

7/10/2019

ASS. REC. BY:

REF: CS3/LPC19016183/USD31

Special Instruction:

Singer: Marcus

ASSIGNMENT (Office)

From (Person): Ongili

of JPC

Date/Time: 04/10/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLG 4685T

Insured:

SLC 4092A

at Workshop no/s

Jementah Motor

Tel:

9299 6636

of

Blk 14 Pefu Lane

Policy No:

Claim No:

19/19/19/vpos/022362

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A.

04/09/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Ex Time: 10:25am @ 12/11/19

Person Contacted:

Mr. Chuan

Vehicle IN (OUT)

Date/Time	Action/Instruction	Remarks (X)
	SLG 4685T - CS / FCS19005200 / KSD 3n2	D.O.A. 16/03/2019
	SLC 4092A - X.	
16/09/19	@ 16:41 pm checked with Mr. Chuan Gpaw ?	no escape.
7/10/19	checked K/S & 3200 with Mr. Chuan Sdy.	(\$ 1,900/- Red - 37%)

RECEIVED 09 OCT 2019

08/11/13 Wed

ASS. REC. BY: *MORCAS*

REF:

2PC

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / ☒ WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: *SLG 46857*
at Workshop n/s: *Jementel*
of _____
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: *40*
IDAC Accident Report: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: days Res.: Yes or No
Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

344X

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SLG 46857* Yr Regn: *713*
Type: ☒ M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or *CA*
Make: *Volkswagen Golf A7* o.c. *1395*
Colour: *Red* A/C: Insured / Std / NI / NA
Sp. Reading: *116125* T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: *WVWZZAUZEWO10981*
Gen. Cond: ☒ Good / Fair / Poor / Burnt
Steering: ☒ Good / Jammed / Leaked / Burnt or
Brake: ☒ Good / Jammed / Leaked / Burnt or
Mod: *Nil* / S/Rim / STD A/Rim or
Tyre Size: F: *205/55R16*
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / ☒ SUMO
TOYO / YOKO or

Front: *6* mm Rear: *6* mm
R/Bal: *6* mm L/Bal: *6* mm
L/Bal: *6* mm D.O.A. *4/5/15* D.O.L. *13/9/19*
Survey field at _____

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

Rear

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

Date / Time Action / Instruction

17A 32304 3yrs. 10ml Reps.

Submit PRS report

RECEIVED 17 SEP 2019

Date/Time, File Pass to?

17/09/19

1)

Date/Time, File Return to?

Typist

2)

☐ : Prel. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trips: _____

Survey Fee:

Transportation:

\$ + PS \$

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format: *PRS*

Lump Sum / I.B.I: (\$

TOTAL

Nivitha (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Friday, 4 October 2019 10:14 AM
To: Admin-D (LKKAuto)
Cc: MT_Claim_SG; SUR
Subject: RE: Your Ref: DP.sl.isk.11052.19.JMW Our Ref: 19/19/19/VP05/022362 [External General]
Attachments: 22362 TP SURVEY REPORT.pdf

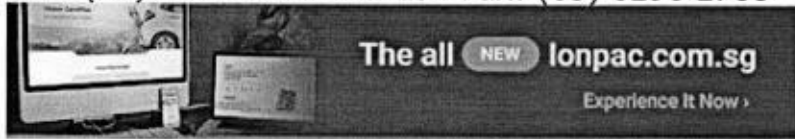
Lonpac External - General

Dear Nivitha

Attached is the TP survey report.

Please let us have your surveyor's review and comment.

