

ASS. REC. BY:

REF:

CS³/LPC 19016809/T1+f3⁵²-1

Special Instruction:

Surveyor

Tan Kien

ASSIGNMENT (Office)

From (Person): Kenny Lim Ching Hwa of Longpac

Date/Time: 17/12/19 @ 5:03pm

Estimated Cost

Bill to:

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

To Inspect Vehicle No: XE 1001E

Insured: SKM 809A

Workshop n/a Convin Auto

Tel: 9342766

of 20 Bah Soon Pan Road

Policy No:

Claim No: 19/19/19/VP09/022393

Sum Insured:

Excess:

Make of Veh:

D.O.A. 17.9.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 24.9.19 1.58p.m

Person Contacted: Melvin

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	XE 1001E - CCB/A161/214530/LEA242 PCA - 21/10/2017
	SKM 809A - CCB/PC/11216934/URD25.2 PCA - 21/10/2017
10/10-	Submit PRS Report
	Repair Sum \$25000f, 2 days
	(Red: 2000; 7%)

20/12/2019

2 days

23/12 Typist

RECEIVED 23 DEC 2019

Det. By: Taufik

Ref: LPC

ASSIGNMENT

Form: _____ Date: 25.9.2019

Estimated Cost: _____

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

To inspect Vehicle No. XE 1001E

at Workshop m/s Conviva Auto

at 20 Bah Son Rah Road (Sembawang)

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

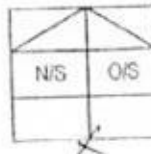
Excess: _____

(Client's Record)

Make of Veh: 2.00pm - 2.30pm Owner waiting
93427766

(Policy Condition)

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



Est. or Market Value: _____

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Turn Sum: _____ % 3 Val: Yes or No

CA / REV / REP / 24 HRS

mp PR

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: XE/001E Yr Regn: Sept, 2015

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

☒ Truck / Trailer or

Make: Mitsubishi Fuso

C.C. 11967CC

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 168937

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

295 / R22.5
R: (7)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Hankook.

Front

R/Bal: 8 mm

Rear

R/Bal: 8/8 mm

L/Bal: 8 mm

L/Bal: 8/8 mm

D.O.A. _____

D.O.I. _____

Survey held at

20 Bah Son Rah Rd

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

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

Date / Time Action / Instruction

No G/A

RECEIVED

2019

Date/Time, File Pass to?

10/10 Typist

Date/Time, File Return to?

Q

Ref: Form

Unit: 5m / 1P

TP

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Insp (\$

☐ Material (\$

Survey Fee:

Transportation

5 + RS

Travel

Food

Other

Total

Nivitha (LKK Auto)

From: KENNY LIM CHING GHEE <kennylim@lonpac.com>
Sent: Tuesday, 17 December 2019 5:03 PM
To: Admin A; 'Admin-D (LKKAuto)'
Cc: MT_Claim_SG
Subject: Yref :CS3/LPC19016809/T1tf3s2 - Request for Paper Survey of T/P veh XE1001E -
Insd veh: SKM8009A - DOA: 17/09/2019 - Oref: 19/19/19/VP05/022393 [External
Confidential]
Attachments: MRM48245580.PDF; 17122019164516.pdf

Lonpac External - Confidential

Dear Sir/Madam

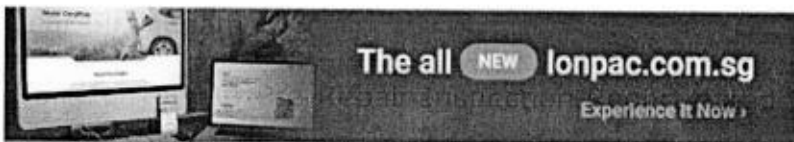
We refer to your Pre-Repair Inspection Report dated 11 October 2019.

Please proceed to conduct a paper survey for the third party vehicle no. XE1001E. The third party vehicle inspection report and our insured's GIA report are attached for your reference.

Kindly let us hear from you soon.

