

ASS. REC. BY:

REF: 29/11/2000 2381 / Kyd3 "T"

Special Instruction:

Agent: Kennedy

ASSIGNMENT (Office)

From (Person): Divyashni Subrameniam

of AIG

Date/Time: 11/2/2020 @ 11:52am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SMC8174J

Insured:

SGG 3999D

at Workshop m/s

S Three Automotive

Tel:

9662 0282.

of

Blk B Sin Ming Ind. Est # 01-64/66

Policy No.:

Claim No.:

7840349790 SG 003

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

31/1/2020

CA / REV / REP. / REV 24 HRS ^{hp}

H.O.D. Endorsement:

Date/Time:

11:56am @ 11/2/2020

Person Contacted:

Joey

Vehicle:

~~IN~~ OUT

Date/Time	Action/Instruction	Vehicle
	SMC8174J - X	
	SGG 3999D - X	
18/3	B 4796.60 email (Red \$1197-16, 19%)	

ASS. REC. BY:

REF: 176 /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s S Thru

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 1.5 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMC 8174J Yr Regn: 07, 18

Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Elantra S.c.c 1591

Colour: M. Gray A/C: Insured / Std / NI / NA

Sp. Reading: 27757 T/Radio: Insured / Std / NI / NA

Eng/No: _____ C/No: KMH0841C MTU 728450

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD / RIM or _____

Tyre Size: F: 195/65R15 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Nexen

Front R/Bal: 8 mm Rear R/Bal: 8 mm

L/Bal: 8 mm L/Bal: 8 mm

D.O.A: 31/1/20 D.O.I: 11/2/2020

Survey held at _____

Des. of Damages: FR N/S / Frt / Rear / O/S / N/S / UIC / Rooftop or _____

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 25 MAR 2020

[Signature]
18/3/2020

Date/Time, File Pass to? : Prel. Report : Final Report

Date/Time, File Return to? 18/3/20 Typist

Days Of Repair: 5 Resurvey No. of Trlp: 3

Add Fee: : Site Insp (\$) : Interview (\$) : Tech Invs (\$) : Weekend (\$)


Survey Fee:	
Transportation:	250
S - RS - SI	11
Others	
TOTAL	261

Report Format :

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

PIP \$4796-60

PRE-REPAIR INSPECTION REQUEST – SMC8174J vs SGG3999D (OI) on D.O.A.: 31/01/2020

From: Subramaniam, Divyashni
To: assignments@lkkauto.com, 'Admin A'
Cc: Lim, Kok-Chong, Chin, Lee-Ying, Abu Kassim, Noor Mariesa, Hor, Yinrul, Teo, Ericweihong, Serene Chui Yoke Har
Sent: 2/11/2020 11:52:36 AM
Attachments:  [Pre-Repair Survey_AIG Asia Pacific Insurance Pte Ltd.pdf](#)

Hi,

Please refer to the enclosed request from **Liberty Law Practice LLP**.

Claim no : 7840349790SG003
Case Owner : Bernard

If you have any queries/concerns, please let us know.
*Kindly assist to assign **Kenneth Kong** as Single Joint Expert as requested.*

Thanks & Regards,

Divyashni Subramaniam
AIG
FNOL Adjuster I
Auto Claims | AIG Asia Pacific Insurance Pte. Ltd.

Tel: 8001206556 | Ext: 1012103
Divyashni.Subramaniam@aig.com | www.aig.sg

From: Serene Chui Yoke Har <serene@libertylaw.com.sg>
Sent: Tuesday, February 11, 2020 11:17 AM
To: Subramaniam, Divyashni <Divyashni.Subramaniam@aig.com>
Cc: Lim, Kok-Chong <Kok-Chong.Lim@aig.com>; Chin, Lee-Ying <Lee-Ying.Chin@aig.com>; Abu Kassim, Noor Mariesa <NoorMariesa.AbuKassim@aig.com>; Hor, Yinrul <Yinrul.Hor@aig.com>; Teo, Ericweihong <Ericweihong.Teo@aig.com>
Subject: [EXTERNAL] Re: PRE-REPAIR INSPECTION - YOUR REF: 7840349790SG003; OUR REF: CS/1015/20/S3. ACCIDENT INVOLVING YOUR INSURED VEHICLE SGG3999D AND SMC8174J ON 31/01/2020

This message is from an external sender; be cautious with links and attachments.

