vn (Person):	one h u	ASSIGNME			de/Time:	11/12/20	19
timated Gost	1		Bill to:				
DITTINS		SGV 17125	S	Insured:	62	865 M 8224 (
laspect Vehic Workshop m/s		Auto		Tel	9838	8274 1	385171
Blk 5 b	lefu Lanu	10 #01-574	Claim No.			1	
ohey No:			Excess				
um Insured take of Veh			Dycess	- 1	OA 30	10. 2019	
Date/Tune: 44	1.19 9	AGO:M Person Contacted:	Trene.	Ve	HOD Finds		
Pate/Time	SG1 33						
		4-111.2				\cap	· 1
12/11/19		t Ples				/ /	moning
fr. (i 1			1904.56, 1,) 4 days.	u da	-	1-1	

3.4

RECEIVED 3 1 DEC 2019

Nivitha (LKK Auto)

From:

ONG LI LI < llong@lonpac.com>

Sent:

Wednesday, 11 December 2019 4:03 PM

To:

Admin-D (LKKAuto); SUR; MT_Claim_SG; assignments

Subject:

RE: ACCIDENT INVOLVING SGV2712S AND GZ835M ALONG JUNCTION OF

WOODLANDS ROAD AND MANDAI ROAD ON 30.10.2019 Our Ref:

18/19/19/VC05/022592 [External General]

Attachments:

22592 TP SR.pdf

Lonpac External - General

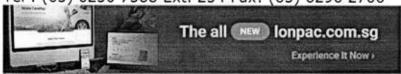
Dear Nivitha

Please see TP survey report and let us have your surveyor's paper survey report.

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: Monday, 4 November 2019 9:49 AM
To: ONG LI LI; SUR; MT_Claim_SG; assignments

Cc: candy@iaconsultingsg.com

Subject: RE: ACCIDENT INVOLVING SGV2712S AND GZ835M ALONG JUNCTION OF WOODLANDS ROAD AND MANDAI

ROAD ON 30.10.2019 Our Ref: 18/19/19/VC05/022592

Dear Sir/Madam,

Thank you for the assignment.

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

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

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

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 01/11/2019 01:35

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the socident to speed up the claims process.

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 wiful misrepresentation or witholding 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.

5. This report will be forwarded by the insurers of the GIA Records Management Centra established by the Ganaral 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 hareby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT 01/11/2019 01:31 Date Of Report 30/10/2019 17:30 Date Of Accident JUNCTION OF WOODLANDS ROAD AND MANDAI ROAD Exact Location Of Accident SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE **定公司等**表现的办法等处的[2]

Vehicle Registration Number

SGV2712S

insured/Policyholder

NG POH SIONG Name Of Registered Owner S7805349F NRIC No

ALFPS@HOTMAIL.COM Email Address (LOCAL) +65-90057565 Mobile Phone No OTHERS-90057565 Alternative Phone No

Vehicle Particulars

HYUNDAI Manufacturer

ELANTRA AD 1.8 GLS AT

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken PRIVATE CAR

Vehicle Category

Insurance Company FWD SINGAPORE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

PNPV2019-00004257 Policy Number

N.A Cover Note Number

Driver

NG POH SIONG Name of Driver S7805349F NRIC No 12/02/1978 Date Of Birth INDOOR Occupation 06/01/1999 Date Of Driving Pass

20 YEARS AND 9 MONTHS **Driving Experience**

Gender

(LOCAL) +65-90057565 Mobile Number

Fax Number

OTHERS-90057565 Contact Number ALFPS@HOTMAIL.COM EMail Address

Page 1 of 16

Address

NA

Postcode

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

Vahicle

01111

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

.... but tobased to the Apolder

1000

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

I have been approached by unknown person(s soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver)

Details of Police Action

NO

Was the accident reported to the police?

if Yes, Please state which Police Station

Was notice of Intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD AND MADE A STOP AT THE TRAFFIC LIGHT AS THE LIGHT WAS RED. WHILE MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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