Best Regards

Kenny Lim
Asst. Claims Manager | Lonpac Insurance Bhd
300 Beach Road, #17-04/07 The Concourse, Singapore 199555
DID: 6279 9256 | Fax: (65) 6296 2706



Lonpac External - Confidential data is for use by authorised external parties only.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 18/09/2019 11:42
Date Of Accident 17/09/2019 14:25
Exact Location Of Accident TPE TOWARDS SLE 5KM
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE1001E
Insured/Policyholder
Name Of Registered Owner M/S TKB C-E CONTRACTOR PTE LTD
Co Reg No 198600003M
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-62535422
Vehicle Particulars
Manufacturer MITSUBISHI
Model FV51
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE
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 COMMERCIAL VEHICLE
Insurance Company
Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number DMCVSN1756221902
Cover Note Number
Driver
Name of Driver JAFAR BAKURUDEEN
Passport No/FIN G7749036T
Date Of Birth 03/06/1983
Occupation OUTDOOR
Date Of Driving Pass 29/06/2013
Driving Experience 6 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90694417
Fax Number
Contact Number
Email Address NOEMAIL

Address C/O 3 PEMIMPIN DRIVE
Postcode #05-04 LIP HING INDUSTRIAL BUILDING
576147

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) 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

PLEASE REFER TO SKETCH PLAN AND 2 MALE PASSENGERS.

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

SKM8009A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time: 8 SEP 2019

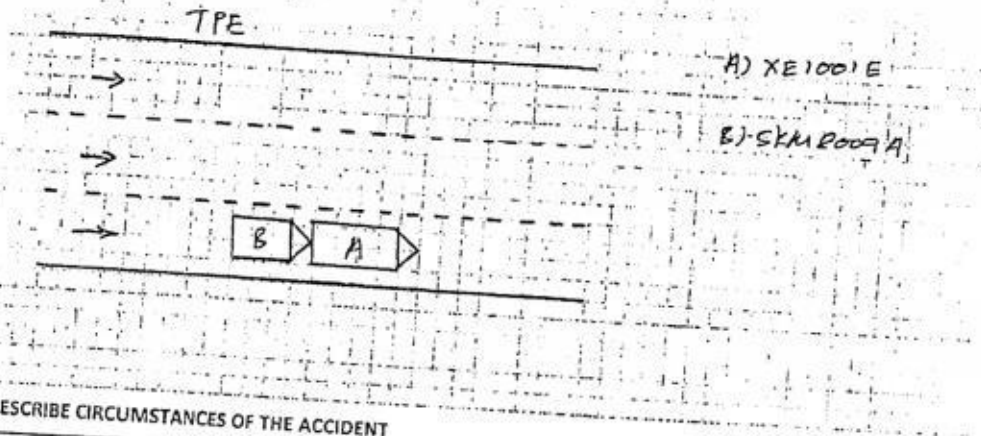
(Signature)

Driver's Signature
(If driver is not the policyholder)
Date: 8 SEP 2019

(Signature)

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/09/2019 about 14:25, I was driving my vehicle slowly for watering plants at TPE. Out of sudden I heard a loud sound "bang" from behind. I got down from my vehicle and saw the vehicle B (SKM8009 A) hit onto rear of my vehicle. Nobody injury in accident scene.

DECLARATION

I/We declare the following particulars are true in every respect.

Policyholder's Signature
Date & Time: 18 SEP 2019

Driver's Signature
(if driver is not the policyholder)
Date & Time: 18 SEP 2019

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	18/09/2019 15:57
Date Of Accident	17/09/2019 14:20
Exact Location Of Accident	TPE TOWARD SLE (IKEA FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM8009A
Insured/Policyholder	
Name Of Registered Owner	NEO POH LAI
NRIC No	S1316637D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96973532
Alternative Phone No	OFFICE-96973532

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 (R17)-2.0 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05023895
Cover Note Number	Z19VP05023895

Driver

Name of Driver	NEO POH LAI
NRIC No	S1316637D
Date Of Birth	13/07/1958
Occupation	INDOOR
Date Of Driving Pass	06/02/1980
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96973532
Fax Number	
Contact Number	OFFICE-96973532
Email Address	NOEMAIL