Dear Divyashni Subramaniam,

We refer to your letter dated 2 February 2020.

Kindly arrange for **Kenneth Kong from LKK Auto Consultants Pte Ltd**, to carry out the pre-repair survey of our client's vehicle SMC 8174J as a 'single joint expert'.

Please be informed that the said vehicle can be surveyed / inspected at:

Venue : **S Three Automotive Recovery Pte Ltd**
Blk 8 Sin Ming Industrial Estate
#01-64/66
Singapore 575643
Contact / Tel : **Ms. Joey / 9662 0282**

Kindly acknowledge receipt hereof.

Regards,
Serene
for and on behalf of Christine Sekhon
Liberty Law Practice LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
DID: 3152 0980

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Please consider the environment before printing this e-mail!

On Tue, Feb 11, 2020 at 10:57 AM Subramaniam, Divyashni <Divyashni.Subramaniam@aig.com> wrote:



This is a secure, encrypted message. To read it, open the attachment.

Este es un mensaje cifrado y seguro. Para leerlo, abra el archivo adjunto.

Esta é uma mensagem criptografada segura. Para lê-lo, abra o anexo.

Ceci est une sécurité, un message crypté. Pour le lire, ouvrez la pièce jointe.

これは暗号化された電子メールです。閲覧には添付ファイルを開いてください。

[Click here](#) by 2020-02-17 20:57 CST to read your message.
After that, open the attachment.

[More Info](#)

Disclaimer: This email and its content are confidential and intended solely for the use of the addressee. Please notify the sender if you have received this email in error or simply delete it.

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From: Divyashni.Subramaniam@aig.com
To: serene@libertylaw.com.sg
Cc: Kok-Chong.Lim@aig.com , Lee-Ying.Chin@aig.com , NoorMariesa.AbuKassim@aig.com , Yinrul.Hor@aig.com , Divyashni.Subramaniam@aig.com , Ericweihong.Teo@aig.com

Subject: aigencrypt PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SGG3999D AND SMC8174J
ON 31/01/2020

Date: Tue, 11 Feb 2020 02:57:20 +0000

Without Prejudice

Your Reference : CS/1015/20/S3

Our Reference : 7840349790SG003

Dear Sir/Madam,

We refer to your Notice of Accident of even date.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert:

Name of Surveyor	Company Name
AIG In House Surveyor	AIG Asia Pacific Insurance Pte Ltd
Lawrence Ng Chun Kee	Priority Services
Jeffrey Ong Leng Kiat	Priority Services
Jimmy Lee	Priority Services
EC Looi	Automobile Inspection Services Pte Ltd
Pang Kiah Keen (Frankie)	Formteam Adjusters Pte Ltd
Ng You Han	Formteam Adjusters Pte Ltd
Soon HanXin (Gary)	Formteam Adjusters Pte Ltd
Chow Bo Xiong	Formteam Adjusters Pte Ltd
Chua Soo Teck (Benjamin)	Formteam Adjusters Pte Ltd
Kalvin Ang	LKK Auto Consultants Pte Ltd
Xing Guo Qiang	LKK Auto Consultants Pte Ltd
Marcus Chua	LKK Auto Consultants Pte Ltd
Mohamad Taufikh	LKK Auto Consultants Pte Ltd
Adrian Ling	LKK Auto Consultants Pte Ltd
Mohammed Rasul	LKK Auto Consultants Pte Ltd
Kenneth Kong	LKK Auto Consultants Pte Ltd

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one or more of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Thanks & Regards,

Divyashni Subramaniam

AIG

FNOL Adjuster I

Auto Claims | AIG Asia Pacific Insurance Pte. Ltd.

Tel: 8001206556 | Ext: 1012103

Divyashni.Subramaniam@aig.com | www.aig.sg

From: Serene Chui Yoke Har <serene@libertylaw.com.sg>

Sent: Tuesday, February 11, 2020 9:30 AM

To: Hor, Yinrul <Yinrul.Hor@ajg.com>

Subject: [EXTERNAL] Your insured: SGG 3999D. Pre-Repair Survey for SMC 8174J. Our ref no.: CS/1015/20/S3

This message is from an external sender; be cautious with links and attachments.

Accident on 31.01.2020 involving SMC 8174J and SGG 3999D at the carpark of Square 2 Shopping Centre.

