

PRS

ASSIGNMENT

From

Date

26/11/19

Estimated Cost

OD / TP / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SLD10609

at Workshop m/s

A.T. Performance

of

160 Qin Ming Drive # 07-18/19

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
XXX	XXX

Bal. or Market Value:

IDAC Accident Report

Consistent? Yes or No

GIA / PR Seen:

Consistent? Yes or No

Est. Repairs:

days

Res.: Yes or No

Loan Sum:

%

3 Val. Yes or No

CA / REV / REP. / 24 HRS

(up)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLD 1060 G.

Tr Regn: 12/Feb/2015

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

Truck / Trailer or

Make:

Mercedes Benz C200

cc

1991

Colour:

Silver.

A/C

Insured / Std / NI / NA

Sp. Reading

94694.

T/Radio: Insured / Std / NI / NA

Eng/No

C/No:

WDD2050422R004968

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: 245/40ZR18

R: 245/40 ZR18.

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

15/11/2019

D.O.I.

26/11/2019

Survey held at

AT Performance

12:59PM

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

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

Date / Time Action / Instruction

MV: 120K

PV: 68,118

NV: 51,622

RECEIVED 18 DEC 2019

Date/Time, File Path to:

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Path to:

2)

Report Format:

PRS

Comp. Sum / A/B/C/D

Days Of Repair:

Resurvey No. of Trip:

2

Add Fee:

☐

Site Insp. \$5

☐

Interview \$5

☐

Tech. Insp. \$2

☐

Other \$2

Survey Fee:

Transportation:

T. + PS \$0

Taxes

Other

TOTAL

120

120



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 19/19/19/VC05/022655

Your Ref : CS3/LPC19020464/Qcd3e2

25 February 2020

M/s LKK Auto Consultants Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Pk
Singapore 408933

Dear Sirs/Madam

PAPER SURVEY OF SLD1060G

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SLD1060G
- b) GIA report SLD1060G
- c) GIA report and photos of YN5197M

Kindly study the documents and let us have your report by 15 March 2020.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email : mt_claim@lonpac.com

FINAL REPAIR BILL
REF.: TP/140150/181111060

AT PERFORMANCE

160 SIN MING DRIVE #07-19 SIN MING
AUTOCITY SINGAPORE 575722

TEL: 6453 5112

FAX: 6552 2061

Regn. No. 52983289E

Messrs. Soh Choon Meng
Blk 512 Choa Chu Kang Street 51 #12-259
Singapore 680512

Date 15/12/19

Vehicle No. SLD1060G Mercedes Benz C200 AMG Line (R18 Led) Auto

Quantity	Items/Descriptions	Prices
	Lump sum repair basis as recommended.	9,250.00
	SGD.: Nine Thousand Two Hundred Fifty Only.	
Total:		\$9,250.00



**KM AUTO ASSESSORS PTE. LTD.**

Insurance Loss Assessors / Adjusters

28 Casuarina Walk

Singapore 574086

T 6448 8208

F 6552 7277

E kmautoassessors@gmail.com

Regn. No. 200907340Z

**AUTOMOBILE
INSPECTION REPORT**

NO. 9/11/TP008/R

To: SOH CHOON MENG

BLK 512 CHOA CHU KANG STREET 51 #12-259 S'PORE 680512

General Condition: Poor/Fair/Good/Excellent

Reg. No.	SLD 1060 G	Make/Model	MERCEDES BENZ C200 AMG LINE (R18 LED) AUTO	Year	2015
Engine No.	27492030200929	Chassis No.	WDD2050422R004968	Colour	Metallic Silver
Condition of Tyres			Speedometer Reading - Km		
			94694		
Front N/S	MICHELIN 225/45R18	worn	20	%	Front O/S MICHELIN 225/45R18
					worn 20 %
Rear N/S	MICHELIN 225/45R18	worn	20	%	Rear O/S MICHELIN 225/45R18
					worn 20 %
As Requested By		YOURSELF		On	26-Nov-19
				The Above Vehicle	
Was Inspected At (26-Nov-19) A T PERFORMANCE 160 SIN MING DR #07-19 SIN MING AUTOCITY S'PORE 575722					
And The Undermentioned Damage Was Noted:-					

Boot lid assy. bent and distorted, rear panel dented and bent, rear lamps assy. dislodged, rear bumper assy. dented, torn, bent and deformed, reverse sensors distorted, exhaust pipes pushed inwards, fenders bent, boot floor panel bent.