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: Thursday, 12 September 2019 10:35 AM
To: ONG LI LI; assignment@lkkauto.com
Cc: MT_Claim_SG; SUR
Subject: RE: Your Ref: DP.sl.isk.11052.19.JMW Our Ref: 19/19/19/VP05/022362 [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

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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	05/09/2019 17:58
Date Of Accident	04/09/2019 19:45
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 6 & ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4685T
Insured/Policyholder	
Name Of Registered Owner	CHEONG WEE HANN JEFFREY
NRIC No	S7436344Z
Email Address	JEFFREYCHEONGWH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82333974
Alternative Phone No	OTHERS-82333974

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	HEADING HOME
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097798514-01
Cover Note Number	31/01/18 - 30/01/20

Driver

Name of Driver	CHEONG WEE HANN JEFFREY
NRIC No	S7436344Z
Date Of Birth	30/10/1974
Occupation	OUTDOOR
Date Of Driving Pass	04/08/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82333974
Fax Number	
Contact Number	
EMail Address	JEFFREYCHEONGWH@GMAIL.COM

Address	BLK 501 ANG MO KIO AVE 5 #05-3714
Postcode	560501
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?	
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 ATTACH. "THIRD PARTY CLAIM BY OWN WORKSHOP"

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OWNER TRYING TO RETRIEVE & EMAIL TO NTUC
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC4092A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS KAT WONG
NRIC/Passport Number	
Contact Number	86660103
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

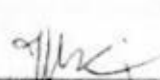
VEHICLE NO.: SLG 4685 T
INSURER : NTUC
DATE & TIME: 04/9/19 @ 19:45

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.

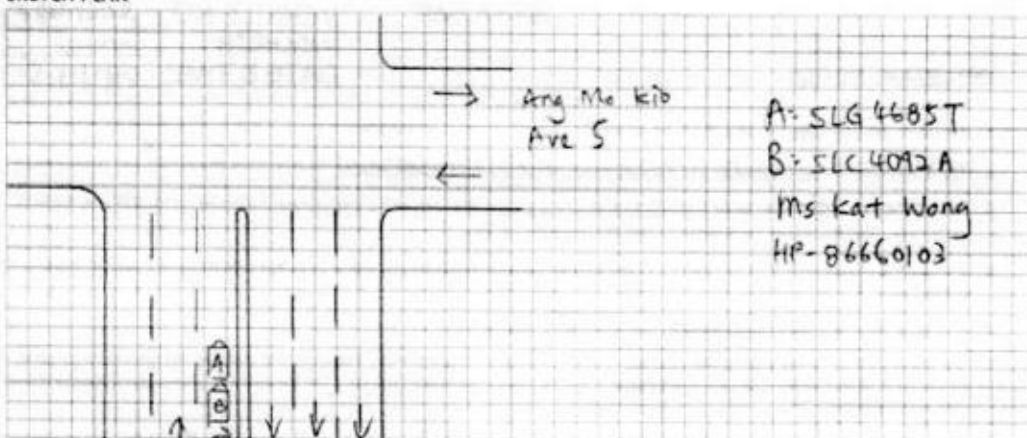

Policyholder's Signature
Date & Time:

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

 05/9/19
Reporting Centre Personnel's Signature
Name: (Amk)
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ang mo kid Ave 6

I was parking stationary waiting for the traffic light to provide clearance to turn right from Ang Mo Kio Ave 6 to Ang Mo Kio Ave 5. I am not the first vehicle but 7 to 8 cars behind.

As I was waiting suddenly there was a bang, and the car behind me has collided into my car. I exited the car to check on the damage. The car driver, Ms. Kat Wang of car plate SLK4092A alighted and mentioned she has mistaken the accelerator for the brake and resulted with the accident.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: (Punk)
NRIC/EIN No:

() Claim Own Policy () Claim Third Party () Reporting Only
(✓) Claim OD/TP at other workshop (by own workshop)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	11/09/2019 15:33
Date Of Accident	04/09/2019 19:30
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 6 TOWARDS JUNCTION AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4092A
Insured/Policyholder	
Name Of Registered Owner	LOW FATT LUEN
NRIC No	S1707547J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97655586
Alternative Phone No	OTHERS-97655586

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER CVT 2.4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05023323
Cover Note Number	

Driver

Name of Driver	WONG I-LIN PETULA
NRIC No	S7005549Z
Date Of Birth	27/02/1970
Occupation	INDOOR
Date Of Driving Pass	27/07/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-86660103
Fax Number	
Contact Number	
EMail Address	PETAL_W@HOTMAIL.COM

Address	9 CLOVER CLOSE
Postcode	579251
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : RAFAEL LOW 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