Dear Sirs,

We refer to the above matter.

Please find the attached copy of the Notice to Conduct Pre-Repair Survey dated 11 February 2020 together with our client's Accident Statement /Traffic Police Report and accident scene photographs for your necessary action.

Kindly acknowledge receipt hereof.

Regards,

Serene

for and on behalf of Christine Sekhon

Liberty Law Practice LLP

10 Hoe Chiang Road

#13-03A Keppel Towers

Singapore 089315

DID: 3152 0980

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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	03/02/2020 11:33
Date Of Accident	31/01/2020 13:15
Exact Location Of Accident	SQUARE 2 SHOPPING CENTRE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC8174J
Insured/Policyholder	
Name Of Registered Owner	CHAN HONG CHON
NRIC No	SXXXX224I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91008062
Alternative Phone No	OFFICE-91008062

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	08-VX020648-MVA
Cover Note Number	

Driver

Name of Driver	CHAN HONG CHON
NRIC No	SXXXX224I
Date Of Birth	30/10/1985
Occupation	INDOOR
Date Of Driving Pass	22/01/2009
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91008062
Fax Number	
Contact Number	OFFICE-91008062
EEmail Address	NOEMAIL

Address -
 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? 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) 2
 Passenger 1 NAME: : TAN MEI XIN
 GENDER: : FEMALE

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 attached report.

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 SGG3999D
 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 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

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



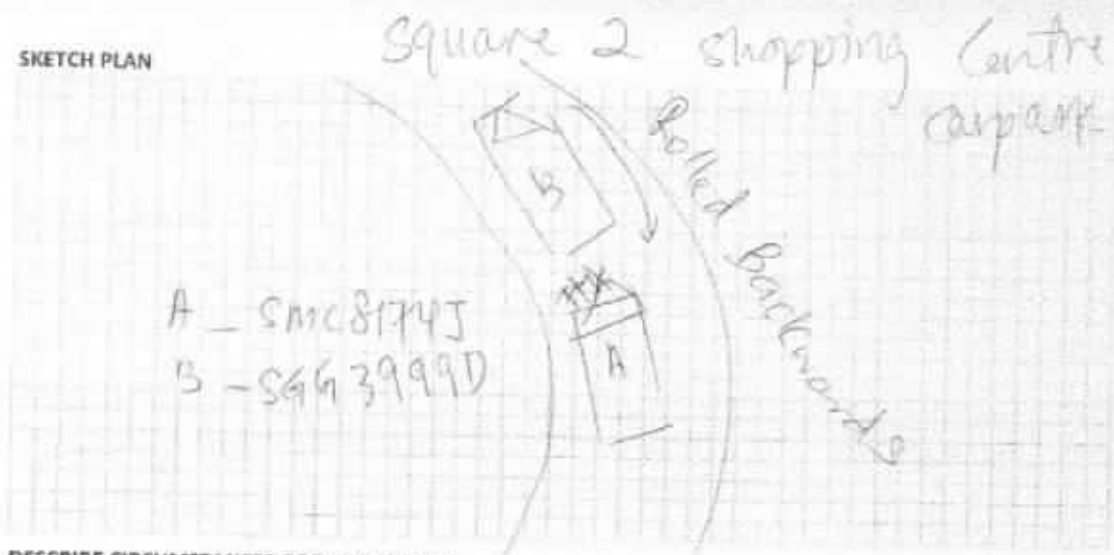
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary in a queue behind vehicle B. Suddenly vehicle B rolled backwards and hit the front portion of my vehicle.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

Not Authorized
 Resonay B4paint
 4-5days

MOTOR CLAIM DEPT.

T/P VEH. NO. : SGG3999D

ESTIMATE REPORT

1st QUOTATION

JOB NO. : _____

OWNER'S PARTICULAR

NAME : CHAN HONG CHON
 ADDRESS :

CONTACT :

VEHICLE NO. : SMC8174J TRANS. :
 MAKE / MODEL : HYUNDAI ELANTRA
 OWNER'S INSURER : NTUC
 JOB-CODE : TP S/A : JOEY

CHASSIS NO :
 ENGINE NO :

