

ASS. REC. BY:

Surveyor: Rasul

REF:

CS/40120002596/2/sd3

12

Special Instructions:

ASSIGNMENT (Office)

From (Person):

Josephine Wong

of

UOI

Date/Time:

14/02/2020 @ 9:47am

Estimated Cost:

Bill to:

OD (P) / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SMN 515D

Insured:

SLB 7216X

at Workshop w/s

Weames Auto

Tel:

9176 8543

of

249 Alexandra Road

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time

10:20am @ 14/2/2020

Person Contacted:

Richmond

Vehicle

IN/OUT

Date/Time	Action/Instruction
	<u>Initials</u> <u>✓</u>
	<u>SMN 515D - X</u>
	<u>SLB 7216X - X</u>

ASSIGNMENTFrom: _____ Date: 14/2/2020

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SMN 515D
at Workshop m/s Wearnes Automotive
of 249 Alexandra Road

Insured: _____

Policy No. _____

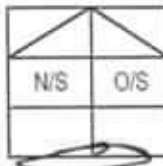
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Richmond @ 91768543car ln

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS 1up

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMN 515D Yr Regn: 2019 / JulyType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: VOLVO XC40 T4 R-Design c.c. 1969Colour: GREY A/C: Insured / Std / NI / NASp. Reading: 7725 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 4V1X2AC9R2126930Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/50R19

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 11/02/2020 D.O.I. 14/02/2020Survey held at: WEARNESDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	Result Confirmed r/p \$ 13,574.64 @ 8 days with Richmond (\$ 7,509.49 Red - 36%)
	<u>John</u> 28/2/2020

Date/Time, File Pass (07)

28/02/201) Typist

Date/Time, File Return to?

2) _____

☐ : Prel. Report☒ : Final ReportDays Of Repair: 8Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Phone

Others

TOTAL

Report Format :

Lump Sum (L.S.) (\$ 13,574.64 r/p)11x25 = 275250 + 275608045710

Shirley Hiew (LKK Auto)

From: WONG JOSEPHINE <josephinewong@uoi.com.sg>
Sent: Monday, 17 February 2020 2:06 pm
To: Shirley Hiew (LKK Auto)
Subject: RE: Direct Settlement For SMN515D & SLB7216X

Ref no: M12D12882002

Josephine Wong

Executive
Claims

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • josephinewong@uoi.com.sg

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From: Shirley Hiew (LKK Auto) [mailto:ShirleyHiew@lkkauto.com]
Sent: Monday, February 17, 2020 1:52 PM
To: WONG JOSEPHINE <josephinewong@uoi.com.sg>
Cc: LEE KATIE <katielee@uoi.com.sg>; SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: RE: Direct Settlement For SMN515D & SLB7216X

Dear Josephine,

Kindly provide us your claim number.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Nivitha (LKK Auto)

From: WONG JOSEPHINE <josephinewong@uoi.com.sg>
Sent: Friday, 14 February 2020 9:47 AM
To: SUR; assignments
Cc: LEE KATIE; richmond.ho@wearnes.com
Subject: FW: Direct Settlement For SMN515D & SLB7216X

Without Prejudice

Dear LKK

Please attend to third party survey.

Details of survey as email below.

Richmond:

As spoken to you earlier, you agree to LKK Auto to survey your client 's vehicle as I am unable to receive external email currently .

Thanks

Josephine Wong

Executive
Claims

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • josephinewong@uoi.com.sg

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From: WONG JOSEPHINE
Sent: Thursday, February 13, 2020 3:15 PM
To: 'richmond.ho@wearnes.com' <richmond.ho@wearnes.com>
Cc: LEE KATIE <katielee@uoi.com.sg>
Subject: FW: Direct Settlement For SMN515D & SLB7216X

Without Prejudice

Dear Richmond

We propose LKK Auto Consultants , if you do not agree, kindly choose from our lists of surveyors.

Josephine Wong

Executive
Claims

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • josephinewong@uoi.com.sg

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From: WONG JOSEPHINE

Sent: Thursday, February 13, 2020 2:39 PM

To: 'richmond.ho@wearnes.com' <richmond.ho@wearnes.com>

Subject: FW: Direct Settlement For SMN515D & SLB7216X

Without Prejudice

Dear Richmond

Liability is clear.

kindly forward us all supporting documents to finalise your client's claim.