Photographs:-	148 Copies	were taken at time of inspection and are attached ,
The Repairers estimate was for a total amount of	\$	11,384.69
After adjustment the estimate was revised and agreed at	\$	8,882.87

SPECIAL REMARKSThe Repairers were **NOT AUTHORISED** to proceed with the repairs.**Survey was carried out without prejudice.**

The above were due to impact to the rear portion of the vehicle.

Alternatively, we recommend that repairs be carried out on a Lump Sum basis instead, @**\$9,250/- Nett.**

MICHAEL EE Dip. A Eng., AMRTE, AMSAE, AMSOE, AMIM, MSAAA

Date 2-Dec-19


APPENDIX 'A'
TO REPORT NO:
9/11/TP008/R
REGN. NO:
SLD 1060 G

Nature of Work and Materials	Repairers Estimate \$	Remarks	Amount Revised \$
1 pce boot lid emblem / NEC	46.63	necessary	46.63 /
1 pce boot lid weatherstrip / NEC	198.00	twisted, deformed - necessary	198.00 /
2 pcs rear lamps assy. LH / CRA	1,459.50	n/s only - distorted, cracked	729.75 /
1 pce rear panel / DD	1,460.00	dented & bent	1,460.00 /
1 pce rear panel inner garnish X SVC	166.29	deformed, fastener snapped	166.29 X
1 pce rear bumper fascia / CRU	2,025.00	dented, torn, bent, deformed	2,025.00 1,545
2 pcs rear bumper side reverse sensors X SVC	536.20	not necessary	- X
1 pce rear bumper lower garnish - Black / SCH	220.00	fasteners snapped	220.00 /
2 pcs rear bumper centre reverse sensors / SHUT	516.00	distorted, s/circuited	516.00 380
1 pce rear bumper lower garnish - Silver X SVC	280.00	bent, fastener snapped	280.00 X
1 pce rear bumper lower inner cover / CRU	110.60	bent, fastener snapped	110.60 /
1 pce rear bumper inner centre carrier / CRA	143.00	bent & snapped	143.00 /
2 pcs rear bumper inner side carriers / CRA LH	171.94	distorted, fasteners snapped	171.94 /
1 pce rear bumper reinforcement / BT	684.89	dented & bent	684.89 /
2 pcs rear bumper side retainers / BR	127.44	fasteners snapped	127.44 /
2 pcs rear exhaust tail-chrome garnishes / SCH LH	850.00	dented & bent, R21-SVC	850.00 425
1 pce rear exhaust pipe assy. X SVC	1,430.00	bent	1,430.00 X
1 pce rear keyless operation antenna X SVC	299.20	distorted, s/circuited	299.20 X
			9,458.74 6,242.25
		less 10%	945.87 -10%
	10,724.69		8,512.87 5,618.05
S.NETT			
1 pce rear panel sealant	100.00	necessary	/ NEC 60.00 /
Remove necessary interior upholsterys and fittings to enable necessary repairs, check and refit same.	150.00		/ NEC 80.00 /
Remove lamps, necessary wirings and electrical fittings to enable necessary repairs, check, replace damaged parts, refit same, test electrical-circuit.	60.00		/ NEC 30.00 /
Remove rear bumper reverse sensors, check, renew if required, transfer all sensors to new bumper assy., refit and calibrate system.	150.00		/ NEC 80.00 40
Remove exhaust pipe system, check, replace damaged parts and refit same.	200.00		X 120.00
			210
c/f	11,384.69		8,882.87
Total Amount Revised		\$	
Lump Sum Repairs Amount		\$	
It is estimated that the repairs will take		days to complete.	



