

12/03/2003

ASS. REC. BY:

REF: CS3/LPC19091561 Gyf30241

Special Instruction:

SURVIVOR

96

ASSIGNMENT (Office)

From (Person): Kenny Lim

of LPC

Date/Time: 26/3/2020  
30/10/19 11:59am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SJS 6127k

Insured: SMG 50P

at Workshop m/s A-TEC Automotive

Tel: 6345206

of 8 Keri Bukit Ave 4 #04-20 Premier

Policy No:

Claim No: 19/19/19/VP05/021573

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 27.10.19

CA / REV / REP. / REV 24 HRS

imp

Date/Time: 30/10/19 12:02pm

Person Contacted:

Reggie

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction ( X ) Estimate
	SJS 6127k - MA / DIA 19/10/19 12:03/24
	SMG 50P - MA / DIA 19/10/19 12:03/24
08/11/19	Submit PRS.
	Dismantle: 1/11/2019
	\$ 21.00
	\$ 2750, 4 Days.

1/4/20 Typist

Remove item 8, 9 (13) (21), 11

Suggest

SH, 2 and 5

known to adjust accordingly.

01/04/2020

Surround

612

REF:

cpc

PRS

# ASSIGNMENT

From \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD ☒ TP ☒ RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s A-Tec

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

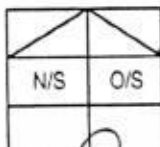
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt.: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SIS61271C

Yr Regn: Aug 09

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

Truck / Trailer or

Make: Mit lancia

c.c. 1499

Colour: red

A/C: Insured / Std / NI / NA

Sp. Reading: 204731

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JMY8RCY2A9U004491

Gen. Cond: ☒ Good / Fair / Poor / Burnt

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

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

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

Tyre Size: F: 195/65 R15

R: 11

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

TOYO / YOKO or westlake

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. \_\_\_\_\_

D.O.I. 30-10-19

Survey held at w/s

5pm

Des. 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

\$3000 - \$4000

Date/Time, File Pass to?

☐

: Preli. Report

1) 08/11/19 tyrion

☐

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 4

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

) \$ + RS. \_\_\_\_\_

) Photos

) Others

Report Format: PRS

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

TOTAL

120

## Celine Fong (LKKAUTO)

---

**From:** KENNY LIM CHING GHEE <kennylin@lonpac.com>  
**Sent:** Thursday, 26 March 2020 12:59 PM  
**To:** Admin A; Admin-D (LKKAUTO)  
**Cc:** MT\_Claim\_SG  
**Subject:** Yref: CS3/LPC19019156/GcF3E2 - Request for Paper Survey (SJS6127K) - Our Insd  
Veh SMG50P - DOA: 27/10/2019 - Oref: 19/19/VP05/022573- [External  
Confidential]  
**Attachments:** 25032020110920.pdf, 25032020110956.pdf

### Lonpac External - Confidential

Dear all

Please conduct a paper survey on t/p vehicle no. SJS6127K as per attached.

Thank you.

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 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	29/10/2019 20:29
Date Of Accident	27/10/2019 08:30
Exact Location Of Accident	AMK AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6127K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FRESH CARS PTE LTD
Co Reg No	201608540Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994039
Cover Note Number	
<b>Driver</b>	
Name of Driver	AMEEDKHAN AMANULLAHKHAN
NRIC No	S7268500H
Date Of Birth	20/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	02/08/2008
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97981786
Fax Number	
Contact Number	OFFICE-97981786
EMail Address	NOEMAIL

Address BLK 149 PETIR ROAD  
#06-194  
Postcode 670149  
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 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? YES  
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: : -  
GENDER: : MALE

#### 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 STATEMENT.

#### 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 SMG50P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver SIMON KOH BOON KOK  
NRIC/Passport Number S7510423E  
Contact Number 90615256  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	AMEEDKHAN AMANULLAHKHAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJS6127K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

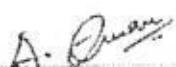
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 purposes:
  - (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 (a) 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

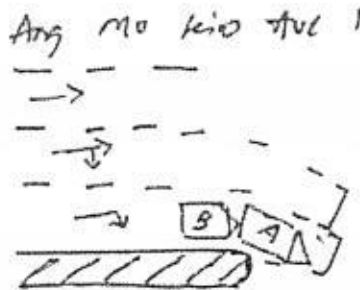


  
Insurer's Signature  
If different from the policyholder  
Date & Time

  
Reporting Centre Person's Signature  
Name  
Title / Job No.

# Accident Sketch Plan

## SKETCH PLAN



A = SJ 5 6127 K  
B = SM 950 P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my vehicle to give way to on-coming traffic. Suddenly vehicle B came from behind and hit into the rear portion of my vehicle.

## DECLARATION

I declare that the facts stated above are true in every respect.

Reporting Person's Signature  
Date & Time



Driver's Signature  
(If driver is not the workshop owner)  
Date & Time

Reporting Person's Signature  
Name  
Date & Time





A-Tec Automotive Pte Ltd

8 Kaki Bukit Ave 4 #04-20 Premier Singapore 415875

Company Reg No: 201227298M

GST Reg No: 201227298M

EMAIL : atec\_automotive@yahoo.com.sg

TEL: 6384-5206

FAX: 6384-5205

NAME Fresh Cars Pte Ltd

DATE : 05-03-20

PROFORMA TAX INVOICE 7298854

JOB NO .