Without prejudice to any third party injury's claim.

Josephine Wong

Executive
Claims

United Overseas Insurance Limited

3 Anson Road, #26-01 Springleaf Tower, Singapore 079909

Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • josephinewong@uoi.com.sg

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From: Richmond Ho [<mailto:richmond.ho@wearnes.com>]

Sent: Thursday, February 13, 2020 1:51 PM

To: WONG JOSEPHINE <josephinewong@uoi.com.sg>

Subject: RE: Direct Settlement For SMN515D & SLB7216X

Hi Josephine

Any update on this matter

Richmond Ho

Senior Service Consultant
Body & Paint – Insurance Claim

Wearnes Automotive Pte Ltd

249 Alexandra Road Singapore 159935

D (65) 6430 4890 M (65) 9176 8543

www.wearnesauto.com richmond.ho@wearnes.com

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If you have received it in error, please notify us immediately by reply email and then delete this message from your system.
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From: Richmond Ho
Sent: Tuesday, 11 February, 2020 5:12 PM
To: 'josephinewong@uoi.com.sg' <josephinewong@uoi.com.sg>
Subject: Direct Settlement For SMN515D & SLB7216X
Importance: High

Hi Josephine

Please see above attachment and check if possible for direct settlement.

Richmond Ho
Senior Service Consultant
Body & Paint – Insurance Claim

Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4890 M (65) 9176 8543
www.wearnesauto.com richmond.ho@wearnes.com

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Shirley Hiew (LKK Auto)

From: Rasul (LKKAUTO)
Sent: Friday, 28 February 2020 11:07 am
To: Richmond Ho
Cc: Shirley Hiew (LKK Auto)
Subject: RE: Final Bill For SMN515D

Hi Richmond,

Finalised amount confirmed as per attached

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

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



Save the Earth. Print only when necessary.

From: Richmond Ho [mailto:richmond.ho@wearnes.com]
Sent: Thursday, 27 February, 2020 3:47 PM
To: Rasul (LKKAUTO)
Cc: Admin A; CS A Team
Subject: Final Bill For SMN515D
Importance: High

Hi Rasul

Please see above attachment for the final bill.

Richmond Ho
Senior Service Consultant
Body & Paint – Insurance Claim



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4890 M (65) 9176 8543
www.wearnesauto.com richmond.ho@wearnes.com

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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 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	11/02/2020 11:50
Date Of Accident	11/02/2020 07:50
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN515D
Insured/Policyholder	
Name Of Registered Owner	WEARNES AUTOMOTIVE PTE LTD
Co Reg No	1XXXXX400R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93873837
Alternative Phone No	OFFICE-93873837

Vehicle Particulars

Manufacturer	VOLVO
Model	XC40 T4 R DESIGN
Exact Purpose for which vehicle was being used at time of accident	LEASING
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD20V00513
Cover Note Number	

Driver

Name of Driver	LIM HUI PING
NRIC No	SXXXX695Z
Date Of Birth	20/12/1977
Occupation	INDOOR
Date Of Driving Pass	25/02/2005
Driving Experience	14 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97971090
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	772 BEDOK RESERVOIR ROAD #08-12
Postcode	479251
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB7216X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN YONG REN ALEX
NRIC/Passport Number	SXXXX634F
Contact Number	91598698
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB7038L
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

RETHAY MOHAMMAD

NRIC/Passport Number

GXXXX839U

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firms/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 firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

	□	A		
	□	B		SMN 515 D
	□	C		SLB 7216X
				GAB 70382

Describe Circumstance of the Accident

PIE traffic jammed, I stopped the vehicle as the front car stopped.
(white car)
About 10s later, the car behind me collided into the rear of
my car. Upon alighting my car, then I noticed another lorry
had collided with the white car behind my car.