ACCIDENT DATE : 31-Jan-20

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR-DISP	REV. PRICE
1 FRONT BUMPER	CM 1.00	566.00	20.00	452.80	Y	✓
2 FRONT BUMPER TOP GARNISH	CM 1.00	250.00	20.00	200.00	Y	✓
3 FRONT BUMPER RETAINER LH	DI 1.00	58.00	20.00	46.40	Y	✓
4 FRONT BUMPER RETAINER RH	LI 1.00	58.00	20.00	46.40	Y	X
5 FRONT BUMPER REINFORCEMENT	1.00	388.00	20.00	310.40	Y	✓
6 FRONT BUMPER LOWER REINFORCEMENT	1.00	303.00	20.00	242.40	Y	✓
7 FRONT BUMPER SPONGE	1.00	138.00	20.00	110.40	Y	✓
8 FRONT GRILLE	Set 1.00	460.20	20.00	368.16	Y	✓
9 FRONT GRILLE LOGO	LI 1.00	68.00	20.00	54.40	Y	✓
10 HEADLAMP LH LED	CM 1.00	589.50	20.00	471.60	Y	✓
11 HEADLAMP LOWER BRACKET LH	1.00	58.00	20.00	46.40	Y	✓
12 FRONT SUPPORT PANEL	1.00	983.00	20.00	786.40	Y	✓
13 FRONT BUMPER TOP RUBBER SEAL	LI 1.00	150.00	20.00	120.00	Y	✓
14 FRONT BUMPER FOG LAMP LH	1.00	248.00	20.00	198.40	Y	✓
15 FRONT BUMPER FOG LAMP COVER LH	CM 1.00	90.00	20.00	72.00	Y	✓
16 FRONT FENDER INNER SHIELD LH	LI 1.00	129.00	20.00	103.20	Y	X
17 AIR RESOLATOR BOX	1.00	268.00	20.00	214.40	Y	✓
TOTAL (PARTS) :		4804.70		3843.76		

SPECIAL NETT ITEM

1 FRONT BUMPER CLIPS 1SET	LI 1.00	50.00	0.00	50.00	Y	✓
2 FRONT GRILLE CLIPS 1SET	LI 1.00	50.00	0.00	50.00	Y	✓
3 FRONT NUMBER PLATE	LI 1.00	50.00	0.00	50.00	Y	45LI
4 FRONT FENDER INNER SHIELD CLIPS	LI 1.00	50.00	0.00	50.00	Y	X
5 COOLANT	1.00	40.00	0.00	40.00	Y	20LI
TOTAL (PARTS) :		240.00		240.00		

ABOUT

1 STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00	800.00	0.00	800.00	Y	600L
--	------	--------	------	--------	---	------

2	RESPRAY PAINTING ON ACCIDENT AREA	1.00	800.00	0.00	800.00	Y	<u>600</u> 450
3	CHECK & REPAIR WIRING SYSTEM	1.00	80.00	0.00	80.00	Y	<u>200</u>
4	RESPRAY TUFF KOTE ON ACCIDENT AREAS	1.00	80.00	0.00	<i>in</i> 80.00	Y	<u>X</u>
5	R&R AC CONDENSOR & CHARGE UP GAS	1.00	150.00	0.00	150.00	Y	<u>700</u>
TOTAL (LABOUR):			1910.00		1910.00		
TOTAL PARTS & LABOUR			6954.70		5993.70		

EXCESS : : SS _____

NO. OF DAY : 4-5 days

RE-SURVEY : BEFORE / AFTER PAINTING

PART-BY-PART OR ~~LUMP-SUM~~ : SS _____

DATE OF SURVEY : 11, 2, 20

SURVEY BY : Kenneth

CONTACT NO : 96910663

FAX NO : _____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

Not Notion's
Resoray B4paint
- 5day

TO : MOTOR CLAIM DEPT. TP VEH. NO. : SGG3999D

ESTIMATE REPORT 1st QUOTATION JOB NO. : 84796-60
OWNER'S PARTICULAR CONTACT :
NAME : CHAN HONG CHON
ADDRESS :

VEHICLE NO. SMC8174J TRANS. : CHASSIS NO. :
MAKE / MODEL : HYUNDAI ELANTRA ENGINE NO. :
OWNER'S INSURER : NTUC
JOB-CODE : TP S/A : JOEY ACCIDENT DATE : 31-Jan-20

