

ASS. REC. BY:

REF: CS/AWA 19019905/kvf352

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Wong Kin

of

AWAC

Date/Time: 11.11.19 10.54 a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBD 9718J

Insured:

at Workshop m/s

Accord Auto

Tel:

97400999

of 10 Amk Industrial Park 2A #03-11

Policy No: AVCP30082661903

Claim No:

Sum Insured:

Excess: \$750.00

Make of Veh:

D.O.A. 7.11.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

mp

mr: \$34K

H.O.D. Endorsement:

Date/Time: 11.11.19 11.06 a.m

Person Contacted:

Carin

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

GBD 9718J - CS/AWA 19019905/ Auf3

DOA - 07/11/2019

11/11/19

Revert to Kin Wong by email

11/11/19

Rece authorize repair on LS repair ex \$750 from Kin Wong by email

11/11/19

Informed Carin c/A on LS repair ex \$750 by email

Summer Lee (LKK Auto)

From: Wong, Kin <Kin.Wong@awac.com> on behalf of Motorsurvey
<Motorsurvey@awac.com>
Sent: Monday, 11 November, 2019 10:54 AM
To: 'assignments@lkkauto.com'
Cc: 'sur@lkkauto.com'
Subject: OD survey assignment for GBD 9718J - DOA : 07.11.2019
GBD 9718J/KW

Our Ref:

The above captioned accident refers. Please conduct an "OWN DAMAGE" survey on the following:

Insured Vehicle	:	GBD 9718 J		
Policy Number	:	AVCPSB0082661903	Account Code:	A458SD2
Policy Excess	:	\$ 750.00	(Allied World waived \$ 0) (Insured to pay \$750.00)	
Voluntary Excess	:	NA	(No waiver)	
Sum Insured	:	Market Value with COE & PARF		
Make / Model	:	Isuzu NHR85AUE4AA / 2015		
Name of Workshop	:	Accord Auto Service Pte Ltd		
Contact Number	:	64819517 / 97400999		
Person to Contact	:	Carin		
Estimated Cost of repairs	:	\$ 5,207.50		
(x)	Please take photographs of the front windscreen area from inside to ascertain whether the insured vehicle is equipped with a car camera. (Compulsory)			
(x)	Please revert with your preliminary survey report with photographs			

Regards,
Claims Division

The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and permanently delete the original e-mail (and any attachments hereto) and any copies or printouts thereof. Although this e-mail and any attachments hereto are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by Allied World Assurance Company Holdings, Ltd or its subsidiaries or affiliates, either jointly or severally, for any loss or damage arising in any way from its use.

Veron Chen (LKKAUTO)

From: Wong, Kin <Kin.Wong@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>
Sent: Thursday, 26 December 2019 4:42 PM
To: Veron Chen (LKKAUTO); Motorsurvey
Cc: SUR
Subject: RE: AW Ref: NSV1900551_GBD 9718J/KW_____OD survey assignment for GBD 9718J - DOA : 07.11.2019

Hi Veron

Please proceed to authorize.

Thank you.

Regards,

Kin Wong (Mr.)
Assistant Claims Manager, Asia-Pacific Claims Group
Allied World Assurance Company, Ltd.
60 Anson Road #08-01
Singapore 079914
T: +65 6423 0894
F: +65 6423 0864
E: kin.wong@awac.com
W: www.awac.com

From: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Sent: Thursday, 26 December 2019 12:05 PM
To: Wong, Kin <Kin.Wong@awac.com>; Motorsurvey <Motorsurvey@awac.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: AW Ref: NSV1900551_GBD 9718J/KW_____OD survey assignment for GBD 9718J - DOA : 07.11.2019

Dear Kin,

Lump Sum amount \$2800 before excess \$750

For your approval please.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Wong, Kin <Kin.Wong@awac.com>

Sent: Monday, 11 November 2019 4:13 PM

To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>; Motorsurvey <Motorsurvey@awac.com>

Cc: SUR <sur@lkkauto.com>

Subject: AW Ref: NSV1900551_GBD 9718J/KW _____ OD survey assignment for GBD 9718J - DOA : 07.11.2019

Hi Veron

Please proceed to authorize on lump sum basis at \$2,717.00, checked item of \$586.00 to be confirmed upon dismantling again.