PLEASE 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	SLG4685T
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

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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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

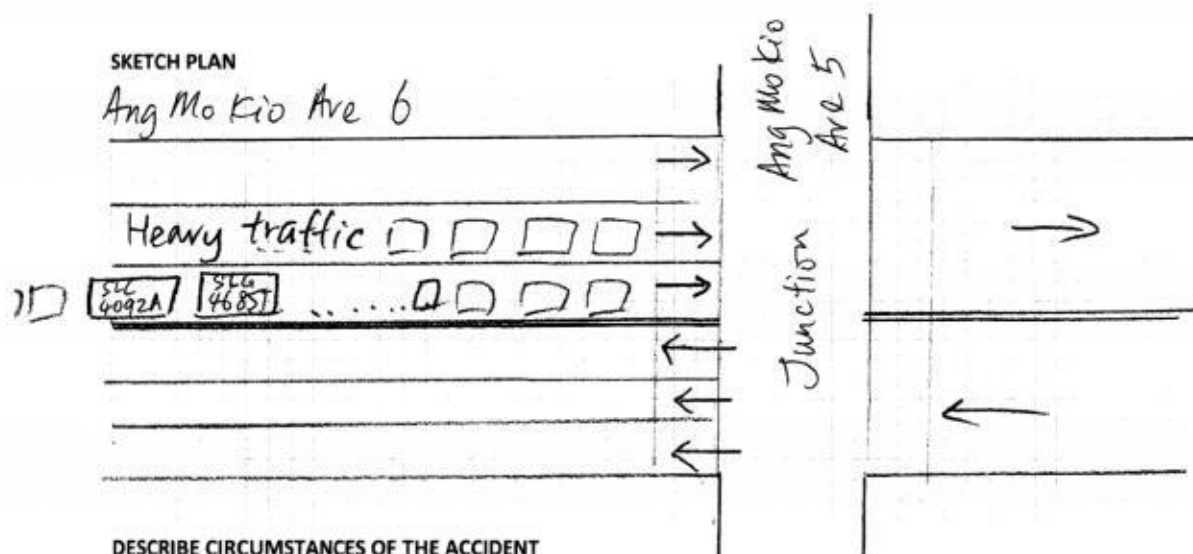
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 11.09.2019
3 pm.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04 Sept 2019 (Wed) at around 7.30pm, I was driving car no. SLC 4092A along Ang Mo Kio Ave 6 road towards the junction of Ang Mo Kio Ave 5. It was peak hour and there was heavy traffic. The cars in front had stopped due to the red traffic lights at the traffic junction. After a while, My car also stopped behind a red car no. SLG 4685T. After a while the cars in the same lane were moving forward slowly. The red car no. SLG 4685T was also moving forward when it suddenly stopped and I immediately applied/stopped on my car brakes. The male driver got out of his car and I also got out of my car to take pictures of the cars. The cars had touched but there was no crash. I saw that there was no damage to both cars and I told the male driver that there was no damage. He wanted my details so I gave him my telephone no.

I have taken photos of both cars after the accident. After the accident, I reversed my car slightly to get a better picture/photographs. There were 3 lanes and my car was on the right most lane. There were no injuries.

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: 11.09.2019
3pm

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

CERTIFICATE OF INSURANCE Pg. 1



LONPAC INSURANCE BHD (S90FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7368 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0065835-C

MX1

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
ROAD TRANSPORT ACT 1987 (MALAYSIA).
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z19VP05023323

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

mitsubishi outlander cvt 2.4
- SLC4092A

2. Name of Policy Holder

LOW FATT LUEN

3. Effective Date of the Commencement of Insurance
for the purpose of the Act

13/05/2019

4. Date of Expiry of the Insurance

12/05/2020

5. Persons or Classes of Persons entitled 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 ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess : S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS

S\$ 2,000.00 (SECTION 1) UNNAMED DRIVERS

S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

S\$ 0.00 AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE COVER ONLY).

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered Inoperative by Section 95 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.

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.

