

ASS. REC. BY: NAZ REF: CS31 LPC 1909377 / Ngf31 Special Instruction: \_\_\_\_\_

CONTRACT: NAZ ASSIGNMENT (Office)

From (Person): Dong Li Li of LPC Date/Time: 11/12/2019

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SGV 27125 Insured: G12 835M

at Workshop m/c: Assura Auto Tel: 9838 2224 / 6385171

of Blk 5 Dafa Lane 10 #01-574

Policy No: \_\_\_\_\_ Claim No: 181191 91V05/022592

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

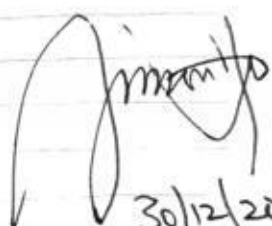
Make of Veh: \_\_\_\_\_ D.O.A: 30.10.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS ngf H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 4.11.19 9.40am Person Contacted: Jane. Vehicle IN/OUT: C

Date/Time	Action/Instruction ( X ) (Signature)
	<u>SGV 27125 - X</u>
	<u>11/12/2019 - X</u>
<u>12/11/19</u>	<u>submit PRS.</u>
<u>31/12/19</u>	<u>submit final fig to 1904.56, 4 days.</u> <u>(Red to 795M4, 2901.)</u>

  
30/12/2019

RECEIVED 31 DEC 2019

NA2

91 217

Veh No: SGV 57123 Yr Reg: 1991  
 Type: Car/LM Cycle/BUS/ Van/ Lorry/ Taxi/ Prime Mover/  
 Truck/Tractor or \_\_\_\_\_  
 Make: HYUNDAI ELANTRA cc: 1941  
 Colour: SILVER A/C: Insured/Std/N/A  
 Sp Reading: 68,103 T/Radio: Insured/Std/N/A  
 Engine: \_\_\_\_\_  
 C/Vol: KMH D8 41 CM 14US 6.57RB  
 Gen. Cond: Good/Fair/ Poor/ Burnt  
 Steering: Inorder/ Jammed/ Leaked/ Burnt/ or  
 Brake: Inorder/ Jammed/ Leaked/ Burnt/ or  
 Model: W/ (S/Rim) / STD A/Rim/ or

N/S	O/S

Front		Back	
Radius	6 mm	Radius	6 mm
Width	6 mm	Width	6 mm
Depth		Depth	5.11 / 19
Survey field of		Survey field of	

Vehicle IN / OUT

Dist. of Damages : Frt / Rear / O/S / N/S / U/C / Hostage /

The WHO / Chinese form of / Study Schedule affects due to different

RECEIVED

Days Of Repair: \_\_\_\_\_  
Resurvey No. of Trip: \_\_\_\_\_

Add Fee:	<input type="checkbox"/>	S4s Insp	15
	<input type="checkbox"/>	Info/View	15
	<input type="checkbox"/>	Tech. Invs	15
	<input type="checkbox"/>	Weekend	15

Survey Focus:  
Transportation

ORS.

## Nivitha (LKK Auto)

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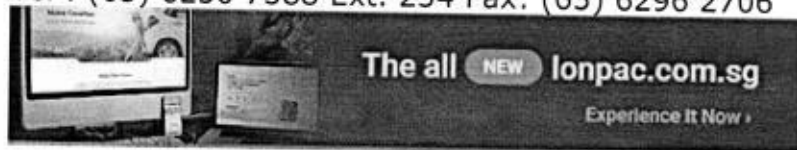
**From:** ONG LI LI <llong@lonpac.com>  
**Sent:** Wednesday, 11 December 2019 4:03 PM  
**To:** Admin-D (LKKAuto); SUR; MT\_Claim\_SG; assignments  
**Subject:** RE: ACCIDENT INVOLVING SGV2712S AND GZ835M ALONG JUNCTION OF WOODLANDS ROAD AND MANDAI ROAD ON 30.10.2019 Our Ref: 18/19/19/VC05/022592 [External 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.*

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**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](mailto: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	01/11/2019 01:31
Date Of Accident	30/10/2019 17:30
Exact Location Of Accident	JUNCTION OF WOODLANDS ROAD AND MANDAI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV2712S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG POH SIONG
NRIC No	S7805349F
Email Address	ALFPS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90057565
Alternative Phone No	OTHERS-90057565
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00004257
Cover Note Number	N.A
<b>Driver</b>	
Name of Driver	NG POH SIONG
NRIC No	S7805349F
Date Of Birth	12/02/1978
Occupation	INDOOR
Date Of Driving Pass	06/01/1999
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90057565
Fax Number	
Contact Number	OTHERS-90057565
Email Address	ALFPS@HOTMAIL.COM

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 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

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)	1

SKETCH PLAN

SGV2712S

**IMPORTANT NOTICE**

1. Please report accurately the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the RIA 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 lodging 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 thereafter.
8. **Consent under the Personal Data Protection Act (PDPA)**
  - understand, acknowledge, agree and consent that:
    - (a) My insurer, my work/house 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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) My insurer(s) and 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/are 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 situated 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;
      - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
      - (iii) 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 31 Oct. 2019