APPENDIX 'A'

TO REPORT NO:

9/11/TP008/R

REGN. NO:

SLD 1060 G

Nature of Work and Materials	Repairers Estimate \$	Remarks	Amount Revised \$
b/f	11,384.69		8,882.87
Remove damaged parts, jack out, straighten up damaged body panels, repair body parts and fittings, whichever possible and necessary, replace necessary damaged parts, refit and align whichever parts necessary. (Incl. alignment of body structure.)	1,400.00		1,000.00 700
Paint replacement parts and repaint damaged sections in and outside.	1,600.00		1,300.00 800
Rustproof replacement parts and touch-up damaged sections.	200.00		120.00 30
Conduct diagnostic programming and calibration.	450.00		280.00 X
			1,530
TOTAL	15,034.69		11,582.87
<p> $P = 5,618.03$ $N = 210$ $L = 1,530$ $\hline 7,358.03$ $- 20\%$ $\hline 5,886.42$ </p> <p> $L/S = \\$ 5,900$ 6 days </p>			

Total Amount Revised

\$ 11,582.87

Lump Sum Repairs Amount

\$ 9,250.00

It is estimated that the repairs will take

SEVEN

days to complete.

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	18/11/2019 13:37
Date Of Accident	15/11/2019 10:00
Exact Location Of Accident	JURONG TOWN HALL SLIP RD TO JURONG EAST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1060G
Insured/Policyholder	
Name Of Registered Owner	SOH CHOON MENG
NRIC No	S1777969I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98771033
Alternative Phone No	OFFICE-98771033

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA370925/1
Cover Note Number	

Driver

Name of Driver	SOH CHOON MENG
NRIC No	S1777969I
Date Of Birth	18/06/1966
Occupation	INDOOR
Date Of Driving Pass	25/05/1984
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98771033
Fax Number	
Contact Number	OFFICE-98771033
Email Address	NOEMAIL

Address BLK 512 CHOA CHU KANG STREET 51 #12-259 S(680512)

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 -

Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING

Road Surface WET

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: : WIFE
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 YN5197M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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.
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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.



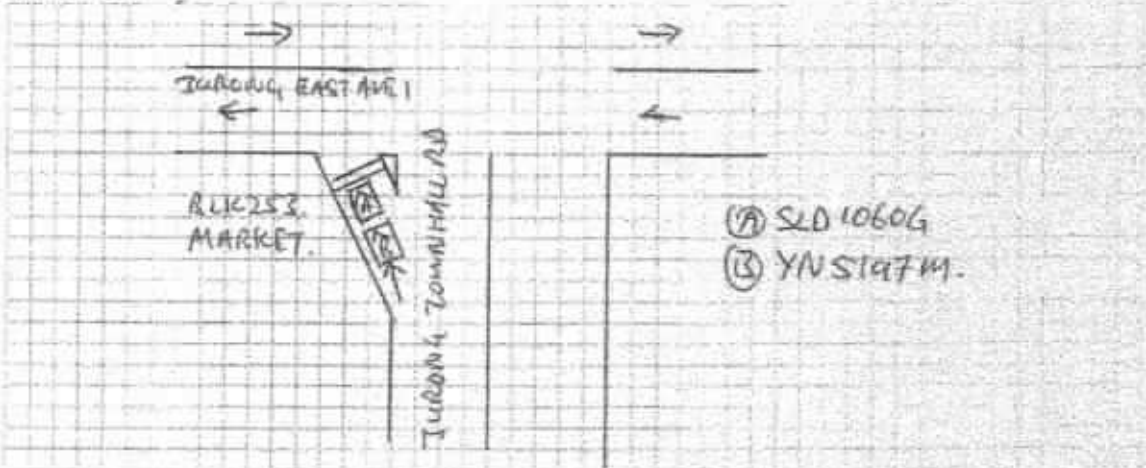
Policyholder's Signature

Date & Time: 19/11/19

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

I STOP MY CAR DUE TO PEDESTRIAN CROSSING ON ZEBRA CROSSING. MOMENTS LATER, A LORRY YNS197M CAME FROM BEHIND AND HIT INTO MY CAR REAR SECTION.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 18/11/19.