IMPORTANT NOTE

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

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

63364

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 11/02/2020 Time: 0750
Exact Location of Accident	ALONG PIE TUNAS TUNAS

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN515D
-----------------------------	---------

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	NEARNS AUTOMOTIVE PTE (TD)
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer: VW Model:
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others:
Exact Purpose for which vehicle was being used at time of accident	LEASING
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, PLS select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	LIBERTY
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	SD 20V00513
Motor Cl	

DRIVER

	<input type="radio"/> Same as Insured above
Name of Driver	LIM HUI PING
Personal Identification - NRIC (Singaporean/PR)	S7737695Z
- FIN/Passport Number	
Date of Birth	20 dd/ 12 mm/ 1977/yy
Driving Date Pass	25 dd/ 02 mm/ 2008/yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	97971090

Address of Driver	743 BODOK RESERVOIR ROAD #08-12		Postcode (479251)
Email Address			
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No		
If No, Relationship of the Driver with the Insured			
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No		
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	CHAIN COLLISION.		
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____		
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____		
OTHER INFORMATION			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Number of Passengers (Including Driver)	01		
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)		
Police Station Name			
Police Station Address			
Police Station Contact	Tel No. _____ Fax No. _____		
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)		
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number	SLB7216X		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver	CHAN YONG REN ALEX.		
Personal Identification - NRIC (Singaporean/PR)	S8108634F		
- FIN/Passport Number			
Contact Number	91598698		
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles.)			

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	G667038L
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	RETHAY MOHAMMAD
Personal Identification - NRIC (Singaporean/PR)	G28118394
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 4	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

SERVICE ESTIMATE

63413 - C00001 SL: SERVICE SALES - PC
Wearnes Automotive Pte Ltd (159-f&L)
45 Leng Kee Road

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1

Inv.date. : 13/02/2020

WIP No. . : 63364

Veh.In/Out: 11/02/2020

*Tel.No. . :

Reg.No. . : SMN515D

Reg.date . : 24/07/2019

Mileage . : 0

Chassis No: YV1XZACADK2126930

Singapore 159103

Closed by : Richmond Ho

Svc Consultant :

Remarks : Wearnes Automotive P

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
-------	-------------	----------	-------	-------	-----	--------	---

802 TO REPLACE REAR BOOT LID,REAR
EMBELM,REAR BUMPER,REAR BRACKET
REAR LOWER SPOILER,REAR SKID PLATE
REAR SENSOR,REAR END PANEL,ETC

0

4000.00 0

~~4,000.00~~ S **2400**

800 TO PUTTY SPRAY PAINT ON REAR
BOOT LID,REAR BUMPER,REAR
END PANEL,ETC

0

2800.00 0

~~2,800.00~~ S **2100**

802 TO TRANSFER REAR BOOT LID PART

0

250.00 0

250.00 S

802 TO REMOVE & INSTALL REAR BOOT

0

1200.00 0

~~1,200.00~~ S **800**

COMPARTMENT PARTS

802 TO REPLACE REAR WINDSCREEN

0

800.00 0

800.00 S

89994 TO INSTALL REAR WINDSCREEN FIL

0

280.00 0

280.00 S

R06 ~~TO INSTALL~~ REAR NUMBER PLATE

0

60.00 0

60.00 S **80**

INCLUDE HOLDER

280 TO CHECK WIRING INCLUDE

0

495.00 0

495.00 S

RESETTING OF ALL ELECTRICAL

MODULES

SERVICE ESTIMATE

63413 - C00001 SL: SERVICE SALES - PC
 Wearnes Automotive Pte Ltd (159-f&L)
 45 Leng Kee Road

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 2

Inv.date. : 13/02/2020

WIP No. : 63364

Veh.In/Out: 11/02/2020

*Tel.No. :

Reg.No. : SMN515D

Reg.date. : 24/07/2019

Mileage : 0

Chassis No: YV1XZACADK2126930

Singapore 159103

Closed by : Richmond Ho

Svc Consultant :