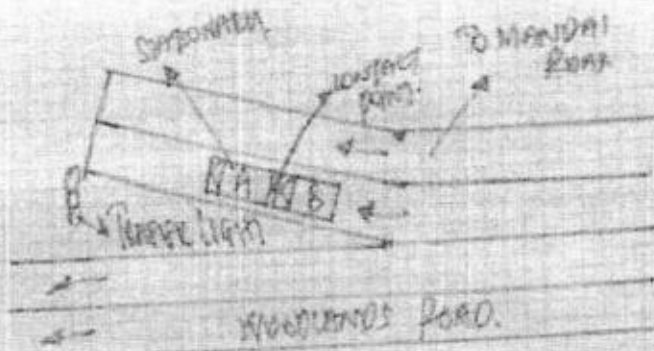
VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
HAASHIM BIN KAMARI

Reporting Centre Personnel's Signature  
Name  
ARC/PN No.

# Sketch Plan #2

SKETCH PLAN

X *Rolling*  
A: SGV 2725  
B: QZ 835M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT

## DECLARATION

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

X *Rolling*  
Driver's Signature  
Date & Time: 31/10

Driver's Name  
(If driver is not the proprietor)  
Date & Time

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

Reporting Officer's Signature  
Name:  
M/2784 M.C.

ACCIDENT STATEMENT (2000 characters)

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.

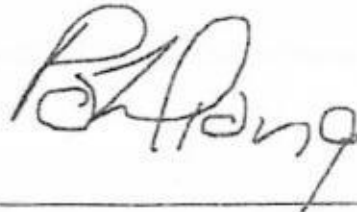
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
HASHIM BIN KANARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

31 October 2019 at 4:29 PM

Date/Time:

31 October 2019 at 4:29 PM



## Nivitha (LKK Auto)

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**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.

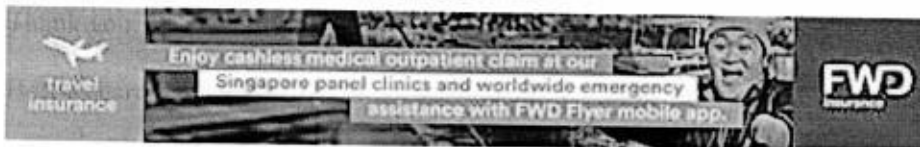
Thank you.

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](mailto:venessa.chan@fwd.com)  
W [www.fwd.com.sg](http://www.fwd.com.sg)



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**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.

### 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	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

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ835M
<b>Insured/Policyholder</b>	
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	MUSO-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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	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	
Contact Number	
Email Address	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 -  
 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.

#### 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 835M  
INSURER : Lompac  
DATE & TIME: 30/10/19 @ 17:45

### 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.
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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.



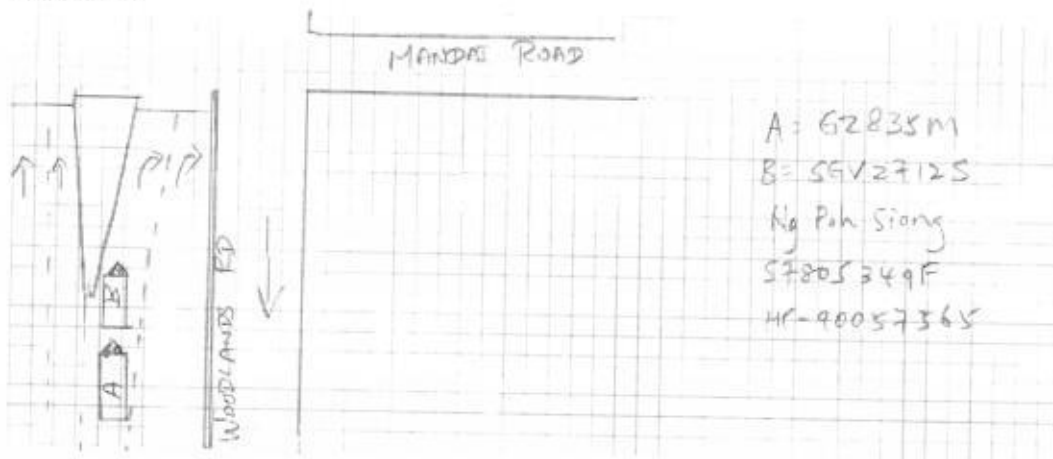
Policyholder's Signature  
Date & Time:

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

01/11/19  
Reporting Centre Personnel's Signature  
Name: (YS)  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



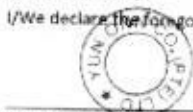
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vehicle No: G2835M and SGV2712S was waiting for traffic light signal. Both the vehicle was in stationary position only. Once green signal is on, I move my gear rod from Neutral to Drive mode, then I realise my vehicle never move. Then I using both hand force to push my gear rod, then suddenly my vehicle move slowly in front. The G2835M just touch the SGV2712S vehicle. There was not much damage to G2835M.