Excess of \$750 applies.

Thank you.

Thank you.

Regards,

Kin Wong (Mr.)

Asia-Pacific Claims Group

Allied World Assurance Company, Ltd.

60 Anson Road #08-01

Singapore 079914

T: +65 6423 0894

F: +65 6423 0864

E: kin.wong@awac.com

W: www.awac.com

From: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>

Sent: Monday, 11 November 2019 3:00 PM

To: Motorsurvey <Motorsurvey@awac.com>; Wong, Kin <Kin.Wong@awac.com>

Cc: SUR <sur@lkkauto.com>

Subject: RE: OD survey assignment for GBD 9718J - DOA : 07.11.2019 Our Ref: GBD 9718J/KW

Dear Kin Wong,

Enclosed preliminary revised of vehicle GBD 9718J

Date of survey: 11/11/2019

Number of days (estimated) : 6 days

Vehicle repair on Lump Sum basis.

We have Not authorise repair.

Kindly let us have your approval please.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>**Sent:** Monday, 11 November 2019 11:10 AM**To:** 'Motorsurvey' <Motorsurvey@awac.com>; assignments <assignments@lkkauto.com>**Cc:** SUR <sur@lkkauto.com>**Subject:** RE: OD survey assignment for GBD 9718J - DOA : 07.11.2019 Our Ref: GBD 9718J/KW

Dear Sir/Madam,

Thank you for your assignment.

Best Regards,


Summer Lee | Admin**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Wong, Kin <Kin.Wong@awac.com> **On Behalf Of** Motorsurvey**Sent:** Monday, 11 November, 2019 10:54 AM**To:** 'assignments@lkkauto.com' <assignments@lkkauto.com>**Cc:** 'sur@lkkauto.com' <sur@lkkauto.com>**Subject:** OD survey assignment for GBD 9718J - DOA : 07.11.2019 Our Ref: GBD 9718J/KW

The above captioned accident refers. Please conduct an "OWN DAMAGE" survey on the following:

	Insured Vehicle	:	GBD 9718 J		
	Policy Number	:	AVCPSB0082661903	Account Code:	A458SD2
	Policy Excess	:	\$ 750.00	(Allied World waived \$ 0) (Insured to pay \$750.00)	
	Voluntary Excess	:	NA	(No waiver)	
	Sum Insured	:	Market Value with COE & PARF		
	Make / Model	:	Isuzu NHR85AUE4AA / 2015		
	Name of Workshop	:	Accord Auto Service Pte Ltd		
	Contact Number	:	64819517 / 97400999		
	Person to Contact	:	Carin		
	Estimated Cost of repairs	:	\$ 5,207.50		
(x)	Please take photographs of the front windscreen area from inside to ascertain whether the insured vehicle is equipped with a car camera. (Compulsory)				

(x)

Please revert with your preliminary survey report with photographs

Regards,
Claims Division

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Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Monday, 11 November 2019 4:34 PM
To: SUR; 'claims (Accord Auto)'
Subject: GBD 9718J-DOA: 7/11/2019 (ALLIED WORLD OD)

Dear Carin,

As instructed by our client , please proceed to repair the **insured vehicle GBD 9718J on Lump Sum Repair, (Excess \$750/-).**

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

*Our client reserve their right **not to pay** if there is no valid approval obtained before repair.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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Hi Veron

Please proceed to authorize on lump sum basis at \$2,717.00, checked item of \$586.00 to be confirmed upon dismantling again.

Excess of \$750 applies.

Thank you.

Thank you.