Remarks : Wearnes Automotive P

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
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	BUMPER COVER REAR AL <i>de</i>	1.0 EA	1265.80			1,265.80 S	1139.22 ✓
	BUMPER PAD REAR LH A <i>repar</i>	1.0 EA	620.00			620.00 S	X
	BUMPER PAD REAR RH A <i>repar</i>	1.0 EA	620.00			620.00 S	X
	BUMPER BRACKET REAR <i>repar</i>	1.0 EA	43.20			43.20 S	X
	BUMPER BRACKET REAR <i>repar</i>	1.0 EA	43.20			43.20 S	X
	TOW COVER REAR XC40 <i>repar</i>	1.0 EA	75.40			75.40 S	X
	PROTECTING PLATE REA <i>repar</i>	1.0 EA	452.40			452.40 S	X
	PROTECTING PLATE REA <i>repar</i>	1.0 EA	452.40			452.40 S	407.16 -
	END PIPE BRACKET LH <i>repar</i>	1.0 EA	41.90			41.90 S	X
	END PIPE BRACKET RH <i>repar</i>	1.0 EA	41.90			41.90 S	X
	END PIPE FRAME LH R- <i>repar</i>	1.0 EA	377.10			377.10 S	X
	END PIPE FRAME RH R- <i>repar</i>	1.0 EA	377.10			377.10 S	X
	V032228003/BUMPER RA <i>repar</i>	1.0 EA	1050.40			1,050.40 S	X
	TAILGATE REAR XC40 1 <i>repar</i>	1.0 EA	2187.00			2,187.00 S	1968.30 -
	WINDSCREEN REAR ALL <i>repar</i>	1.0 EA	1155.80			1,155.80 S	1040.22 -
	WINDSCREEN SEALANT <i>repar</i>	2.0 EA	114.30			228.60 S	102.87 -
	D PRIMER GLASS & P <i>repar</i>	1.0 EA	38.10			38.10 S	34.29 -

SERVICE ESTIMATE

63413 - C00001 SL: SERVICE SALES - PC
Wearnes Automotive Pte Ltd (159-f&L)
45 Leng Kee Road

GST Reg.No:M28920628X

Singapore 159103

Inv.No. . : B&P 0 Page 3
Inv.date. : 13/02/2020
WIP No. . : 63364
Veh.In/Out: 11/02/2020
*Tel.No. . :
Reg.No. . : SMN515D
Reg.date. : 24/07/2019
Mileage . : 0
Chassis No: YV1XZACADK2126930

Closed by : Richmond Ho
Svc Consultant :
Remarks : Wearnes Automotive P

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
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EMBLEM 'VOLVO' REAR	1.0 EA	93.80				93.80 S	84.42 ✓
EMBLEM 'XC40' 18-12	1.0 EA	94.10				94.10 S	84.69 ✓
EMBLEM 'T4' S80 S60	1.0 EA	85.70				85.70 S	76.59 ✓
PARK ASSIST SENSOR	1.0 EA	79.10				316.40 S	27.90 ✓
BLIND RIVET 4.0*21 P	10.0 EA	3.10				31.00 S	49.50 ✓
BUMPER CLIP 8x8,5	10.0 EA	5.50				55.00 S	76.55 ✓
BUMPER INSTALLING MT	1.0 EA	85.10				85.10 S	633.42 ✓
ADHESIVE TUBE CHEMIC	1.0 EA	703.80				703.80 S	

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

Labour Total	9,885.00
Parts Total	10,535.20
Package Total	0.00

Gross Total. 20,420.20
Net..... 20,420.20
GST @ 7.0% 1,429.41
Total..... 21,849.60
Paid..... 0.00
Please Pay.. 21,849.60

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

SERVICE ESTIMATE

0 - U00001 SL: UNITED OVERSEAS INSURANCE LTD UNITED OVERSEAS INSURANCE LTD 3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909	GST Reg.No:M28920628X Inv.No. . : B&P 0 Page 1 Inv.date. : 27/02/2020 WIP No. . : 63364 Veh.In/Out: 11/02/2020 *Tel.No. . : 6222 7733 Reg.No. . : SMN515D Reg.date . : 24/07/2019 Mileage . : 7,725 Chassis No: YV1XZACADK2126930
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Closed by : Richmond Ho
 Svc Consultant : ACC
 Remarks : Wearnes Automotive P

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BOOT LID,REAR EMBELM,REAR BUMPER,REAR BRACKET REAR LOWER SPOILER,REAR SKID PLATE REAR SENSOR,REAR END PANEL,ETC	0	2400.00	0		2,400.00	S
800	TO PUTTY SPRAY PAINT ON REAR BOOT LID,REAR BUMPER,REAR END PANEL,ETC	0	2100.00	0		2,100.00	S
802	TO TRANSFER REAR BOOT LID PART	0	250.00	0		250.00	S
802	TO REMOVE & INSTALL REAR BOOT COMPARTMENT PARTS	0	800.00	0		800.00	S
802	TO REPLACE REAR WINDSCREEN	0	800.00	0		800.00	S
89994	TO INSTALL REAR WINDSCREEN FIL	0	280.00	0		280.00	S
R06	TO INSTALL REAR NUMBER PLATE	0	60.00	0		60.00	S
280	INCLUDE HOLDER TO CHECK WIRING INCLUDE RESETING OF ALL ELECTRICAL MODULES	0	495.00	0		495.00	S