H.P. Owner : DBS BANK LTD

Onele

CHIEF EXECUTIVE
(Singapore Branch)

User ID: PR2038
Date Issued: 05/05/2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

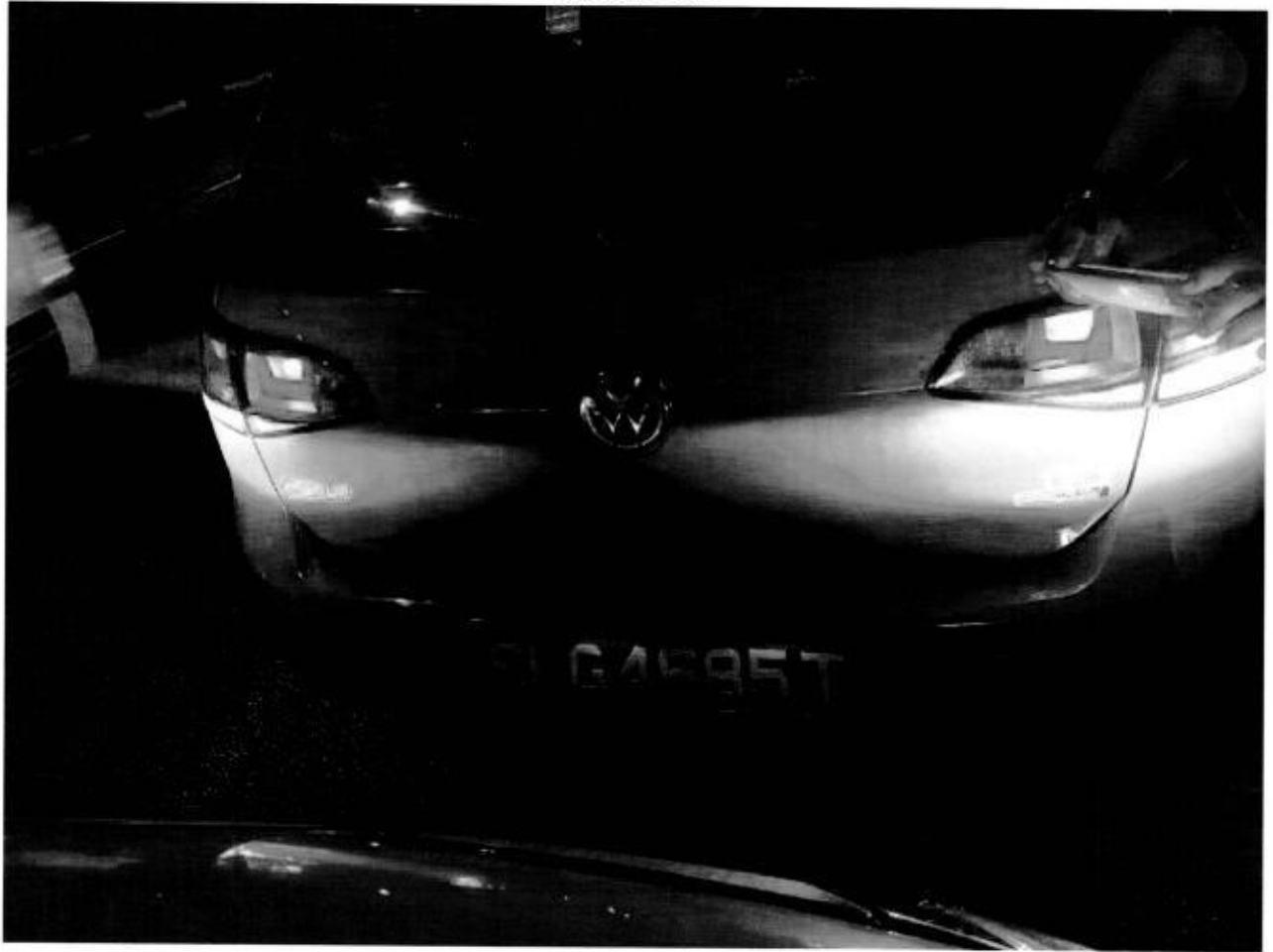


AJMYXTIGF3W6Z003738A