Address	BLK 53 CHAI CHEE STREET #04-348
Postcode	460053
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1001E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TANKER
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

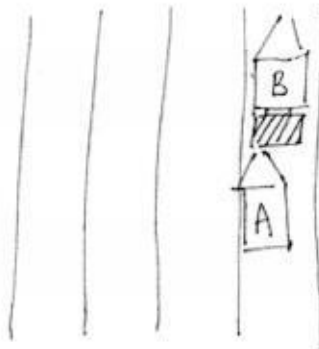
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



TPE TOWARDS SLE

A: SKM8009A

B: XE1001E

Common Statement

SINGAPORE ACCIDENT STATEMENT

Accident Date: 11/09/2019 Time: 14.20PM		(hh:mm) 24 hr format
Location: 700 YONGE ST (1500 YONGE)		
Vehicle Number: S4N2009A		
Insured Name: N80 A04 (A)		
NRIC / FIN: S13166370		Contact Number: 96973532
Make: MORRIS E200 Model: E200		
Are you claiming under your own insurance policy for repair to your vehicle?		
(✓) Yes If No, Pls select: () Third Party () Reporting		
Insurance Company		
Type of Policy (✓) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number: 219VPO5033P95		
Name of Driver		(✓) Same as Insured
NRIC / FIN		Contact Number
Date of Birth: 13/07/1984		
Driving Pass Date: 06/02/1980		
Occupation (✓) Indoor () Outdoor		
Gender (✓) Male () Female		
Email Address		(✓) NO EMAIL
Address of Driver: 81K53 (M11 CASE STREET) 207-39A		
S(460053)		
Was driver an employee of the Insured's Company? (✓) Yes () No		
If No, Relationship of the Driver with the Insured		
(✓) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (✓) Clear () Raining () Others		
Road Surface (✓) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (✓) No		
Was anybody injured in the accident? () Yes (✓) No		
If yes, injured detail		
Was there any video captured by Car Camera? (✓) Yes () No		
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B: XEY001E		
Veh C		
Veh D		
Veh E		
Veh F		

Signature

Individual Statement


Describe Circumstances of the Accident


ON 17/09/2019 @ 14:20 I WAS TRAVELING ALONG THE
A7 NEAR IKEA FLYOVER I SUDDENLY SAW A VEHICLE STOPPING AT
LANE 1, I TRY TO JAM MY BRAKE BUT WAS UNABLE TO STOP.

Declaration

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


Witnessed by Reporting Centre
Personnel



LONPAC INSURANCE BHD (598FC5635C)

(Incorporated in Malaysia)

Singapore Office: 500, Beach Road #17-04/07, The Concourse, Singapore 199555.

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

GST Reg No.: F04605635-C

MX1

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
ROAD TRANSPORT ACT 1967 (MALAYSIA).
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z19VP05023895

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MERCEDES-BENZ E200 (R17) 2.0
- SKM8009A

2. Name of Policy Holder

NEO POH LAI

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

02/07/2019

4. Date of Expiry of the Insurance

01/07/2020

5. Persons or Classes of Persons entitled to drive

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

6. Limitations as to use

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

Excess

: S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS
S\$ 1,000.00 (SECTION 1) UNNAMED DRIVERS
S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS
S\$ 100.00 WINDSCREEN EXCESS
AN ADDITIONAL EXCESS OF \$500 FOR 2ND & SUBSEQUENT CLAIM DURING THE POLICY PERIOD (FOR COMPREHENSIVE
COVER ONLY).

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1967 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and
Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1967 (Malaysia) and Motor
Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

R.P. Owner : TECK WEI CREDIT PTE LTD



CHIEF EXECUTIVE
(Singapore Branch)

