

725 *Pasal*

REF: LPC

082A

ASSIGNMENT

From: _____ Date: 13.8.2019

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: SLW 399L

at Workshop n/s Hup Hup Workshop

of 27 - A Jurong Port Road #01-29

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Nothing

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / FR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS up

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Veh No: SLW 399L Yr Regn: 2017 SGP

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: HYUNDAI ELANTRA 1.6AT cc 1591

Colour: WHITE A/C: Insured / Std / NI / NA

Sp. Reading: 55063 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMA 0841CMJ 545668

Gen. Cont: Good / Fair / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / RIM / STD A/Rim or

Tyre Size: F: 195/65R15
R: 20

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or NGKEN

Front		Rear	
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. <u>12/07/19</u>		D.O.I. <u>13/08/19</u>	<u>1130am</u>

Survey held at Hup Hup

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

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

Date / Time	Action / Instruction
RECEIVED 23 AUG 2019	

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to? 23/8 - typist

Report Format: _____

Lump Sum / I.B.t: (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: 120

Transportation: _____

Photos: _____

Others: _____

ADD Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

TOTAL: 120



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 19/19/19/VC05/022105

Your Ref : CS3/LPC19013765/R1vd3e2

26 September 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 SLW399L

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SLW399L
- b) GIA report SLW399L
- c) GIA report and photos of YP6195B

Kindly study the documents and let us have your report by 9 October 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	12/07/2019 12:19
Date Of Accident	12/07/2019 11:30
Exact Location Of Accident	BEDOK NORTH STREET 1 CP NEAR B/ 206
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW399L
Insured/Policyholder	
Name Of Registered Owner	TAN HOO KIA
NRIC No	S1279082A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96317568
Alternative Phone No	OTHERS-96317568

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101865548
Cover Note Number	

Driver

Name of Driver	SEAH BOON HENG
NRIC No	S8104444I
Date Of Birth	08/02/1981
Occupation	INDOOR
Date Of Driving Pass	20/07/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91392594 ✓
Fax Number	
Contact Number	
Email Address	MEIZHUAN@SINGNET.COM.SG

Address BLK 717 JURONG EAST STREET 71 #04-110
 Postcode 640717
 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
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1
 NAME: : RAJA
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN ATTACHED:

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP6195B
 Vehicle Make/Model/Colour MITSUBISHI / CANTER 3.0 MANUAL
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

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 Ministry of Justice 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:

JA
12/01/2019
1230pm

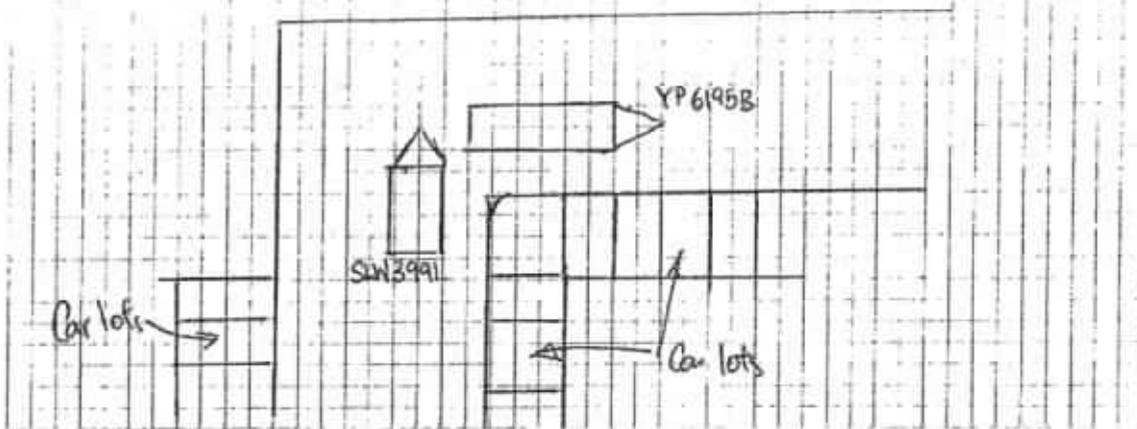
12 JUL 2019

IDAC KAKI BUKIT (VAC)