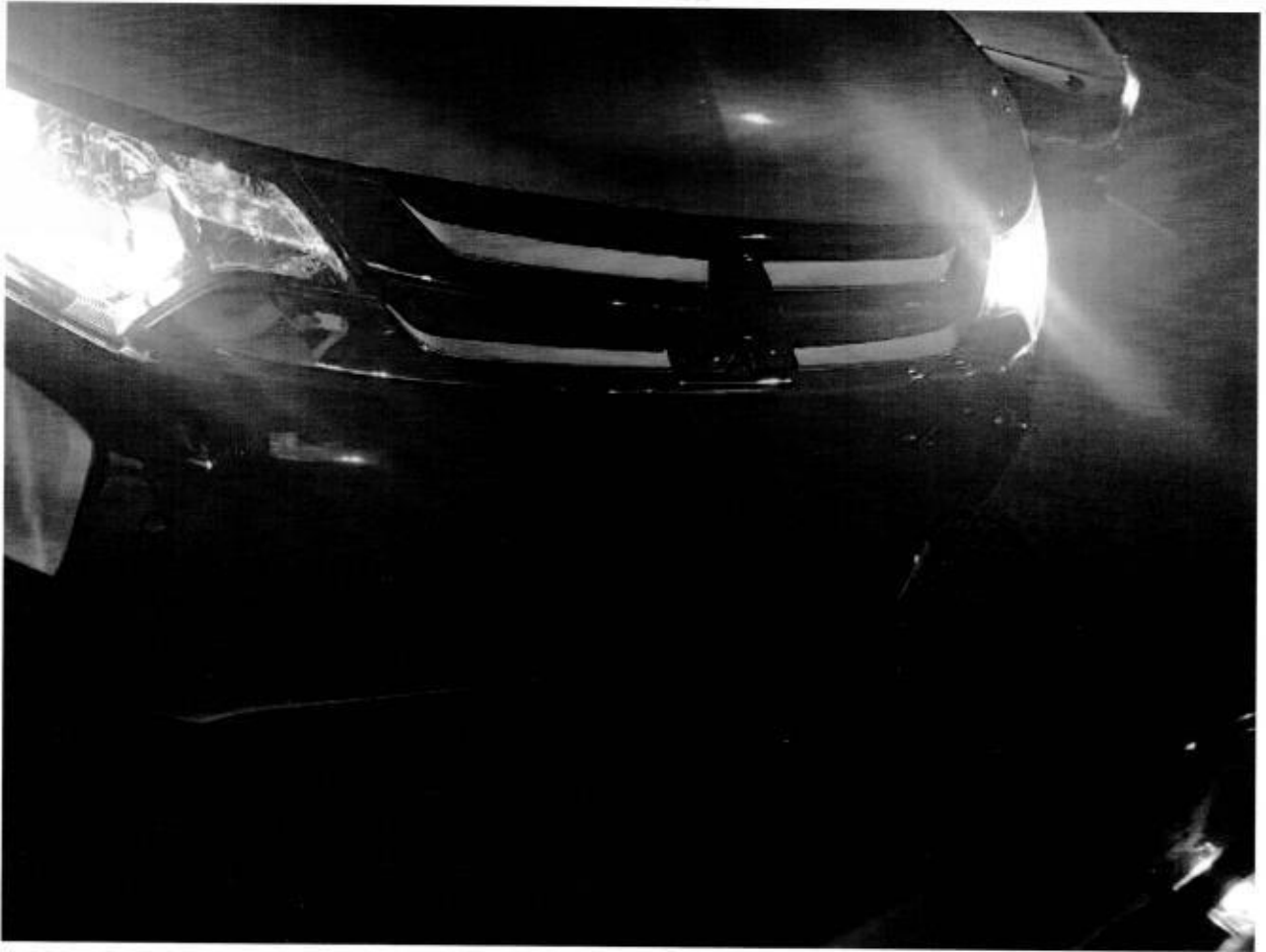
Accident Photo



Accident Photo



Accident Photo



Accident Photo



CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Cheong Wee Hann Jeffery
C/o: Jementah Motor Works
Blk 14 Defu Lane 10
#01-406 Singapore 539195