Note: Please note that your insurer may have 14 days 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: (45)  
NRIC/FIN No:

( ) Claim Own Policy ( ) Claim Third Party (x) Reporting Only  
( ) Claim OD/TP at other workshop ( )

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



SCENE



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

#### Impact Direction & Area of Damage:



Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

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 **\$2,700.00** and **5** 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  
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Our reference 19-11-8648

Date 15/11/2019

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### Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
<b>List Items:</b>				
Boot lid	1	repair.respray	1188.00	0.00 XR
Boot lid top lock	1	bent-in	158.40	158.40 XSVL
Boot lid weatherstrip	1	serviceable	102.36	0.00 XSVL
Boot lid number plate garnish	1	repair.respray	386.50	0.00 XR
Rear bumper side retainer @\$36.90	2	necessary	73.80	73.80 XNN
Rear bumper reinforcement	1	bent	425.80	425.80 / DEF XSVL Δ
Rear bumper bracket @\$92.40	2	damaged - LH	184.80	184.80 / DEF 92.40 X
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 XSVL
Tail lamp @\$385.26	2	intact	770.52	0.00 XSVL
Rear end panel	1	repair	421.00	0.00 XR
Boot lid emblem Elantra	1	necessary	48.80	48.80 / NEL
Boot lid reflector @\$362.60	2	intact	725.20	0.00 XSVL
Boot lid logo	1	necessary	52.00	52.00 / NEL
<b>Sub- Total costs</b>			5724.98	1799.90 1,411.40
Percentage discount : 20%			1145.00	359.98
<b>Sub-Total costs for parts</b>			4579.98	1439.92 1129.12
<b>Special Nett Items:</b>				
Rear reverse sensor	1	malfunction	280.00	280.00 / not working
Rear bumper clips	1 set	necessary	50.00	50.00 / NEL
<b>Sub-Total costs for parts</b>			330.00	330.00 330
<b>Parts Repair</b>				
			0.00	0.00
<b>Sub- Total costs</b>			0.00	0.00
<b>Total costs for parts</b>			4909.98	1769.92 1,459.12

Our reference 19-11-8648

Date 15/11/2019

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### Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 45.00	14	\$ 630.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 600.00
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 30.00
Wiring and bulb checking	\$ 45.00	0.5	\$ 22.50
Remove and replace rear bumper reverse sensor & conduct distance safety setting.	\$ 45.00	1.7	\$ 76.50
*	\$ -	0	\$ -
<b>Total labour cost</b>			<b>\$ 1,359.00</b>

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.

62,68.98

4 days



# Impact Analysis Consultant

Practicing Management Consultant (PMC) of SBACC  
Approved Training Organisation (ATO) of Workforce Singapore

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

Our reference 19-11-8648

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## Section C: Summary Table of Total Repair Cost

Description		Cost	
<b>Damaged Parts Assessment</b> (See section A)		\$1,769.92	
Further discount	20%	\$353.98	
Recommended cost of parts replacement		\$1,415.94	(1)
<b>Labour Cost Calculation</b> (See section B)		\$1,359.00	(2)
<b>Total Repair Cost</b> (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 without our expressed written agreement. Any significant additional items will be subject to a supplementary 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:

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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

## Affiliated to Federation Internationale Des Experts En Automobile

LONPAC INSURANCE BHD

Ref : CS3/LPC19019397/Nqf3s2-1

300 BEACH ROAD

#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 02-01-2020



Code : LPC2

### 1. Policy Particulars :- THIRD PARTY CLAIM

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 Particulars & 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. Conditions 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 DETAILS.

### 5. General Information

Accident Date	30/10/2019	Inspection Date	05/11/2019
Survey held at	ASSURE AUTO - BLK 5 DEFU LANE 10 #01-574		
Repairer	-		

### 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:	4 Working Days
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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGV 2712S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BOOT LID	TO REPAIR SEE LABOUR	1,188.00	-
1	BOOT LID TOP LOCK	SERVICEABLE	158.40	-
1	BOOT LID WEATHERSTRIP	SERVICEABLE	102.36	-
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	SERVICEABLE	425.80	-
2	REAR BUMPER BRACKET @ \$92.40	N/S DEFORMED	184.80	92.40
2	REAR BUMPER REFLECTOR @ \$98.50	SERVICEABLE	197.00	-
1	REAR BUMPER	DEFORMED	856.30	700.00
1	REAR END PANEL TOP GARNISH	SERVICEABLE	134.50	-
2	TAIL LAMP @ \$385.26	SERVICEABLE	770.52	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	421.00	-
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	-178.64
			4,579.98	714.56
<b>SPECIAL NETT ITEMS</b>				
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
<b>LABOUR</b>				
	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	-



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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
			1,359.00	860.00
GRAND TOTAL			6,268.98	1,904.56
RECOMMENDED COST OF REPAIRS				1,904.56

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

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