GZ835M

Vehicle Make/Model/Colour

SSANGYONG / MUSSO DCABIN / SILVER

Details Of Properties

N.A

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

RATHINAVEL RADHAKRISHNAN AATHUSHNARAYANAN

NRIC/Passport Number

G3166915X

Contact Number

90567611

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

Sketch Plan Pg. 1

SKETCH PLAN

SGV2712S

IMPORTANT NOTICE

- 1. Please report generally the details of the spodent to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Archor heil Driver.
- Information provided must be in the first and according provided. Any will discompressionation or well-limiting of material facts may allow incurrence companies to type affects beginning.
- The more and appropriate of this financial theoretic companies is not at admission of policy liability to the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the moreov of the Gill Records Minnaperson? Centre include him to General infurance Association of Singapore (GIA) for archiving and that cases of this reject with for 4 feet the made available upon application by appropriate.
- 3. By the longiture of this report to the reserve, you hands amount to the archiving of this report at the continuent in observe of the report being made associate attraction.
- IL. Consent under the Personal Inta Protestion Act (MIPA)

continues, adaptificate agree and consent that

- (a) by review my workshop and the forested insurance Assessment of Singapore ("GSA", musicalle permitted to unfeet, will. Socioce and/se propers my personal standard information set out in this (form) and any other personal information to said the personal information of an any other personal information to all properties of the base musical vehicles) contined in this socioe of all enumerics which have musical vehicles) involved in this socioe of all enumerics (because of the bourses) which have incomed vehicles) involved in this socioe of this socioe of the personal to the personal to the "bearers", the bourses' beaveralted from the bourses' beaveralted for the purpose (s) of ".
 - processing, handling and/or dealing with my claims including the untransect of the claims and any necessary revertigations intuiting to the claims.
 - let exempting the accident antiformy dates,
 - (iv) carrying out and/or druling with my instructions or responding to any anquiries by mile,
 - by) administering my claims (including the mailing of correspondings, statuments, invitigal, reports or nutrices to me, which could involve disclosure of cortain personal distailable nee to being about drillivery of the same as well as on the external count of mushapes/mak packages), and/or
 - (v) complying with applicable two matterconnering, processing, handling and/or dealing with my down instruments the "Purposes".
- (b) all interies of the hear line, not up to be judy consent to the accident and the request "Lewystyllaw form, more permitted to accident, and, disclose worker process my Personal Informacion for one or course of the above Purposes, and
- (c) my accremial information morphism be clockwised to any of the liquiders and/ar CIA to their pixel porty service providers or against find safety their temperature times, which may be sitted published Singapore. For one or more of the above Publishers
- (a) the Personal Information will use the cellected and used to complie claims history for the purpose of traveleranceon, shreedigation and murageony in present and all follows observe.
- (a) the externation so collected under (d) above may be shared / discound.
 - (ii) to all insurers antifor one other third parties that would in evaluating, investigating, controlling or managing freed, regulations, law enforcement and government agencies in reasonably required for the paperons started, or
 - (iii) for sumptoring with returnaments under any regulations, takes or years orders

Policybother's figurations trate & Time:

Driver's Signature Unanvern me the policyholderi

Day & Time 31 Oct 2019

VERIFY BY ALAX MARS (ARC) REPORTING OFFICER HASHING BIN KAMARI

Reporting Centre Personnel's Signature Name NUICPRI No.

270	Sketch Plan #2	Mark Santa	
M. Relling M. San San Sans	R. There lier	ospect 19 Menson Rom	• •
escribe curcumutances of Refer to attached statem	#### PART TO THE PART OF THE P		
		Killer garen	
		10-7	1
RECLARATION CONTRACTOR ADDRESS	as life three is means trisbers	VERIFY BY AJAX MA REPORTING OFF HASHIM BIN KA	AANI
2018	Court of State (if does in the part doeset) Suit & Tree.	Reporting Custor Version of Quenic Strong-trial Science	Signalate
The second secon			CALL THE PERSON AND THE RESIDENCE OF