Regards,

Kin Wong (Mr.)
Asia-Pacific Claims Group

Allied World Assurance Company, Ltd.
60 Anson Road #08-01
Singapore 079914
T: +65 6423 0894
F: +65 6423 0864
E: kin.wong@awac.com
W: www.awac.com

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To: Motorsurvey <Motorsurvey@awac.com>; Wong, Kin <Kin.Wong@awac.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: OD survey assignment for GBD 9718J - DOA : 07.11.2019 Our Ref: GBD 9718J/KW

Dear Kin Wong,

Enclosed preliminary revised of vehicle GBD 9718J
Date of survey: 11/11/2019
Number of days (estimated) : 6 days

Vehicle repair on Lump Sum basis.

We have Not authorise repair.

Kindly let us have your approval please.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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Sent: Monday, 11 November 2019 11:10 AM

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Cc: SUR <sur@lkkauto.com>

Subject: RE: OD survey assignment for GBD 9718J - DOA : 07.11.2019 Our Ref: GBD 9718J/KW

Dear Sir/Madam,

Thank you for your assignment.

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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From: Wong, Kin <Kin.Wong@awac.com> On Behalf Of Motorsurvey

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Cc: 'sur@lkkauto.com' <sur@lkkauto.com>

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The above captioned accident refers. Please conduct an "OWN DAMAGE" survey on the following:

Insured Vehicle	:	GBD 9718 J		
Policy Number	:	AVCPSB0082661903	Account Code:	A458SD2
Policy Excess	:	\$ 750.00	(Allied World waived \$ 0) (Insured to pay \$750.00)	
Voluntary Excess	:	NA	(No waiver)	
Sum Insured	:	Market Value with COE & PARF		
Make / Model	:	Isuzu NHR85AUE4AA / 2015		
Name of Workshop	:	Accord Auto Service Pte Ltd		
Contact Number	:	64819517 / 97400999		

Person to Contact	:	Carin
Estimated Cost of repairs	:	\$ 5,207.50
(x)	Please take photographs of the front windscreen area from inside to ascertain whether the insured vehicle is equipped with a car camera. (Compulsory)	
(x)	Please revert with your preliminary survey report with photographs	

Regards,
Claims Division

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Veron Chen (LKKAUTO)

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Cc: SUR
Subject: RE: OD survey assignment for GBD 9718J - DOA : 07.11.2019 Our Ref: GBD 9718J/KW
Attachments: MARK EST.pdf; PRELI ADVISED.pdf

Dear Kin Wong,

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Date of survey: 11/11/2019
Number of days (estimated) : 6 days

Vehicle repair on Lump Sum basis.

We have Not authorise repair.

Kindly let us have your approval please.

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Policy Excess	:	\$ 750.00	(Allied World waived \$ 0) (Insured to pay \$750.00)	
Voluntary Excess	:	NA	(No waiver)	
Sum Insured	:	Market Value with COE & PARF		
Make / Model	:	Isuzu NHR85AUE4AA / 2015		
Name of Workshop	:	Accord Auto Service Pte Ltd		
Contact Number	:	64819517 / 97400999		
Person to Contact	:	Carin		
Estimated Cost of repairs	:	\$ 5,207.50		
(x)	Please take photographs of the front windscreen area from inside to ascertain whether the insured vehicle is equipped with a car camera. (Compulsory)			
(x)	Please revert with your preliminary survey report with photographs			

Regards,
Claims Division

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Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: AVCPSB0082661903
Our ref: CS/AWA19019905/Kvf3

Date: 11/11/2019

The Motor Claims Department
M/s ALLIED WORLD ASSURANCE COMPANY LTD

Dear Sir/Madam

PRELIMINARY ADVICE OF VEHICLE NO. GBD 9718J

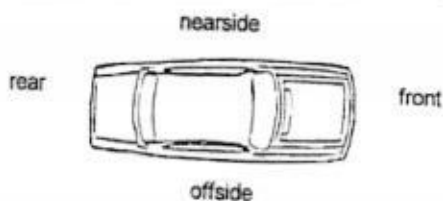
We thank you for your instruction on 11/11/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 11/11/2019 at the premises of M/s ACCORD AUTO SERVICES PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$5,207.50
Revised Estimate Amount	: S\$3,395.40
"Check" Items Amount	: S\$731.50
Total	: S\$4,126.90
Market Value	: S\$34,000.00
LTA Reimbursement Value	: S\$28,670.00
Nett Value	: S\$5,330.00

Description of Damage:

The vehicle sustained damages at the front portion



Comments/Present Status:

Damages Consistent
Repair Cost Economical

Yours faithfully,

Kenneth Kong
Licensed Appraiser

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	08/11/2019 13:40
Date Of Accident	07/11/2019 11:50
Exact Location Of Accident	ANG MO KIO AVE 3 EXIT CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9718J
Insured/Policyholder	
Name Of Registered Owner	OREGANO TRADING PL
Co Reg No	201203883G
Email Address	JHOANNE@OREGANO TRADING.COM
Mobile Phone No	(LOCAL) +65-91274363
Alternative Phone No	OFFICE-62643488

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A-3.0 D (M)

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

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken.

Vehicle Category	COMMERCIAL VEHICLE
------------------	--------------------

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	AVCPSB0082661903
Cover Note Number	

Driver

Name of Driver	CHENG YOKE SHIN
NRIC No	S2165435C
Date Of Birth	18/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91274363
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 424 YISHUN AVE 11 #12-266
Postcode	768091
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	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

Front vehicle stop, I could not brake in time and collided onto the rear of front vehicle.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

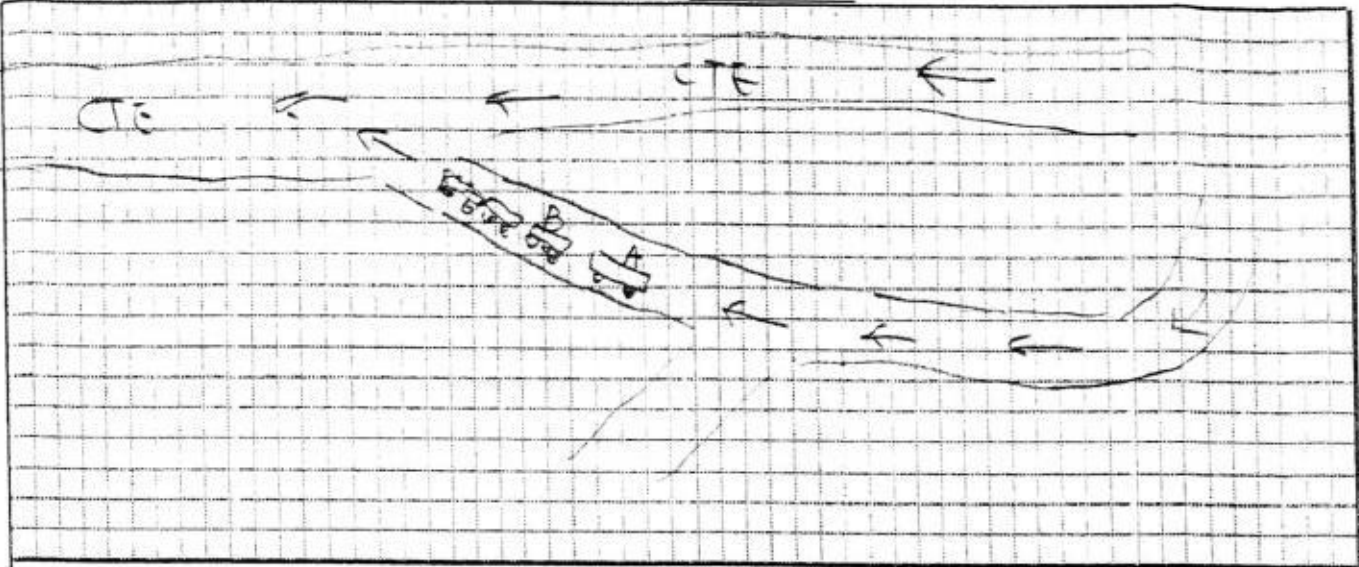
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL1919L
Vehicle Make/Model/Colour	TOYOTA
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