Reporting Centre
Name: Singapore 415933
NRIC/TEL: 67416697 Fax: 67492305
Email: yorkb@singnet.com.sg

SKETCH PLAN

Blk 206 Bedok North St 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/07/2019 morning around 11:30am I was entering the carpark (Near Blk 206 Bedok North St 1), when I approach the turning junction, in front there was a lorry (YP6195B) which was stationary and when I was about to turn, the lorry start reverse, I pressed my car brake and honk to the driver. But the lorry driver continued to reverse without noticing I am behind and hit my car (SW399L). He claimed that he already signal and immediately he reversed. The signal were not visible at all as the lorry back cover was put down and he claimed that he could not hear my honk.

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: 12/07/2019
12:30 pm

12 JUL 2019

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4

Reporting Centre Personal's Finances
Singapore 415933
Name:
Tel: 67416697 Fax: 67492305
NRIC:
Email: vackb@singnet.com.sg

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	18/07/2019 13:54
Date Of Accident	12/07/2019 11:30
Exact Location Of Accident	BLK 206 BEDOK NORTH ST1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6195B
Insured/Policyholder	
Name Of Registered Owner	D'ASSOCIATES CONSTRUCTION PTE LTD
Co Reg No	199501483K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67857138

Vehicle Particulars

Manufacturer	mitsubishi
Model	CANTER 3.0 MANUAL

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 REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VC05002057
Cover Note Number	

Driver

Name of Driver	ADRIAN SIM ENG HUAT
NRIC No	S1695503E
Date Of Birth	17/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84098834
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK43 CHAI CHEE ST #03-96
Postcode	461043
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER SKETCH PLAN 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	SLQ399L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

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I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insuror (collectively the "Personal Information") and disclose and transfer such Personal Information to all insuror(s) who have insured vehicle(s) involved in this accident (all insuror(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 insuror(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.

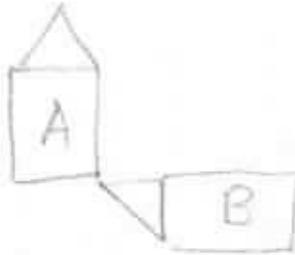
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



A) YP6195B

B) SLQ 399L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A happened On 12/7/19 @ 1130hr
I was reversing my vehicle YP6195B and
suddenly vehicle B SLQ 399L hit my right
rear bumper tailgate.

claim OD / IP at Falcon Air claim OD / TP Own W/shop Reporting Only

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:
NIC/ID No.:

Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1695503E**

Name: **ADRIAN SIM ENG HUAT**

Birth Date: **17 Aug 1965**

Issue Date: **19 Aug 2013**

0022149590




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1695503E**



Name: **ADRIAN SIM ENG HUAT**

沈英發

Race: **CHINESE**

Date of Birth: **17-08-1965** Sex: **M**

Country of Birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class	Description	EFFECTIVE DATE
C class 2	MOTOR VEHICLES WITH SEATING CAPACITY UP TO 8 PASSENGERS AND A MOTOR VEHICLE WITH SEATING CAPACITY UP TO 8 PASSENGERS AND A MOTOR VEHICLE WITH SEATING CAPACITY UP TO 8 PASSENGERS	17 Aug 2013
C class 4	MOTOR VEHICLES WITH SEATING CAPACITY UP TO 8 PASSENGERS AND A MOTOR VEHICLE WITH SEATING CAPACITY UP TO 8 PASSENGERS	17 Aug 2013

NP 428A

S / No. 9000245179

License No. **S1695503E**



434900



WRC No. **S1695503E**



Date of issue: **06-02-2009**

Address: **APT BLK 43 CHAI CHEE STREET #03-96 SINGAPORE 461043**



LONPAC INSURANCE BHD (20061342003)