CHARTERED POLICE OFFICER, Y3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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	15/11/2019 14:10
Date Of Accident	15/11/2019 10:10
Exact Location Of Accident	JURONG TOWN HALL RD TO JURONG EAST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5197M
Insured/Policyholder	
Name Of Registered Owner	SINGABUILT GLOBAL CONSTRUCTION
Co Reg No	53124147B
Email Address	SINGABUILT@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98605542
Alternative Phone No	OFFICE-98605542

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	GOODS VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VC05002147
Cover Note Number	

Driver

Name of Driver	MUTHUSAMY RAMASAMY
NRIC No	F7985635P
Date Of Birth	23/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2005
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98605542
Fax Number	
Contact Number	
Email Address	SINGABUILT@YAHOO.COM.SG

Address	BLK 808 FRENCH RD KITCHENER COMPLEX #04-175
Postcode	200808
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	RAINING
Road Surface	WET

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

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL.

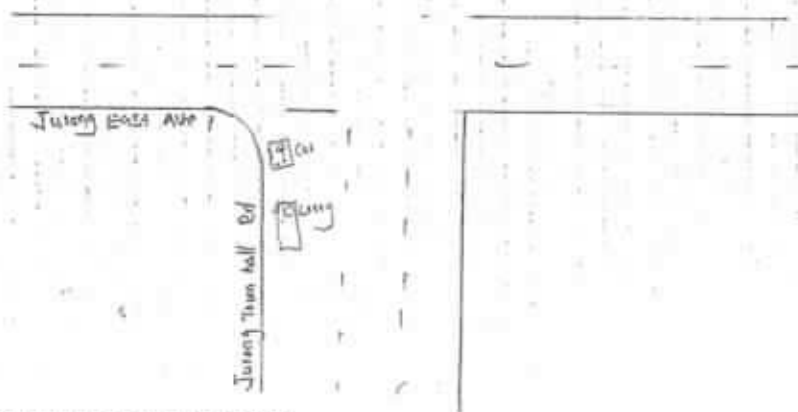
Attachment(s)

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	SLD1060G
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/11/2019 at about 10:10 am I was driving my vehicle YN5197M along Jurong Town Hall Rd Towards to A/E Before Jurong East Ave I Free left Car Stop then I going to behind He Car No SLD 10609 Stop Behind. Crossing I am coming behind the car. So Raining car Stop then I also Stop the Lorry hit the car my lorry I Brake. This Time Heavy Raining So Brake my lorry can't stop.

DECLARATION

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

Policyholder's Signature
Date & Time:



M. Ramalingam

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/11/2019

14:00 am

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

SKETCH PLAN

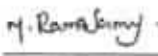
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/11/2019

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

14:00

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo






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/LPC19020464/Qtd3e2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Date : 10-03-2020	
			Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YN 5197M	Veh. Inspected	SLD 1060G	
Policy No.		Coverage (\$)	0.00	
Claim No.	19/19/19/VC05/022655	Excess (\$)	0.00	
Assign From	GERALD POH	Assign Date	28/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ C200	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	WDD2050422R004968	Colour	SILVER	
Odometer	94694	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	245/40Z R18	MICHELIN	5 mm	
L/H Front Tyre	245/40Z R18	MICHELIN	5 mm	
R/H Rear Tyre	245/40Z R18	MICHELIN	5 mm	
L/H Rear Tyre	245/40Z R18	MICHELIN	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	15/11/2019	Inspection Date	26/11/2019	
Survey held at	160 SIN MING DRIVE# 07-18/19			
Repairer	A T PERFORMANCE			
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:			6 Working Days	