SERVICE ESTIMATE

0 - U00001 SL: UNITED OVERSEAS INSURANCE LTD UNITED OVERSEAS INSURANCE LTD 3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909	GST Reg.No:M28920628X Inv.No. . : B&P 0 Page 2 Inv.date. : 27/02/2020 WIP No. . : 63364 Veh.In/Out: 11/02/2020 *Tel.No. . : 6222 7733 Reg.No. . : SMN515D Reg.date. : 24/07/2019 Mileage . : 7,725 Chassis No: YV1XZACADK2126930
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Closed by : Richmond Ho
 Svc Consultant : ACC
 Remarks : Wearnes Automotive P

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
	BUMPER COVER REAR AL ⁽¹⁾	1.0 EA	1265.80	10		1,139.22	S ✓
	PROTECTING PLATE REA ⁽²⁾	1.0 EA	452.40	10		407.16	S ✓
	TAILGATE REAR XC40 ⁽¹⁴⁾	1.0 EA	2187.00	10		1,968.30	S ✓
	ADHESIVE TUBE CHEMIC ⁽²⁵⁾	1.0 EA	703.80	10		633.42	S ✓
	D PRIMER GLASS & P ⁽¹⁷⁾	1.0 EA	38.10	10		34.29	S ✓
	EMBLEM 'VOLVO' REAR ⁽⁸⁾	1.0 EA	93.80	10		84.42	S ✓
	EMBLEM 'XC40' 18- ⁽¹¹⁾	1.0 EA	94.10	10		84.69	S ✓
	EMBLEM 'T4' S80 S60 ⁽²⁰⁾	1.0 EA	85.70	10		77.13	S ✓
	BLIND RIVET 4.0*21 P ⁽²²⁾	10.0 EA	3.10	10		27.90	S ✓
	BUMPER CLIP 8x8,5 ⁽²³⁾	10.0 EA	5.50	10		49.50	S ✓
	BUMPER INSTALLING MT ⁽²⁴⁾	1.0 EA	85.10	10		76.59	S ✓
	WINDSCREEN SEALANT ⁽¹⁶⁾	1.0 EA	114.30	10		102.87	S ✓
	D WINDSCREEN SEALA ^{7 ne}	1.0 EA	124.50	10		112.05	S ✓
	TOW COVER REAR XC40 ^{sea}	1.0 EA	75.40	10		67.86	S ✓
	EMBLEM 'R-DESIGN' V9 ^{Sup}	1.0 EA	130.40	10		117.36	S ✓
	V032131902/TAILGATE ^{ca}	1.0 EA	407.40	10		366.66	S ✓
	WINDSCREEN REAR ALL ⁽¹⁵⁾	1.0 EA	1155.80	10		1,040.22	S ✓

Gross Total. 13,574.64

Labour Total	7,185.00
Parts Total	6,389.64
Package Total	0.00

Net.....	13,574.64
GST @ 7.0%	950.22
Total.....	14,524.86
Paid.....	0.00
Please Pay..	14,524.86

GST: S=StdRated; O=OutOfScope; Z=ZeroRated




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				
UNITED OVERSEAS INSURANCE LTD		Ref : CS/DOI20002596/R1sd3n2		
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909		Date : 02-03-2020		
		Code : UOI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLB 7216X	Veh. Inspected	SMN 515D	
Policy No.		Coverage (\$)	0.00	
Claim No.	M12D12882002	Excess (\$)	0.00	
Assign From	JOSEPHINE WONG	Assign Date	14/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	VOLVO XC40 T4 R-DESIGN	c.c	1969	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	YV1XZACADK2126930	Colour	GREY	
Odometer	7725	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	235/50 R19	PIRELLI	6 mm	
L/H Front Tyre	235/50 R19	PIRELLI	6 mm	
R/H Rear Tyre	235/50 R19	PIRELLI	6 mm	
L/H Rear Tyre	235/50 R19	PIRELLI	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	11/02/2020	Inspection Date	14/02/2020	
Survey held at	WEARNES AUTOMOTIVE PTE LTD 249 ALEXANDRA ROAD SINGAPORE 159935			
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:		8 Working Days		