Sketch Plan #3 Pg. 1

CIDENT STATEMENT (2000 characters)	
WAS DED WILL E IN VEHICLE WAS	O I WAS DRIVING ALONG THE SAID OP AT THE TRAFFIC LIGHT AS THE LIGHT STATIONARY, IT WAS HIT FROM THE REAR ED. STATEMENT WAS READ TO ME AND I
Taxi Voucher No.:	
DECLARATION	
We declare that the above particulars & information prov	lided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - HASHIM BIN KAMARI	B10
	Hong
MARIS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
31 October 2018 at 4:29 PM	31 October 2019 at 4.29 PM

Nivitha (LKK Auto)

From:

venessa.chan@fwd.com

Sent:

Wednesday, 11 December 2019 4:47 PM

To:

'admin-d@lkkauto.com'; 'admin-a@lkkauto.com'

Cc:

eileen.bay@fwd.com; motorclaims.sg@fwd.com

Subject:

TP Claim SKV9826D & SKU6358M DOA: 07.12.2019

Dear Nivitha,

Please refer to the email below and liaise with TP repairer for PRS.

Please create the case in Merimen & our insured has yet to report.

Kindly upload all correspondence emails/documents sent to you into Merimen.

Thank you.

Best Regards,

Venessa Chan

Administrative Assistant, Claims

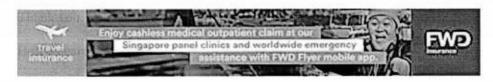


FWD Singapore Pte. Ltd.

6 Temasek Boulevard, #18-01 Suntec Tower Four, Singapore 038986

E venessa.chan@fwd.com

W www.fwd.com.sg



From: Chin [mailto:chin@modernautomotive.com.sg]

Sent: Wednesday, 11 December 2019 3:59 PM

To: Claims SG - SG Common

Subject: Re: TP Claim SKV9826D & SKU6358M

Dear Sir

We refer to the above matter.

Kindly advise liability and arrange survey vehicle below:

Your Insured: SKU6358M Our Insured: SKV9826D

DOA: 07.12.2019

We enclosed herewith our client report for your perusal.

Regards, Grace Chin Modern Automotive Pte Ltd Blk 3023-A, Ubi Road 1 #01-61 Singapore 408717

Tel: 6748 4422 Fax: 6747 6720

ATTENTION:

The email and any attachments transmitted with it are private and confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the sender immediately and delete this email and any attachments from your system. You should not use, disclose, copy or store this email and any attachments.

Messages and attachments are scanned for all viruses known. However, you are advised that you open any attachments at your own risk. If this message contains password-protected attachments, the files have NOT been scanned for viruses by our mail domain. Please always scan for viruses before opening any attachments.

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 01/11/2019 17:31

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	01/11/2019 14:35
Date Of Accident	30/10/2019 17:45
Exact Location Of Accident	WOODLANDS RD TWDS MANDAI RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ835M
Insured/Policyholder	
Name Of Registered Owner	YUN ONN COMPANY PTE LTD
Co Reg No	196600371M
Email Address	KARENCHAI@ASPHALT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67545555
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	MUSSO-2.9 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z18VC05001038
Cover Note Number	28/11/18 - 27/11/19
Driver	
Name of Driver	RATHINAVEL RADHAKRISHNAN AATHISHNARAYANAN
NRIC No	G3166915X
Date Of Birth	20/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90567611
Fax Number	

NOEMAIL

Address

C/O YUN ONN COMPANY (PRIVATE) LIMITED

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - 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)

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.