User ID: B02F010
Date Issued: 26/06/2019

Certificate of Insurance - Page 1 of 1

IC & LICENCE-FRONT

Accident Photo-1



Accident Photo-2



Accident Photo-3



Accident Photo-4



Accident Photo-5



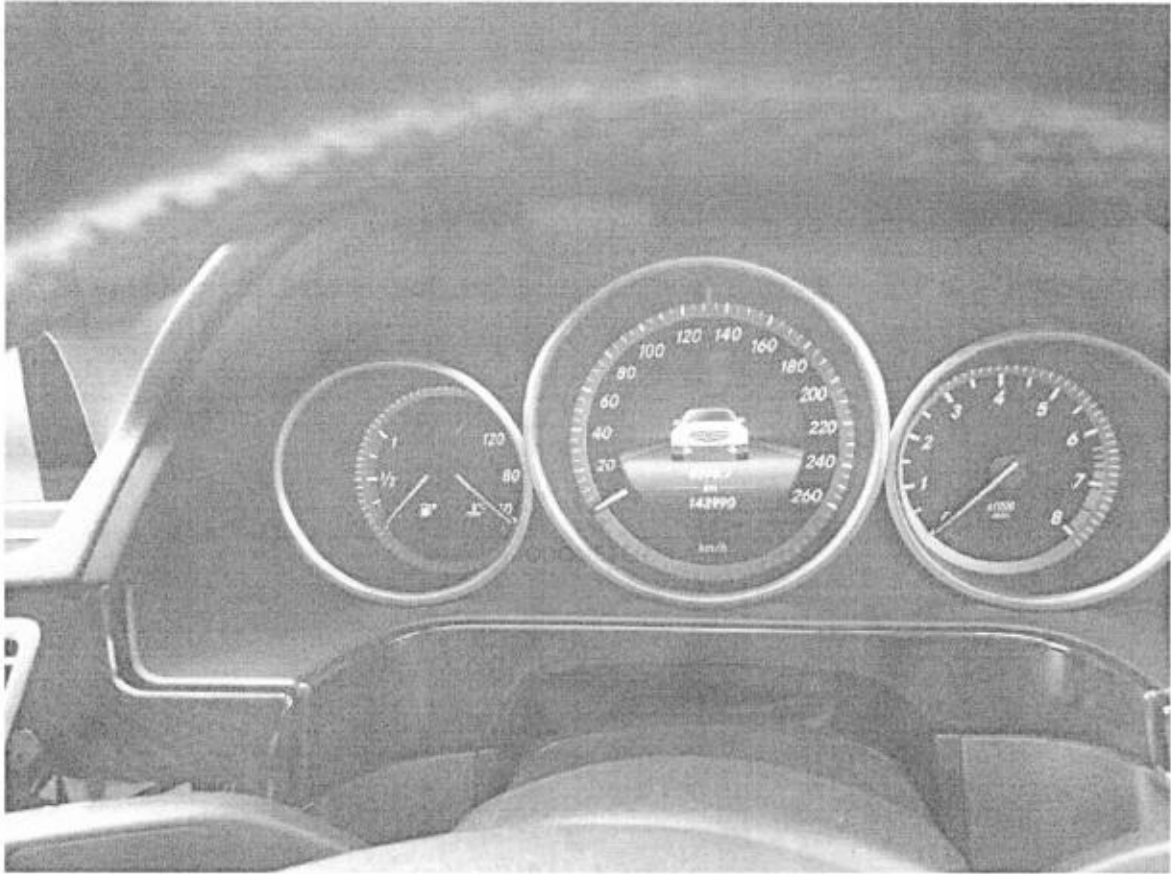
Accident Photo-6



CHASSIS PLATE



ODOMETER



Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters
Blk 2 Rivervale Link, #09-02 Singapore 545040
Tel/Fax: 6886 1106 Mobile: 9007 5234
Email: constant_as@yahoo.com.sg
RCB No. 53138015K

Automobile Inspection Report

To: M/S TKB C-E Contractor Pte Ltd
c/o 176 Sin Ming Drive
#04-04 Sin Ming Autocare
Singapore 575721

Date : 20/11/2019

Reference No : CAS/19-11/023

General Information

Registration No. : XE 1001E
Accident Date : 17/09/2019

Particulars of Damaged Vehicle

Colour	: Blue	Make & Model	: Mitsubishi Fuso FV51SS3VDEA
Engine Capacity	: 11967 cc	Pre-Accident Condition	: Good
Mileage (KM)	: 168937	Engine No.	: OM457LA457972C0290646
Chassis No.	: FV51SSA10099	Steering	: In Order
Registration Date	: 10/09/2015	Brake	: In Order