Vehicle A: 9BD9718J

Vehicle B: SJL1919L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of Accident:

Time of Accident:

front vehicle stop, I could not brake in time
& collided onto the rear of front vehicle.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

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



Policyholder's Signature

Date & Time

8/11/14

Cheng Yoke Shin

Driver's Signature

(If driver is not the policyholder)

Date & Time

10.20

8/11/14

[Signature]

Reporting Centre Personnel's Signature

Name

NRIC / FR. NO. S12345678

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. This report will be forwarded by the insurers to 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.
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 8/11/19

Chay Yoke SKK

Driver's Signature

(if driver is not the policyholder)

Date & Time

8/11/19

10.22



Reporting Centre Personnel's Signature

Name: [Signature]

NRIC / Fin No: 57371241F

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	833G
Vehicle Details	
Vehicle No.:	GBD9718J
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Nov 2019
Vehicle Make:	ISUZU
Vehicle Model:	NHR85AUE4AA
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	4JJ11W1221
Chassis No.:	JAANHR85EF7100070
Maximum Power Output:	-
Open Market Value:	\$23,258.00
Original Registration Date:	06 Aug 2015
First Registration Date:	06 Aug 2015
Transfer Count:	0
Actual ARF Paid:	\$1,163.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	05 Aug 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$50,002.00
COE Rebate Amount:	\$28,670.00
Total Rebate Amount:	\$28,670.00

The information contained herein is correct as at 11 Nov 2019

OK

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

AWA

ESTIMATE

Date : 11/11/2019
 Vehicle No : GBD 9718 J
 Veh Make/Model : ISUZU NHR85AUE4A
 YOM : 2015
 Chassis No : JAANHR85EF7100070
 Date of Accident : 07/11/2019

Not Asstained
112m @ 2800h
Resurvey After Paint
Ex @ 750h
6 days
Fax 62564315

No	Qty	Description	Amount \$
Cost Price Items:-			COST
1	1	Cab front panel	\$ 350.00
2	1	Cab front panel ISUZU plalte	\$ 80.00
3	1	Cab front panel NH sticker	\$ 14.00
4	2	Corner panels RH & LH	\$ 280.00
5	1	Front grille	\$ 220.00
6	2	Wiper arms RH & LH	\$ 76.00
7	2	Wiper nozzles RH & LH	\$ 40.00
8	1	Wiper linkage	\$ 145.00
9	1	Wiper motor assy.	\$ 240.00
10	2	Headlamps RH & LH	\$ 340.00
11	2	Signal lamps RH & LH	\$ 130.00
12	1	Front bumper	\$ 270.00
13	2	Front bumper brackets RH & LH	\$ 130.00
14	1set	Front windscreen moulding	\$ 160.00
15	1		\$ -
16	1		\$ -
17	1		\$ -
18	1		\$ -
19	1		\$ -
20	1		\$ -
21	1		\$ -
22	1		\$ -
23	1		\$ -
24	1		\$ -
25	1		\$ -
26	1		\$ -
27	1		\$ -
28	1		\$ -
29	1		\$ -
30	1		\$ -
Total Cost Item			\$ 2,475.00
COST + 10%			\$ 247.50
Total			\$ 2,722.50

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary repair must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

Date : 11/11/2019
Vehicle No : GBD 9718 J
Veh Make/Model : ISUZU NHR85AUE4A
YOM : 2015
Chassis No : JAANHR85EF7100070
Date of Accident : 07/11/2019



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

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA19019905/Kvf3s2

(SINGAPORE BRANCH)
60 ANSON ROAD #08-01 (8th FLOOR)
MAPLETREE ANSON
SINGAPORE 079914

Date : 27-12-2019



Code : AWA

1. Policy Particulars :- OWN DAMAGE

Insured Veh.	Veh. Inspected	GBD 9718J
Policy No. AVCPSPB0082661903	Coverage (\$)	0.00
Claim No.	Excess (\$)	750.00
Assign From WONG KIN	Assign Date	11/11/2019