Date : 20 September 2019
Our ref : JMW/09/1904/TP

Accident Date : 04 September 2019
Inspection Date : 13 September 2019
Repairer Name : Jementah Motor Works
Blk 14 Defu Lane 10
#01-406 Singapore 539195

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No	: SLG 4685 T	Year / Capacity	: 2013 / 1395 cc
Make / Model	: Volkswagen Golf	Colour	: Red
Chassis No	: WVWZZZAUZEW010981	Mileage	: 116125
Engine No	: CXS005056		

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Sumitomo	205/55 R16	5 mm	Sport
Front Offside	: Sumitomo	205/55 R16	5 mm	Sport
Rear Nearside	: Sumitomo	205/55 R16	5 mm	Sport
Rear Offside	: Sumitomo	205/55 R16	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear portion.
(Details refer to the photographs attached)

Enclosed number of photographs: 60 copies

REMARKS

This inspection was conducted entirely on a "**WITHOUT PREJUDICE**" basis
and we have not given authorization and instruction to the repairer to proceed with the repair

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle
and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$ 5,100.00** on a contractual basis.

Under normal circumstances, the repair period would be about 6 (Six) working days.

SLC L APPRAISER PTE LTD

Vehicle Registration No: SLG 4685 T

Our Ref No: JMW/09/1904/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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SPARE PARTS - LIST ITEMS

1	Rear windscreen inner seal	Necessary	\$ <i>ru</i> 85.00	\$ 85.00 ✓
1	Rear tailgate	Damage	\$ <i>m</i> 1,393.00	\$ 1,393.00 ✓
1	Rear tailgate lock	Damage	\$ <i>dye</i> 280.60	\$ 280.60 ✓
1	Rear tailgate "GOLF" emblem	Necessary	\$ <i>ru</i> 68.50	\$ 68.50 ✓
1	Rear tailgate "BLUEMOTION" emblem	Necessary	\$ <i>ru</i> 55.00	\$ 55.00 ✓
1	Rear tailgate "TSi" emblem	Necessary	\$ <i>ru</i> 58.80	\$ 58.80 ✓
2	Rear taillamps	Damage	\$ <i>ru</i> 778.00	\$ 778.00 X
1	Rear end panel	Repair	\$ <i>ru</i> 485.00	\$ 485.00 X
1	Rear bumper	Damage	\$ <i>ru</i> 935.00	\$ 935.00 ✓
1	Rear bumper clip (1 set)	Necessary	\$ <i>ru</i> 55.00	\$ 55.00 ✓
1	Rear bumper reinforcement	Damage	\$ <i>ru</i> 485.00	\$ 485.00 X
1	Rear bumper inner top pad	Damage	\$ <i>ru</i> 175.00	\$ 175.00 X
2	Rear bumper side retainers	Necessary	\$ <i>ru</i> 137.00	\$ 137.00 X
			\$ 4,990.90	\$ 4,505.90
			Less 10%	\$ 499.09
Total Cost - List Items			\$ 4,491.81	\$ 4,055.31

SPECIAL NETT ITEMS

1	Rear windscreen sealant	Necessary	\$ <i>ru</i> 80.00	\$ 50.00 40
1	Rear reverse sensor (1 set)	Damage	\$ <i>ru</i> 350.00	\$ 350.00 20
Total Cost - Special Nett items			\$ 430.00	\$ 400.00

Total cost of parts

\$ 4,921.81 \$ 4,455.31

P- 2930.9
 2637.81
 3238

SCL APPRAISER PTE LTD

Vehicle Registration No: SLG 4685 T

Our Ref No: JMW/09/1904/TP

S/No	Description	Repairer's Estimate	Revised Amount
Total cost of parts c/f		\$ 4,921.81	\$ 4,455.31