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

SGV2712S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG POH SIONG

NRIC/Passport Number

S7805349F

Contact Number

90057565

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO .: GZ 831

DATE & TIME: 30/10/19 @ 17:

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.
- 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.
- 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.
- 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.
- By the ladgment 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 :
 - 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:
 - 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 #2

SKETCH PLAN		
	MANDER PROMINE	
1111		A : 62835M
55 100		B: 54/27125
		Na Pak Stong
1/4/8		57805349F
VAI .	V	45-90057365
A.A. Good W.		
DESCRIBE CIRCUMSTANC		
		of GGW 27125 was whiting for
		Vehicle was in Stationary
not from	Alabaral to Drive	mode, then I realise
		of using both hard force
to push m	y gear rod . there	Suddenly my vehicle
move you	ly infront. The	6283071 Just touch the
S602712S	Which . There w	hs not much damage to
GAN 27123.		7
15		
Note: Please note that v	our insurer may have 14days Time (Frame for you to submit an Own Damage Claim
		with your policy for more information.
DECLARATION	ticulars are true in every respect.	
And decrease interest of the contract of the c	- PULLUL	Ja .1/11/19
Policyholder's Signature Date & Time:	Driver ¹ s Signature (if driver is not the policyholder) Date & Time	Reporting Centre Personnel's Signature Name ((5)
	Claim Own Policy () Claim Third P Claim OD/TP at other workshop (arty (∨) Reporting Only









Accident Photo













No.25 Kaki Bukit Road 4 #06-46 Synergy @KB Singapore 41780 Hotline: 6385 1171

Our reference:

19-11-8648

Date:

15/11/2019

c/o Assure Auto Assist Pte Ltd 23 Tuas Avenue 18 Singapore 638902

Dear Sirs

RE:

Road Traffic Accident on 30/10/2019

Ng Poh Siong

In accordance with your instructions received in this office on

5/11/2019

, we made arrangements to

examine the vehicle on

5/11/2019

at above-mentioned address. The following data was

recorded:

Vehicle details

Make	Hyundai	Registration	SGV2712S
Model	Elantra	Chassis	KMHD841CMHU365798
Colour	Silver	Gearbox	Auto
Odometer	68703km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good		

Tyre Depths

Front left	225/45R17	85% Continental		
Front right	225/45R17	85% Continental		
Rear left	225/45R17	85% Continental		
Rear right	225/45R17	85% Continental		

Status	REPAIRABLE	
Magnitude	Medium	
Legal status	Unroadworthy	

Impact Direction & Area of Damage:



Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of <u>\$2,700.00</u> and <u>\$5</u> working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Subsidiaries of Impact Analysis Consultant:

- Impact Analysis Consulting Pte Ltd Impact Analysis Academy Pte Ltd IA Racking Solutions Pte Ltd
- IA Accounting & Consultancy Pte Ltd
 Infoknights International Services (Philippines)
 IABN Pte Ltd www.iaconsultingsg.com



No.25 Kaki Bukit Road 4 #06-46 Synergy @KB Singapore 41780 Hotline: 6385 1171

Our reference

19-11-8648

Date

15/11/2019

Page

2

Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
List Items:				
Boot lid	1	repair.respray	1188.00	0.00 × R
Boot lid top lock	1	bent-in	158.40	158.40 KSUL
Boot lid weatherstip	1	serviceable	102.36	0.00 X Sel
Boot lid number plate garnish	1	repair.respray	386.50	0.00 × R
Rear bumper side retainer @\$36.90	2	necessary	73.80	73.80 × NN
Rear bumper reinforcement	1	bent	425.80	425.80 /87
Rear bumper bracket @\$92.40	2	damaged - LF	184.80	92.40184.80 - EUX SVC
Rear bumper reflector @98.50	2	serviceable	197.00	0.00 XSVL
Rear bumper	1	deformed	856.30	700 856.30 / DEF
Rear end panel top garnish	1	serviceable	134.50	0.00 X SVE
Tail lamp @\$385.26	2	intact	770.52	0.00 XSVL
Rear end panel	1	repair	421.00	0.00 × R
Boot lid emblem Elantra	1	necessary	48.80	48.80 NEL
Boot lid reflector @\$362.60	2	intact	725.20	0.00 XSV C
Boot lid logo	1	necessary	52.00	52.00 /NE L
	Sub- Total	costs	5724.98	1799.90 1,319.00
Percente	ge discount :	20%	1145.00	359.98
2	Sub-Total costs	for parts	4579.98	1439.92 1055.20
Special Nett Items:		_		
Rear reverse sensor	1	malfunction	280.00	280.00 / NOT WALLEY
Rear bumper clips	1 set	necessary	50.00	50.00 NEL
	Sub-Total costs	for parts	330.00	330.00 330
Parts Repair				- 2012 A CONTRACTOR AND A
			0.00	0.00
	Sub-Total	costs	0.00	0.00
	Total costs fo	or parts ==	4909.98	1769.92 1,385,20