Corporate Office: 110, South Road, SINGAPORE 119615 (Singapore) (Incorporated in Singapore)
 Tel: 65-63371188 Fax: 65-63371189 Website: www.lonpac.com.sg
 2021 Fin. Res. No. 100000000000

02500

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE;
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) (MUTUAL) ACT (CAP 189A) REPUBLIC OF SINGAPORE;
 ROAD TRANSPORT ACT 1987 (MALAYSIA);
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1989 (MALAYSIA)

Certificate No. : Z19V05602657	Type of Cover : COMPREHENSIVE
1. Index Mark and Vehicle Registration Number:	MITSUBISHI CANTER 3.0 MANUAL - Y76195B
2. Name of Policy Holder:	D ASSOCIATES CONSTRUCTION PTE LTD.
3. Effective Date of the Commencement of Insurance for the purpose of the Act:	26/04/2019
4. Date of Expiry of the Insurance:	25/04/2020

5. Person To Drive:
 (A) THE POLICYHOLDER
 (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER PERMISSION
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use:
 USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.
 THE POLICY DOES NOT COVER:
 USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.
 USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPULSED VEHICLE.

Excess : S\$ 700.00 (SECTION 1)
 S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS
 S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORIZED WORKSHOPS

* Limitations considered imperative by Section 26 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

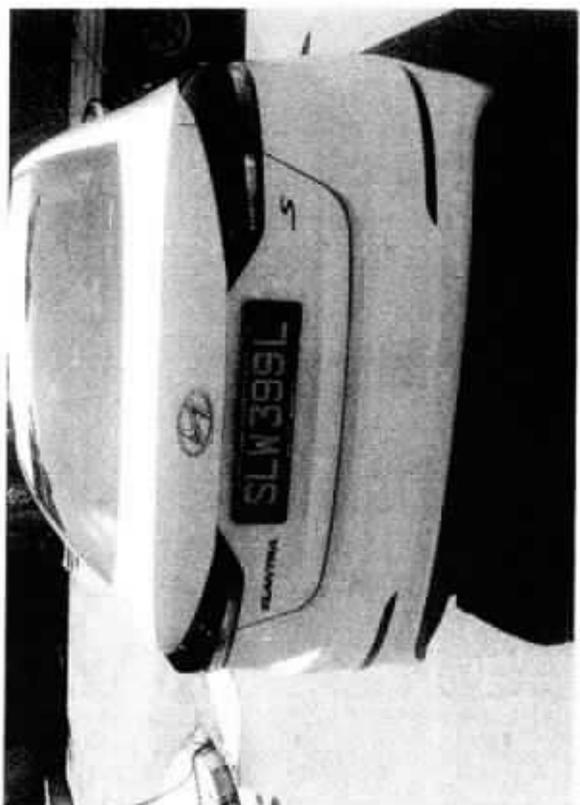
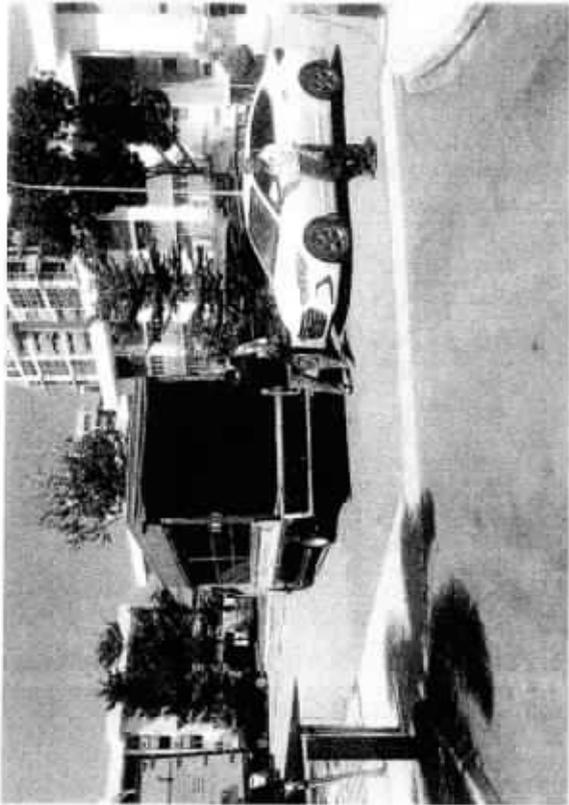
I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

HP, Owner : DAWLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

Annie

CHIEF EXECUTIVE
 (Singapore Branch)

User ID: GFAND0002
 Date Issued: 19/03/2019





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



合合車廠私人有限公司
HUP HUP WORKSHOP PTE. LTD.

27-A, JURONG PORT ROAD, #01-29, SINGAPORE 619101

TEL: 6265 5270, 6261 3407, 6255 1968 FAX: 6261 8456

Email: hupwsia_p@hotmail.com

Business Regn. / GST Regn. No. 19-8004325-G

30 August 2019

TAN HOO KIA
C/O 27A JURONG PORT ROAD
#01-29 SINGAPORE 619101

FINAL REPAIR BILL FOR VEHICLE NO. SLW 399 L

Total Repair cost	\$5,956.40
Add 7% GST	\$ 416.95
Total:	<u>\$6,373.35</u>

PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers

Simei St 4 #06-42 Singapore 520227 Fax: 64444886 Company Registration No. 53139926E



AUTOMOBILE INSPECTION REPORT

To:
TAN HOO KIA
C/O 27A JURONG PORT ROAD #01-29
SINGAPORE 619101

INSURANCE DETAILS

Insured : -
Policy No. / Claim No. : -
Sum Insured : -
Excess Clause : -
Windscreen Coverage : -
Type of Claims : Third Party Claims
Third Party Insurer : -
Third Party Policy No. : -

REFERENCE

Assigned By : As above
Accident Date : 12 July 2019
Assignment Date : 12 August 2019
Inspection Date : 12 August 2019
Our Reference No. : PAS/HH/190824/TP

Inspection Report Date: 30 August 2019

Workshop Name :
HUP HUP WORKSHOP PTE LTD
Inspection Address :
27A JURONG PORT ROAD #01-29
SINGAPORE 619101

PARTICULARS OF VEHICLE

Registration No. : SLW 399 L
Make/Model : HYUNDAI ELANTRA AD 1.6 GLS AT
Year of Manuf/Regn : 2017
Carrying Capacity : 4 Seater
Chassis No. : KMHD841CMJU545668
Engine No. : G4FGHU620968
Colour : Metallic White
Class : Passenger (Private)

Mileage : 55063 Km/h
Radio/Cassette : Fitted
CD Disc Player : Fitted
Air Conditioner : Fitted
Clock : Fitted
Seat Belt : Fitted
Wing Mirror : Fitted
Other Accessories : Fitted

PRE-ACCIDENT CONDITION (Static Check Only)

Body Work : Good
Paint Work : Good
Handbrake : Serviceable
Footbrake : Serviceable
Steering : Serviceable
Any Apparent : None
Eng Modifications

VEHICLE VALUE

Market Value : -
Wreck Value (Parf) : -

TYRE SIZE & CONDITION

Front N/s Size : 195/65R15 80 %
Make : NEXEN
Rear N/s size : 195/65R15 80 %
Make : NEXEN
Spare Size : 195/65R15 80 %
Make : NEXEN

Front O/s Size : 195/65R15 80 %
Make : NEXEN
Rear O/s Size : 195/65R15 80 %
Make : NEXEN
Spare Size :
Make :
Jack & Tools : Intact/ Missing

Type of Wheel Rims: Alloy

Note: The above percentage % represent the estimated remaining tyre threads.

SLW 399 L

VEHICLE REGN NO :

PAS/HH/190824/TP

CUR REFERENCE :

INSPECTION REPORT DATE : 30-Aug-19

APPRAISEMENT SCHEDULE

CONTINUATION SHEET NO :

1

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount \$ cts	Recommendation / Revised Amount \$ cts
<u>PARTS SUPPLY - LIST ITEMS</u>					
1	1pc	O/s Headlamp	Cracked	1198.80	1198.80
2	2pcs	O/s Headlamp clip@\$5	Necessary	10.00	10.00
3	1pc	Front support panel	Cracked	949.30	949.30
4	1pc	Front bumper fog lamp cover o/s	Dented	115.40	115.40 X 0-2
5	1pc	Bonnet	Badly Dented	1910.80	1910.80 1184
6	1pc	Front grille assy	Cracked	495.80	495.80
7	1pc	Front bumper upper stripe	Torn	31.40	31.40 X u
8	1pc	Front bumper bracket o/s	Bent	28.00	28.00
9	1pc	Front bumper	Badly Dented	474.00	474.00
10	1pc	Front bumper sponge	Torn	117.00	117.00
11	8pcs	Front bumper clips@\$5	Necessary	40.00	40.00
			4496.90	<u>5370.50</u>	<u>5370.50</u>
		Less: 20% discount	20%	-	<u>1074.10</u>
			<u>3597.52</u>	<u>5370.50</u>	<u>4296.40</u>
<u>LABOUR & MISC. CHARGES</u>					
1		Remove the necessary affected parts, straighten front o/s fender and headlamp panel and replace parts	3597.52	980.00	800.00 600
2		Putty and Spraypaint on all affected parts.	1100.00	900.00	680.00 400
3		Check electrical	20%	50.00	40.00 X
4		Tuff Kote	3758.01	50.00	30.00
5		Remove and refit bonnet components	45,3750	100.00	80.00 40
6		Rewire front portion and refocus o/s headlamp beam	5 days	50.00	30.00
				<u>7500.50</u>	<u>5956.40</u>

SUB / GRAND TOTAL

PRECISION APPRAISAL SERVICES



PRECISION APPRAISAL SERVICES

Insurance Loss Assessors / Adjusters Cargo Surveyors & Licensed Appraisers

VEHICLE REGISTRATION NO. : SLW 399 L

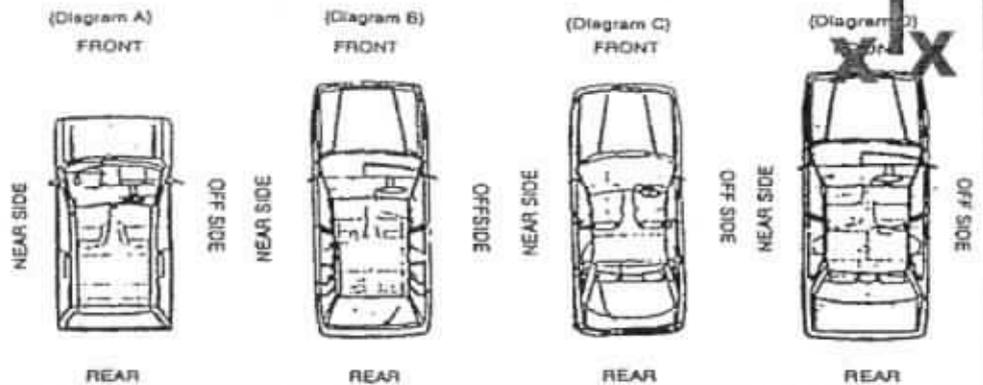
APPENDIX A



POINT OF IMPACT

Direction of impact/damage marked (→) (X)

The vehicle sustained impact on its Front O/s Portion. (see Diagram D)



GENERAL DESCRIPTION OF DAMAGES

Parts damaged were :

The front bumper and grille, front support panel were dented.

ADJUSTMENTS & RECOMMENDATIONS

A static inspection was carried out on 12/08/2019 & our report is here with enclosed for your perusal. The repairs Estimate submitted by M/s HUP HUP WORKSHOP PTE LTD as per attached Appraisal schedule have been revised and scrutinised thoroughly by us & in our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Part - By - Part Repair Basis of \$ 5,956.40 after deducting the Policy Excess Clause of \$ NA. As instructed, we have not authorised any of the repairs on your behalf.

	Repairer's		Our	
	Estimate	Amount	Revised	Amount
Parts	5370	50	4296	40
Painting Charges	-		-	
Labour Charges	980	00	680	00
Others Misc Charges	250	00	180	00
Paintwork	900	00	680	00
Total	\$ 7500	50	\$ 5956	40

Under normal circumstances, the duration of repairs should not exceed Seven (07) days excluding Pre - Repair Inspection (PRI) / Pre - Repair Survey (PRS) waiting time frame & Public Holidays.

Attached photographs taken during inspection Fifty - Two (52) Photographs.

SPECIAL REMARKS

1. The inspection was conducted on a 'without prejudice' basis
2. On 14/08/2019, we examined the extent of damages
3. On 19/08/2019, we examined the new replacement parts
4. On 21/08/2019, we examined the repaired vehicle.

Yours Faithfully,



TF NG PHILIP FOO
ACII CAE, AMIMI
AIAME, AMSAE-A
Licensed Appraiser/Adjuster

Inspection Report Date: 30 August 2019



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/LPC19013765/R1vf3e2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555		Date : 14-10-2019	
		Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	YP 6195B	Veh. Inspected	SLW 399L
Policy No.		Coverage (\$)	0.00
Claim No.	19/19/19/VC05/022105	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	03/10/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI ELANTRA 1.6 AT	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHD841CMJU545668	Colour	WHITE
Odometer	55063	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	NEXEN	6 mm
L/H Front Tyre	195/65 R15	NEXEN	6 mm
R/H Rear Tyre	195/65 R15	NEXEN	6 mm
L/H Rear Tyre	195/65 R15	NEXEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/07/2019	Inspection Date	13/08/2019
Survey held at	HUP HUP WORKSHOP PTE LTD 27-A JURONG PORT ROAD #01-29 SINGAPORE 619101		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLW 399L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	O/S HEADLAMP	CRACKED	1,198.80	1,198.80
2	O/S HEADLAMP CLIP @\$5.00	NECESSARY	10.00	10.00
1	FRONT SUPPORT PANEL	CRACKED	949.30	949.30
1	FRONT BUMPER FOG LAMP COVER O/S	SERVICEABLE	115.40	-
1	BONNET	BADLY DENTED	1,910.80	1,184.00
1	FRONT GRILLE ASSY	CRACKED	495.80	495.80
1	FRONT BUMPER UPPER STRIPE	SERVICEABLE	31.40	-
1	FRONT BUMPER BRACKET O/S	BENT	28.00	28.00
1	FRONT BUMPER	BADLY DENTED	474.00	474.00
1	FRONT BUMPER SPONGE	TORN	117.00	117.00
8	FRONT BUMPER CLIPS @\$5.00	NECESSARY	40.00	40.00
	LESS 20% DISCOUNT		-	-899.38
			5,370.50	3,597.52
<u>LABOUR</u>				
	REMOVE THE NECESSARY AFFECTED PARTS, STRAIGHTEN FRONT O/S FENDER AND HEADLAMP PANEL AND REPLACE PARTS.		980.00	600.00
	PUTTY AND SPRAYPAINT ON ALL AFFECTED PARTS.		900.00	400.00
	CHECK ELECTRICAL	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	30.00
	REMOVE AND REFIT BONNET COMPONENTS.		100.00	40.00
	REWIRE FRONT PORTION AND REFOCUS O/S HEADLAMP BEAM.		50.00	30.00
			2,130.00	1,100.00
GRAND TOTAL			7,500.50	4,697.52
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,750.00

Report Ref No. CS3/LPC19013765/R1vf3e2-1

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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