CLAIM DETAIL

MATERIALS	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1 FRONT BUMPER 522.30 CM	1.00	566.00	20.00	452.80	Y	✓
2 FRONT BUMPER TOP GARNISH CM	1.00	250.00	20.00	200.00	Y	✓
3 FRONT BUMPER RETAINER LH Di	1.00	58.00	20.00	46.40	Y	✓
4 FRONT BUMPER RETAINER RH L	1.00	58.00	20.00	46.40	Y	X
5 FRONT BUMPER REINFORCEMENT B	1.00	388.00	20.00	310.40	Y	✓
6 FRONT BUMPER LOWER REINFORCEMENT 95.00 Di	1.00	303.00	20.00	242.40	Y	✓
7 FRONT BUMPER SPONGE CM	1.00	138.00	20.00	110.40	Y	✓
8 FRONT GRILLE S	1.00	460.20	20.00	368.16	Y	✓
9 FRONT GRILLE LOGO M	1.00	68.00	20.00	54.40	Y	✓
10 HEADLAMP LH LED CM	1.00	589.50	20.00	471.60	Y	✓
11 HEADLAMP LOWER BRACKET LH B	1.00	58.00	20.00	46.40	Y	✓
12 FRONT SUPPORT PANEL 948.70 CM	1.00	983.00	20.00	786.40	Y	✓
13 FRONT BUMPER TOP RUBBER SEAL M	1.00	150.00	20.00	120.00	Y	✓
14 FRONT BUMPER FOG LAMP LH 194.80 Mycom	1.00	248.00	20.00	198.40	Y	✓
15 FRONT BUMPER FOG LAMP COVER LH CM	1.00	90.00	20.00	72.00	Y	✓
16 FRONT FENDER INNER SHIELD LH S	1.00	129.00	20.00	103.20	Y	X
17 AIR RESOLATOR BOX 129 Pd	1.00	268.00	20.00	214.40	Y	✓
TOTAL (PARTS) :		4804.70		3843.76		

SPECIAL NETT ITEM

1 FRONT BUMPER CLIPS 1SET M	1.00	50.00	0.00	50.00	Y	✓
2 FRONT GRILLE CLIPS 1SET M	1.00	50.00	0.00	50.00	Y	✓
3 FRONT NUMBER PLATE Pd	1.00	50.00	0.00	50.00	Y	45M
4 FRONT FENDER INNER SHIELD CLIPS M	1.00	50.00	0.00	50.00	Y	X
5 COOLANT M	1.00	40.00	0.00	40.00	Y	20JA
TOTAL (PARTS) :		240.00		240.00		

LABOUR

1 STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00	800.00	0.00	800.00	Y	60d
--	------	--------	------	--------	---	-----

2	RESPRAY PAINTING ON ACCIDENT AREA	1.00	800.00	0.00	800.00	Y	<u>4507 600L</u>
3	CHECK & REPAIR WIRING SYSTEM	1.00	80.00	0.00	80.00	Y	<u>20L</u>
4	RESPRAY TUFF KOTE ON ACCIDENT AREAS	1.00	80.00	0.00	80.00	Y	<u>X</u>
5	R&R AC CONDENSOR & CHARGE UP GAS	1.00	150.00	0.00	150.00	Y	<u>7 100L</u>
TOTAL (LABOUR) :			1910.00		1910.00		
TOTAL PARTS & LABOUR			6954.70		5993.76		

EXCESS : : SS _____

NO. OF DAY : 4-5 days

RE-SURVEY : BEFORE / AFTER PAINTING ✓

PART-BY-PART OR LUMP-SUM : SS _____

DATE OF SURVEY : 11, 2, 20

SURVEY BY : Kenneth

CONTACT NO : 96910663

FAX NO : _____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged car/during assembly
- Parts prices are subject to confirmation
- Titled only saved is on a "Virtual Projector" base
- No illegal modifications allowed
- Supplemental items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature: _____
 Date: _____

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/AIG20002381/KYD3N2
Date: 30/03/2020

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 2100327687
Claimant Vehicle No : SMC8174J **Insured Vehicle No :** SGG3999D
 Date of Loss: 31/01/2020 Nature of Claim: TP Claim No: 7840349790SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SMC8174J**
 Make & Model: HYUNDAI ELANTRA, 1.6 AD (A) Engine No: G4FGJU236912
 Reg. Date: 25/07/2018 (Man. Year: 2018) Chassis No: KMHD841CMJU728450
 Colour: Metallic Grey Odometer: 27757 km
 Engine Capacity: 1591 cc
 Market Value/New Car Price: N/A
 Sum Insured (S\$): **Market Value/New Car Price**