Subsidiaries of Impact Analysis Consultant:

Impact Analysis Consulting Pte Ltd
 Impact Analysis Academy Pte Ltd
 IA Racking Solutions Pte Ltd

 [■] IA Accounting & Consultancy Pte Ltd
 ■ Infoknights International Services (Philippines)
 ■ IABN Pte Ltd
 www.iaconsultingsg.com



No.25 Kaki Bukit Road 4 #06-46 Synergy @KB Singapore 41780 Hotline: 6385 1171



Our reference

19-11-8648

Date

15/11/2019

Page

3

Section B: Labour Cost Calculation

o dismantle, replace, cut, weld, knock out dents to straighten accident		rate	Manhr. Req.	Total	
parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 4	5.00	14	\$	630.00
utty & Spray painting to adjacent panels. Job allowance. Paint / material.		Sub-contract work.		\$	600:00
Apply rust proofing on the adjacent panels.	Su	ib-cont	tract work.	\$	30.00
Wiring and bulb checking	\$ 4	5.00	0.5	\$	22.50
Remove and replace rear bumper reverse sensor & conduct distance safety setting.	\$ 4	5.00	1.7	\$	76.50
	\$	*	0	\$	
	To	tal la	bour cost	\$	1,359.00

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

1,796.16 1,800.00/4 DAys

6268.98

Subsidiaries of Impact Analysis Consultant:

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd

■ IA Accounting & Consultancy Pte Ltd ■ Infoknights International Services (Philippines) ■ IABN Pte Ltd www.iaconsultingsg.com



No.25 Kaki Bukit Road 4 #06-46 Synergy @KB Singapore 41780 Hotline: 6385 1171

Our reference

19-11-8648

Date

15/11/2019

Section C: Summary Table of Total Repair Cost

Description		Cost	
Asse.	ged Parts ssment ection A)	\$1,769.92	
Further discount 20%		\$353.98	
Recommended cost of parts replacement		\$1,415.94	(1)
Labour Cost Calculation (See section B)		\$1,359.00	(2)
Total Repair Cost (Round off to hundred)		\$2,700.00	(1) + (2)

We would recommend a sum of	\$2,700.00	and	5	working days for repair
No further items will be approved w	vithout our expresse	ed written agreem	ent. Any sign	ificant additional
items will be subject to a supplement	ntary report.			

Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)

B.Eng. (Hons) NUS)

Diploma.Mechanical Engineering

NTC-2 Automovite Technology

Sr.MIES, Institution of Engineers, Singapore (#20100091)

MATAI, Maryland Association of Traffic Accident Investigators

IAARS, International Association of Accident Reconstruction Specialists

PMC of Singapore Business Advisors & Consultants Council

ACTA certified Trainer, Singapore

SPRING- Recognised Certification for Management Consultants

Subsidiaries of Impact Analysis Consultant:

Impact Analysis Consulting Pte Ltd
 Impact Analysis Academy Pte Ltd
 IA Racking Solutions Pte Ltd

IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd www.iaconsultingsg.com



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

100		Affiliated to Federation Internation	onale Des Experts En Autom	obile	
LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Ref: CS3/LPC19019397/Nqf3s2-1		
			Date: 06-01-2020 Code: LPC2		
1.		Policy Particulars	:- THIRD PARTY CLAI	M	
	Insured Veh.	GZ 835M	Veh. Inspected	SGV 2712S	
	Policy No.	Z18VC05001038	Coverage (\$)	0.00	
	Claim No.	18/19/19/VC05/022592	Excess (\$)	0.00	
	Assign From	ONG LI LI	Assign Date	11/12/2019	
2.		Vehicle Parti	culars & Condition		
	Make & Model	HYUNDAI ELANTRA	c.c	1591	
	Engine No.	HIDDEN	Year of Reg.	2017	
	Chassis No.	KMHD841CMHU365798	Colour	SILVER	
	Odometer	68703	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	SPORTS RIM	
	General	FAIR			
3.		Condit	ions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	225/45 R17	CONTINENTAL	6 mm	
	L/H Front Tyre	225/45 R17	CONTINENTAL	6 mm	
	R/H Rear Tyre	225/45 R17	CONTINENTAL	6 mm	
	L/H Rear Tyre	225/45 R17	CONTINENTAL	6 mm	
4.	Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
	DAMAGES SEE D	ETAILS.			
5.	General Information				
	Accident Date	30/10/2019	Inspection Date	05/11/2019	
	Survey held at	ASSURE AUTO - BLK 5 DEFU I	ANE 10 #01-574		
	Repairer	•			
5a.		R	emarks		
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT PREJUDICE" BASI	S. ED REPAIRS	
5b.	4		Days of Repair	CONTROL CONTROL CONTROL	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	4 Working Days	s	



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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGV 2712S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BOOT LID	TO REPAIR SEE LABOUR	1,188.00	e
1	BOOT LID TOP LOCK	SERVICEABLE	158.40	30
1	BOOT LID WEATHERSTRIP	SERVICEABLE	102.36	6
1	BOOT LID NUMBER PLATE GARNISH	TO REPAIR SEE LABOUR	386.50	
2	REAR BUMPER SIDE RETAINER @ \$36.90	NOT NECESSARY	73.80	
1	REAR BUMPER REINFORCEMENT	BENT	425.80	425.80
2	REAR BUMPER BRACKET @ \$92.40	N/S DEFORMED / O/S SERVICEABLE	184.80	92.40
2	REAR BUMPER REFLECTOR @ \$98.50	SERVICEABLE	197.00	15.
1	REAR BUMPER	DEFORMED	856.30	700.00
1	REAR END PANEL TOP GARNISH	SERVICEABLE	134.50	10-
2	TAIL LAMP @ \$385.26	SERVICEABLE	770.52	10
1	REAR END PANEL	TO REPAIR SEE LABOUR	421.00	92
1	BOOT LID ELANTRA	NECESSARY	48.80	48.80
2	BOOT LID REFLECTOR @ \$362.60	SERVICEABLE	725.20	-
1	BOOT LID LOGO	NECESSARY	52.00	52.00
	LESS 20% DISCOUNT		-1,145.00	-263.80
	Secretaria de la composición del composición de la composición de la composición del composición de la composición del composición de la composición del composición del composición del composición del composición del composición del composición d		4,579.98	1,055.20
9	SPECIAL NETT ITEMS			
1	REAR REVERSE SENSOR (SN)	NOT WORKING	280.00	280.00
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	50.00
			330.00	330.00
	LABOUR			
	TO DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS-MENTIONED ON THE 'PARTS REPAIR' COLUMN INCLUSIVE OF REPLACEMENT PARTS, INCLUSIVE OF THE REPAIR OF BOOT LID, BOOT LID NUMBER PLATE GARNISH AND REAR END PANEL.		630.00	400.00
	PUTTY & SPRAY PAINTING TO ADJACENT PANELS. JOB ALLOWANCE. PAINT / MATERIAL.		600.00	400.00
	APPLY RUST PROOFING ON THE ADJACENT PANELS.		30.00	30.00
	WIRING AND BULB CHECKING.	NOT NECESSARY	22.50	-



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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE AND REPLACE REAR BUMPER REVERSE SENSOR & CONDUCT DISTANCE SAFETY SETTING.		76.50	30.00
- 3			1,359.00	860.00
	GRAND TOTAL		6,268.98	2,245.20

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)	1,800.00
(Constitution)	

Report Ref No. CS3/LPC19019397/Nqf3s2-1

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.