2. Vehicle Particulars & Condition

Make & Model ISUZU NHR85 (M)	c.c	2999
Engine No. HIDDEN	Year of Reg.	2015
Chassis No. JAANHR85EF7100070	Colour	WHITE
Odometer 118637	Steering	IN ORDER
Brakes IN ORDER	Modification	NIL
General GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	185 R15 X8	WEST LAKE	9 mm
L/H Front Tyre	185 R15 X8	WEST LAKE	9 mm
R/H Rear Tyre	155 R15 X8 (D)	YOKOHAMA	3/3 mm
L/H Rear Tyre	155 R15 X8 (D)	YOKOHAMA	3/3 mm

4. Description of Damages

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

5. General Information

Accident Date 07/11/2019	Inspection Date 11/11/2019
Survey held at ACCORD AUTO SERVICES PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTO POINT #03-11 SINGAPORE 568047	

5a. Remarks

A) THE MARKET VALUE IS S\$34,000.00 (EST. AVERAGE) B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: 6 Working Days
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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBD 9718J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	CAB FRONT PANEL (WCP)	BENT	350.00	350.00
1	CAB FRONT PANEL ISUZU PLATE (WCP)	NECESSARY	80.00	80.00
1	CAB FRONT PANEL NH STICKER (WCP)	NECESSARY	14.00	14.00
2	CORNER PANELS RH & LH (WCP)	O/S MTG CRACKED	280.00	140.00
1	FRONT GRILLE (WCP)	MTG CRACKED	220.00	220.00
2	WIPER ARMS RH & LH (WCP)	SERVICEABLE	76.00	-
2	WIPER NOZZLES RH & LH (WCP)	SERVICEABLE	40.00	-
1	WIPER LINKAGE (WCP)	SERVICEABLE	145.00	-
1	WIPER MOTOR ASSY (WCP)	SERVICEABLE	240.00	-
2	HEADLAMPS RH & LH (WCP)	MTG CRACKED	340.00	340.00
2	SIGNAL LAMPS RH & LH (WCP)	O/S MTG CRACKED	130.00	65.00
1	FRONT BUMPER (WCP)	BUCKLED	270.00	270.00
2	FRONT BUMPER BRACKETS RH & LH (WCP)	O/S BENT	130.00	65.00
1	SET FRONT WINDSCREEN MOULDING (WCP)	NECESSARY	160.00	160.00
	COST PLUS 10%		247.50	170.40
			2,722.50	1,874.40
SPECIAL NETT ITEMS				
1	FRONT NUMBER PLATE WITH HOLDER (SN)	BENT	45.00	25.00
1	SET FRONT GRILLE CLIPS (SN)	NECESSARY	40.00	40.00
1	FRONT WINDSCREEN SEALANT (SN)	NECESSARY	100.00	40.00
1	IU BRACKET (SN)	NOT NECESSARY	20.00	-
			205.00	105.00
LABOUR				
	SPRAY PAINTING ON ALL AFFECTED AREA.		1,000.00	700.00
	LABOUR REMOVE / REFIX ACCIDENT DAMAGES PARTS TO KNOCK, JACK, CUT WELD AND REALIGN ACCIDENT AFFECTED AREA.		800.00	600.00
	TO CHECK WIRING SYSTEM & LIGHT.		50.00	20.00
	TO REMOVE & REFIT FRONT W/SCREEN GLASS. (NPA)	FOC	-	-
	TO REMOVE AND REFIT DASHBOARD ASSY.		250.00	250.00
	TO REMOVE / REFIT CABIN INTERIOR UPHOLSTERY, ETC.	NOT NECESSARY	180.00	-
			2,280.00	1,570.00



GRAND TOTAL		5,207.50	3,549.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,800.00
LESS EXCESS			-750.00
NETT LIABILITY			2,050.00

Report Ref No. CS/AWA19019905/Kvf3s2

KONG SENG CHEONG

Licensed Appraiser

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