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition: Yes

CONDITION OF TYRES

Front Tyre Size: 195/65R15 Rear Tyre Size: 195/65R15
 Front Left Side: Nexen 8 mm Rear Left Side: Nexen 8 mm
 Front Right Side: Nexen 8 mm Rear Right Side: Nexen 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,083.76	3,476.60	607.16	14.87
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,910.00	1,320.00	590.00	30.89
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	5,993.76	4,796.60	1,197.16	19.97
+ GST 7.00/7.00% (S\$)	419.56	335.76	83.80	19.97
Nett Amount (S\$)	6,413.32	5,132.36	1,280.96	19.97

INSPECTION

Date of Assignment: 11/02/2020
 Date Inspected: 11/02/2020 Inspected At: S Three Automotive Recovery Pte Ltd (HQ)
 Blk 8 Sin Ming Industrial Estate, #01-64/66 Sector C
 Singapore 575643
 Estimated Period of Repair: 5.0 days

Adjuster: KENNETH KONG

Manager: YVONNE WONG YIN CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS**Recommended Parts**

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Cracked	566.00 FL	*522.30 FL
2	1		*FRONT BUMPER TOP GARNISH	Cracked	250.00 FL	*250.00 FL
3	1		*FRONT BUMPER RETAINER LH	Distorted	58.00 FL	*58.00 FL
4	1		*FRONT BUMPER RETAINER RH	Serviceable	58.00 FL	*- FL
5	1		*FRONT BUMPER REINFORCEMENT	Bent	388.00 FL	*388.00 FL
6	1		*FRONT BUMPER LOWER REINFORCEMENT	Distorted	303.00 FL	*95.00 FL
7	1		*FRONT BUMPER SPONGE	Cracked	138.00 FL	*138.00 FL
8	1		*FRONT GRILLE	Scratched	460.20 FL	*460.20 FL
9	1		*FRONT GRILLE LOGO	Necessary	68.00 FL	*68.00 FL
10	1		*HEADLAMP LH LED	Cracked	589.50 FL	*589.50 FL
11	1		*HEADLAMP LOWER BRACKET LH	Bent	58.00 FL	*58.00 FL
12	1		*FRONT SUPPORT PANEL	Cracked	983.00 FL	*948.70 FL
13	1		*FRONT BUMPER TOP RUBBER SEAL	Necessary	150.00 FL	*150.00 FL
14	1		*FRONT BUMPER FOG LAMP LH	Mtg Cracked	248.00 FL	*194.80 FL
15	1		*FRONT BUMPER FOG LAMP COVER LH	Cracked	90.00 FL	*90.00 FL
16	1		*FRONT FENDER INNER SHIELD LH	Serviceable	129.00 FL	*- FL
17	1		*AIR RESOLATOR BOX	Denied	268.00 FL	*129.00 FL
18	1		*SET FRONT BUMPER CLIPS	Necessary	50.00 FS	*50.00 FS
19	1		*SET FRONT GRILLE CLIPS	Necessary	50.00 FS	*50.00 FS
20	1		*FRONT NUMBER PLATE	Denied	50.00 FS	*45.00 FS
21	1		*FRONT FENDER INNER SHIELD CLIPS	Not Necessary	50.00 FS	*- FS
22	1		*COOLANT	Necessary	40.00 FS	*20.00 FS

F=Franchise part, S=SpcNett, L=ListItemDisc.

Sub Total (\$\$)	5,044.70	4,304.50
- List Item Discount on L Items 20.00/20.00% (\$\$)	960.94	827.90
Total Parts (\$\$)	4,083.76	3,476.60

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	New	800.00	600.00
2	RESPRAY PAINTING ON ACCIDENT AREA	New	800.00	600.00
3	CHECK & REPAIR WIRING SYSTEM	New	80.00	20.00
4	RESPRAY TUFF KOTE ON ACCIDENT AREAS	New	80.00	0.00
5	R&R AC CONDENSOR & CHARGE UP GAS	New	150.00	100.00
Gross Labour Cost (S\$)			1,910.00	1,320.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >