust system.	\$	150.00	\$	80.00 X
42 To cavity preservation on all affected areas.	\$	180.00	\$	120.00 80
43 To supply rear windscreen glass sealant.	\$	50.00	\$	40.00 ✓
Labour Total :	\$	3,060.00	\$	2,360.00
Total Parts and Labour	\$	10,770.23	\$	9,029.25

FINAL LUMP SUM ADJUSTMENT

\$ 7,200.00

4148.19
 271.00
 2120.00

 6545.19
 209
 5236.15 4/3-5,200

 8 dup
 =

POINT OF IMPACT

The impact was confined to the front & rear 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 **\$7,200.00 nett**, corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully
 KTO Automobile Assessors



Ong Ah Keng (CAE, AMIMI, MSAAA)
 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/LPC19007937/R1td3s2-1

300 BEACH ROAD
#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 15-08-2019



Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YP 3471Z	Veh. Inspected	SJL 6711K
Policy No.	Z/19/VC00/103239	Coverage (\$)	0.00
Claim No.	19/19/19/VC00/021753	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	30/07/2019

2. Vehicle Particulars & Condition

Make & Model	KIA RIO 1.4 AT	c.c	1399
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	KNADE241396479965	Colour	RED
Odometer	96962	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/50 R15	HANKOOK	5 mm
L/H Front Tyre	195/50 R15	HANKOOK	5 mm
R/H Rear Tyre	195/50 R15	HANKOOK	5 mm
L/H Rear Tyre	195/50 R15	HANKOOK	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	03/05/2019	Inspection Date	13/05/2019
Survey held at	WAH YU AUTOMOTIVE BODY WORK 176 SIN MING DRIVE #05-09 SINGAPORE 575721		

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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJL 6711K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	DEFORMED	695.60	695.60
2	FRONT BUMPER SIDE RETAINER L/R @ \$35.40	DAMAGED	70.80	70.80
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	416.80	-
2	FRONT BUMPER PROTECTOR L/R @ \$79.80	GRAZED	159.60	159.60
1	FRONT BUMPER LOWER GRILLE	SERVICEABLE	109.00	-
1	FRONT RADIATOR GRILLE	SERVICEABLE	314.00	-
1	REAR BUMPER	DISLODGE	597.00	597.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	287.50	-
1	REAR BUMPER SPONGE	SERVICEABLE	159.00	-
2	REAR BUMPER SIDE RETAINER L/R @ \$39.50	DAMAGED	79.00	79.00
2	REAR BUMPER CENTER BRACKET L/R @ \$36.40	BENT	72.80	72.80
1	REAR TAIL GATE	DENTED	894.00	894.00
1	REAR TAIL GATE LOCK	JAMMED	79.50	79.50
1	REAR TAIL GATE HANDLE COVER	SERVICEABLE	34.00	-
1	REAR WINDSCREEN GLASS	SHATTERED	741.00	741.00
2	REAR TAIL GATE DAMPER L/R @ \$146.20	SERVICEABLE	292.40	-
1	REAR TAIL GATE WIPER MOTOR	SERVICEABLE	328.00	-
2	REAR TAIL LAMP L/R @ \$387.50	CRACKED 1PC ONLY	775.00	387.50
1	REAR END PANEL	DENTED	549.50	549.50
1	REAR END PANEL TOP GARNISH	DEFORMED	149.40	149.40
2	REAR FENDER INNER TRIM COVER L/R @ \$259.00	SERVICEABLE	518.00	-
1	REAR TAIL GATE WEATHER-STRIP	CUT	86.00	86.00
2	REAR AIR DUCT L/R @ \$47.40	N/S TORN	94.80	47.40
	LESS 10% DISCOUNT		-750.27	-460.91
			6,752.43	4,148.19
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	38.00	38.00
1	FRONT RADIATOR GRILLE EMBLEM (SN)	NOT NECESSARY	47.00	-
1	SET FRONT NUMBER PLATE WITH CASING (SN)	BENT / CRACKED	60.00	35.00
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	38.00	38.00
1	REAR WINDSCREEN GLASS INNER SEAL (SN)	NECESSARY	79.80	60.00
1	REAR TAIL GATE WIPER ARM (SN)	SERVICEABLE	157.00	-
1	REAR TAIL GATE 'RIO' EMBLEM (SN)	NECESSARY	38.00	38.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR TAIL GATE 'KIA' EMBLEM (SN)	NECESSARY	47.00	47.00
1	REAR TAIL GATE 'CYCLE & CARRIER' EMBLEM (SN)	NECESSARY	21.00	21.00
1	SET REAR NUMBER PLATE WITH CASING (SN)	NOT NECESSARY	60.00	-
1	SET REAR VIEW REVERSE CAMERA (SN)	NOT NECESSARY	372.00	-
			957.80	277.00
	LABOUR			
	SPRAY PAINTING ON ABOVE NEW & REPAIRED PARTS INCLUDING SUPPLY OF PAINT MATERIALS.		1,200.00	900.00
	REMOVE DAMAGED PARTS, KNOCK OUT DENT FRONT BONNET, STRAIGHTEN, JACK OUT DAMAGED PANEL, PANEL BEATING, CUTTING, WELDING, REMOVE & REINSTALL NECESSARY FITTINGS TO FACILITATE REPAIRS, RESHAPE SPARE TYREWHEEL BASE, REFIT, ADJUST, REPLACE AND REALIGN ALL RELEVANT PARTS.		1,100.00	850.00
	TO REPLACE REAR WINDSCREEN GLASS.		120.00	120.00
	TO TRANSFER REAR TAIL GATE COMPONENTS.		80.00	40.00
	TO REMOVE & REINSTALL TRIMS GARNISH, INTERIOR UPHOLSTERY ETC, TO ENABLE NECESSARY REPAIRS, CHECK, REFIT AS SAME.		100.00	60.00
	CHECK WIRING, LIGHTING SYSTEM, VACUUM SHATTERED GLASS & CENTRE LOCKING SYSTEM FOR PROPER FUNCTION.		80.00	30.00
	TO CHECK, STRAIGHTEN & RE-ALIGN REAR EXHAUST SYSTEM.	NOT NECESSARY	150.00	-
	TO CAVITY PRESERVATION ON ALL AFFECTED AREAS.		180.00	80.00
	TO SUPPLY REAR WINDSCREEN GLASS SEALANT.		50.00	40.00
			3,060.00	2,120.00
	GRAND TOTAL		10,770.23	6,545.19
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			5,200.00

Report Ref No. CS3/LPC19007937/R1td3s2-1

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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