LABOUR

1	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00	\$ 50.00 30
2	To remove and refit inner garnishes, inner trim to assist repair.	\$ 150.00	\$ 120.00 30
3	To remove and refit rear reverse sensor.	\$ 120.00	\$ 80.00 50
4	To transfer rear tailgate mechanism and wiring assembly to assist repair.	\$ 80.00	\$ 60.00 ✓
5	To remove and refit rear windscreen glass.	\$ 180.00	\$ 120.00 ✓
6	To apply undercoating on repaired and replaced panel.	\$ 100.00	\$ 60.00 30
7	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 1,080.00	\$ 750.00 400
8	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,000.00	\$ 660.00 400

GRAND TOTAL

\$ 7,711.81 \$ 6,355.31



Vehicle Registration No: SLG 4685 T

Our Ref No: JMW/09/1904/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 5,100.00**

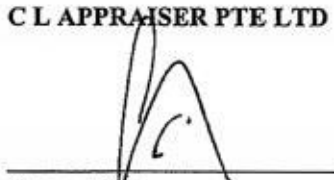
By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
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/LPC19016183/Usd3s2-1

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

Date : 09-10-2019



Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLC 4092A	Veh. Inspected	SLG 4685T
Policy No.	Z19VP05023323	Coverage (\$)	0.00
Claim No.	19/19/19/VP05/022362	Excess (\$)	0.00
Assign From	ONG LI LI	Assign Date	04/10/2019

2. Vehicle Particulars & Condition

Make & Model	VOLKSWAGEN GOLF A7 (A)	c.c	1395
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WWWZZZAUZEW010981	Colour	RED
Odometer	116125	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55 R16	SUMITOMO	6 mm
L/H Front Tyre	205/55 R16	SUMITOMO	6 mm
R/H Rear Tyre	205/55 R16	SUMITOMO	6 mm
L/H Rear Tyre	205/55 R16	SUMITOMO	6 mm

4. Description of Damages

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

5. General Information

Accident Date	04/09/2019	Inspection Date	13/09/2019
Survey held at	JEMENTAH MOTOR WORKS BLK 14 DEFU LANE 10 #01-406 SINGAPORE 539195		

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. SLG 4685T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR WINDSCREEN INNER SEAL	NECESSARY	85.00	85.00
1	REAR TAILGATE	DENTED	1,393.00	1,393.00
1	REAR TAILGATE LOCK	DAMAGED	280.60	280.60
1	REAR TAILGATE "GOLF" EMBLEM	NECESSARY	68.50	68.50
1	REAR TAILGATE "BLUEMOTION" EMBLEM	NECESSARY	55.00	55.00
1	REAR TAILGATE "TSI" EMBLEM	NECESSARY	58.80	58.80
2	REAR TAILLAMPS	SERVICEABLE	778.00	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	485.00	-
1	REAR BUMPER	DEFORMED	935.00	935.00
1	SET REAR BUMPER CLIP	NECESSARY	55.00	55.00
1	REAR BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	485.00	-
1	REAR BUMPER INNER TOP PAD	SERVICEABLE	175.00	-
2	REAR BUMPER SIDE RETAINERS	SERVICEABLE	137.00	-
	LESS 10% DISCOUNT		-499.09	-293.09
			4,491.81	2,637.81
<u>SPECIAL NETT ITEMS</u>				
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	80.00	40.00
1	SET REAR REVERSE SENSOR (SN)	SHORTED	350.00	200.00
			430.00	240.00
<u>LABOUR</u>				
	TO REMOVE, REFIT, REPLACED DAMAGED LAMPS AND CHECK UP REAR ELECTRICAL WIRING.		80.00	30.00
	TO REMOVE AND REFIT INNER GARNISHES, INNER TRIM TO ASSIST REPAIR.		150.00	80.00
	TO REMOVE AND REFIT REAR REVERSE SENSOR.		120.00	50.00
	TO TRANSFER REAR TAILGATE MECHANISM AND WIRING ASSEMBLY TO ASSIST REPAIR.		80.00	60.00
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS.		180.00	120.00
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.		100.00	30.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR END PANEL AND REAR BUMPER REINFORCEMENT.		1,080.00	400.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,000.00	400.00
			2,790.00	1,170.00
GRAND TOTAL			7,711.81	4,047.81
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,200.00

Report Ref No. CS3/LPC19016183/Usd3s2-1


CHUA KANG SENG

Licensed Appraiser

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