LKK Auto Consultants Pte Ltd

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLD 1060G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID EMBLEM	NECESSARY	46.63	46.63
1	BOOT LID WEATHERSTRIP	NECESSARY	198.00	198.00
2	REAR LAMPS ASSY	N/S CRACKED	1,459.50	729.75
1	REAR PANEL	DENTED	1,460.00	1,460.00
1	REAR PANEL INNER GARNISH	SERVICEABLE	166.29	-
1	REAR BUMPER FASCIA	CRUMPLED	2,025.00	1,545.00
2	REAR BUMPER SIDE REVERSE SENSORS	SERVICEABLE	536.20	-
1	REAR BUMPER LOWER GARNISH - BLACK	SCRATCHED	220.00	220.00
2	REAR BUMPER CENTRE REVERSE SENSORS	SHORTED	516.00	380.00
1	REAR BUMPER LOWER GARNISH - SILVER	SERVICEABLE	280.00	-
1	REAR BUMPER LOWER INNER COVER	CRUMPLED	110.60	110.60
1	REAR BUMPER INNER CENTRE CARRIER	CRACKED	143.00	143.00
2	REAR BUMPER INNER SIDE CARRIERS	N/S CRACKED / O/S SERVICEABLE	171.94	85.97
1	REAR BUMPER REINFORCEMENT	BENT	684.89	684.89
2	REAR BUMPER SIDE RETAINERS	BROKEN	127.44	127.44
2	REAR EXHAUST TAIL-CHROME GARNISHES	N/S SCRATCHED / O/S SERVICEABLE	850.00	425.00
1	REAR EXHAUST PIPE ASSY	SERVICEABLE	1,430.00	-
1	REAR KEYLESS OPERATION ANTENNA	SERVICEABLE	299.20	-
	LESS 10% DISCOUNT		-	-615.63
			10,724.69	5,540.65
SPECIAL NETT ITEMS				
1	REAR PANEL SEALANT (SN)	NECESSARY	100.00	60.00
			100.00	60.00
LABOUR				
	REMOVE NECESSARY INTERIOR UPHOLSTERY AND FITTINGS TO ENABLE NECESSARY REPAIRS, CHECK AND REFIT SAME.		150.00	80.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE LAMPS, NECESSARY WIRINGS AND ELECTRICAL FITTINGS TO ENABLE NECESSARY REPAIRS, CHECK, REPLACE DAMAGED PARTS, REFIT SAME. TEST ELECTRICAL-CIRCUIT.		60.00	30.00
	REMOVE REAR BUMPER REVERSE SENSORS, CHECK, RENEW IF REQUIRED, TRANSFER ALL SENSORS TO NEW BUMPER ASSY., REFIT AND CALIBRATE SYSTEM.		150.00	40.00
	REMOVE EXHAUST PIPE SYSTEM, CHECK, REPLACE DAMAGED PARTS AND REFIT SAME.	NOT NECESSARY	200.00	-
	REMOVE DAMAGED PARTS, JACK OUT, STRAIGHTEN UP DAMAGED BODY PANELS, REPAIR BODY PARTS AND FITTINGS, WHICHEVER POSSIBLE AND NECESSARY, REPLACE NECESSARY DAMAGED PARTS, REFIT AND ALIGN WHICHEVER PARTS NECESSARY. (INCL ALIGNMENT OF BODY STRUCTURE).		1,400.00	700.00
	PAINT REPLACEMENT PARTS AND REPAINT DAMAGED SECTION IN AND OUTSIDE.		1,600.00	800.00
	RUSTPROOF REPLACEMENT PARTS AND TOUCH-UP DAMAGED SECTIONS.		200.00	30.00
	CONDUCT DIAGNOSTIC PROGRAMMING AND CALIBRATION.	NOT NECESSARY	450.00	-
			4,210.00	1,680.00
GRAND TOTAL			15,034.69	7,280.65
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,800.00

Report Ref No. CS3/LPC19020464/Qtd3e2-1

OI SUN PIN

Asst. Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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