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMN 515D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER COVER REAR AL (SN)	DEFORMED	1,265.80	1,139.22
1	BUMPER PAD REAR LH A (SN)	TO REPAIR SEE LABOUR	620.00	-
1	BUMPER PAD REAR RH A (SN)	TO REPAIR SEE LABOUR	620.00	-
1	BUMPER BRACKET REAR (SN)	SERVICEABLE	43.20	-
1	BUMPER BRACKET REAR (SN)	SERVICEABLE	43.20	-
1	TOW COVER REAR XC40 (SN)	SERVICEABLE	75.40	-
1	PROTECTING PLATE REA (SN)	SERVICEABLE	452.40	-
1	PROTECTING PLATE REA (SN)	SCRATCHED	452.40	407.16
1	END PIPE BRACKET LH (SN)	SERVICEABLE	41.90	-
1	END PIPE BRACKET RH (SN)	SERVICEABLE	41.90	-
1	END PIPE FRAME LH R (SN)	SERVICEABLE	377.10	-
1	END PIPE FRAME RH R (SN)	SERVICEABLE	377.10	-
1	V032228003/BUMPER RA (SN)	SERVICEABLE	1,050.40	-
1	TAILGATE REAR XC40 1 (SN)	BENT	2,187.00	1,968.30
1	WINDSCREEN REAR ALL (SN)	NECESSARY	1,155.80	1,040.22
2	WINDSCREEN SEALANT (SN)	NECESSARY	228.60	102.87
1	*D* PRIMER GLASS & P (SN)	NECESSARY	38.10	34.29
1	EMBLEM "VOLVO" REAR (SN)	NECESSARY	93.80	84.42
1	EMBLEM "XC40" 18 (SN)	NECESSARY	94.10	84.69
1	EMBLEM "T4" S80 S60 (SN)	NECESSARY	85.70	77.13
4	PARK ASSIST SENSOR (SN)	NOT NECESSARY	316.40	-
10	BLIND RIVET 4.0*21 P (SN)	NECESSARY	31.00	27.90
10	BUMPER CLIP 8X8,5 (SN)	NECESSARY	55.00	49.50
1	BUMPER INSTALLING MT (SN)	NECESSARY	85.10	76.59
1	ADHESIVE TUBE CHEMIC (SN)	NECESSARY	703.80	633.42
1	*D* WINDSCREEN SEALA (ADDITIONAL)(SN)	NECESSARY	112.05	112.05
1	TOW COVER REAR XC40 (ADDITIONAL)(SN)	SCRATCHED	67.86	67.86
1	EMBLEM "R-DESIGN" V9 (ADDITIONAL)(SN)	NECESSARY	117.36	117.36
1	V032131902/TAILGATE (ADDITIONAL)(SN)	CRACKED	366.66	366.66
1	REAR NUMBER PLATE INCLUDE HOLDER (SN)	BENT	60.00	60.00
			11,259.13	6,449.64

Report Ref No: CS/UOI20002596/R1sd3n2



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51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REPLACE REAR BOOT LID,REAR EMBLEM,REAR BUMPER,REAR BRACKET,REAR LOWER SPOILER,REAR SKID PLATE REAR SENSOR,REAR END PANEL,ETC.INCLUSIVE OF THE REPAIR OF BUMPER PAD REAR LH A AND BUMPER PAD REAR RH A.		4,000.00	2,400.00
	TO PUTTY SPRAY PAINT ON REAR BOOT LID,REAR BUMPER,REAR END PANEL,ETC.		2,800.00	2,100.00
	TO TRANSFER REAR BOOT LID PART.		250.00	250.00
	TO REMOVE & INSTALL REAR BOOT COMPARTMENT PARTS.		1,200.00	800.00
	TO REPLACE REAR WINDSCREEN.		800.00	800.00
	TO INSTALL REAR WINDSCREEN FIL.		280.00	280.00
	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES.		495.00	495.00
			9,825.00	7,125.00
	GRAND TOTAL		21,084.13	13,574.64
RECOMMENDED COST OF REPAIRS				13,574.64

Report Ref No. CS/UOI20002596/R1sd3n2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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