Tyre Condition

	Size	Make	Balance
R/H Front Tyre	295/80R22.5	HANKOOK	80%
L/H Front Tyre	295/80R22.5	HANKOOK	80%
R/H Rear Tyre	295/80R22.5 X 4	HANKOOK	80%
L/H Rear Tyre	295/80R22.5 X 4	HANKOOK	80%

Inspection

Repairer : Convince Auto Pte Ltd
176 Sin Ming Drive, #04-04 Sin Ming Autocare, Singapore 575721

Adjustment And Recommendation Cost Of Repair

Repairer's Estimate : \$30,250.00
Revised Amount : \$27,000.00
Less Excess : -
Nett Total : \$27,000.00

Remarks

- (A) Survey was done on 25/09/2019
- (B) Re-survey after repair was done on 15/11/2019
- (C) The survey was conducted entirely on WITHOUT PREJUDICE basis.
- (D) We have NOT given any instruction to authorize the repair of the vehicle.

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

Constant Appraiser Services

Vehicle No : XE 1001E

Our ref : CAS/19-11/023

Adjustment On Repair Costs And Replacement Of Parts:

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
		<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>			
1	1pc	Supple & install Scorpion Model 10,000 truck mounted attenuator for truck XE 1001E (S/N: 05275)	Damaged		
		Scorpion Model 10,000 truck mounted attenuator Specification <u>Test Level 2</u>			
2	1pc	Beacon warning light	Serviceable	28,000.00	28,000.00
				250.00	-
		<u>LABOUR & MISC. CHARGES</u>	Sub total	28,250.00	28,000.00
1		Full labour cost, dismantling, removing, installation, repairing, re-alignment		2,000.00	2,000.00
			Grand total	30,250.00	30,000.00
Recommended cost of lump sum repair (To its pre-accident condition)					27,000.00

Adjustment/Recommendations

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

The repairer has agreed to undertake the job at a lump sum of **\$27,000.00** on a contractual basis. Under normal circumstances, the repair period would be about **2 (Two)** working days.

Yours faithfully,
Constant Appraiser Services



Lim Yong Tian (Sebastian)
Licensed Appraiser
Adv. Dip. In Mechanical Engineering (AUS)
MSAAA

4/5 \$25,000
2 days.




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/LPC19016809/T1tf3s2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Date : 24-12-2019	
			Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKM 8009A	Veh. Inspected	XE 1001E	
Policy No.	Z19VP05023895	Coverage (\$)	0.00	
Claim No.	19/19/19/VP05/022393	Excess (\$)	0.00	
Assign From	KENNY LIM	Assign Date	17/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI FUSO	c.c	11967	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	FV51SSA10099	Colour	BLUE	
Odometer	168937	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	295/80 R22.5	HANKOOK	8 mm	
L/H Front Tyre	295/80 R22.5	HANKOOK	8 mm	
R/H Rear Tyre	295/80 R22.5 (D)	HANKOOK	8/8 mm	
L/H Rear Tyre	295/80 R22.5 (D)	HANKOOK	8/8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	17/09/2019	Inspection Date	25/09/2019	
Survey held at	20 BAH SOON PAH ROAD (SEMBAWANG)			
Repairer	CONVINCE AUTO PTE LTD			
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:		2 Working Days		



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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. XE 1001E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	SCORPION MODEL 10,000 TRUCK MOUNTED ATTENUATOR (SN)	DAMAGED	28,000.00	28,000.00
1	BEACON WARNING LIGHT (SN)	SERVICEABLE	250.00	-
			28,250.00	28,000.00
LABOUR				
	FULL LABOUR COST, DISMANTLING, REMOVING, INSTALLATION, REPAIRING, RE-ALIGNMENT.		2,000.00	2,000.00
			2,000.00	2,000.00
GRAND TOTAL			30,250.00	30,000.00
RECOMMENDED COST OF REPAIR SUM				25,000.00

Report Ref No. CS3/LPC19016809/T1tf3s2-1

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.