ADDRESS : 105 Kaki Bukit Ave 1

VEHICLE NO. SJS6127X

#03-03

MAKE&MODEL : Mitsubishi Lancer

Singapore 415943

TERM

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
1	Lump Sum Repair As Per Surveyor Report			\$ 6,300.00
SUB-TOTAL				\$ 6,300.00
ADD GST 7%				\$ 441.00
TOTAL AMOUNT				\$ 6,741.00

**IMPORTANT**

Please remit payment within 7 days from the due date

All cheques must be made payable to A-TEC AUTOMOTIVE PTE LTD

*This a computer generated document.No signature is required.*

# DREAM CARZ LEASING PTE LTD

Company Registration: 201433037R

8 Kaki Bukit Ave 4, #04-20, Premier, Singapore 415875 Tel: (65) 63845206 Fax: (65) 63845205  
Email: dreamcarzleasing@gmail.com

## INVOICE

AMMEDKHAN AMANULLANKHAN  
APT BLK 149 PETIR ROAD  
06-194  
SINGAPORE 670149

Invoice No: 10879  
Invoice Date: 4/3/2020  
Due Date: 4/3/2020  
VHA No: 2549

### Description

Rental for	13	Days @	\$ 120.00 per Day	\$ 1,560.00
Vehicle No	SJH3745D			
Vehicle Description	TOYOTA VIOS			
Rental Period	29/10/2019		to	11/11/2019

Total Amount Payable \$ 1,560.00



**SINCERE**  
APPRAISAL SERVICES PTE LTD

SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

60 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051

Tel : 6636 4628 Fax : 6636 4638 E-mail : office@sincereappraisal.com.sg

## INVOICE

**Fresh Cars Pte Ltd**  
**C/O A-Tec Automotive Pte Ltd**  
**8 Kaki Bukit Avenue 4**  
**#04-20 Premier**  
**Singapore 415875**

**Invoice No:** 220120-600  
**Our ref:** 600/TP/2019  
**Date:** 22/1/2020

<b>Claim Type:</b> Third Party	<b>Date of Loss:</b> 27/10/2019
<b>Vehicle Reg No:</b> SJS6127K	<b>Claimant:</b> Fresh Cars Pte Ltd
<b>Vehicle Make/Model:</b> Mitsubishi Lancer 1.5 MIVEC GLS	
Description	Amount (S\$)
1. Professional Fee (including Transport, 56 Photographs and Miscellaneous charges)	636
<b>Total</b>	636
Singapore Dollar: Six hundred and thirty six dollars only.	

Cheques should be crossed A/C PAYEE and made payable to Sincere Appraisal Services Pte Ltd



**Sincere Appraisal Services Pte Ltd**



# SINCERE

APPRAISAL SERVICES PTE LTD

## VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 600/TP/2019

Date: 22/1/2020

### REFERENCE

Date of loss: 27/10/2019  
Claimant: Fresh Cars Pte Ltd

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJS6127K	Make &	Mitsubishi
Reg date:	26/8/2009	Model	Lancer 1.5 MIVEC GLS
Colour:	Red	Engine No:	4A910124000
Type:	Motor Car	Chassis No:	JMYSRCY2A9U004491
Type of Claims:	Third Party	Odometer No:	204731km
		Engine Cap:	1499cc

### CONDITION OF VEHICLE AT THE TIME OF SURVEY

#### (STATIC ONLY)

General Condition: Good	Steering: Good	Engine Modification: Nil
Paint work: Good	Handbrake: Good	Pre-accident
	Footbrake: Good	Damage: Nil

### CONDITION OF TYRES

Front Left Size:	Westlake 195/65R15 70%	Front Right Size:	Westlake 195/65R15 70%
Rear Left Size:	Westlake 195/65R15 70%	Rear Right Size:	Westlake 195/65R15 70%

*The above percentages represent the remaining life of the tyre threads*

### COST OF REPAIRS

	Repairer S\$	Adjuster S\$
Parts	S 5,704.00	S 5,292.70
Labour	S 3,070.00	S 2,530.00
Calculated Cost (S\$):	<u>S 8,774.00</u>	<u>S 7,822.70</u>

**Recommended Lump Sum Repair Cost (S\$): S 6,300.00**

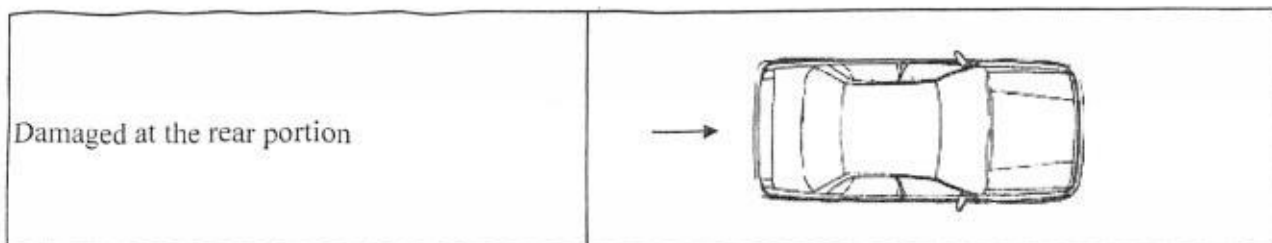
Date of Assignment: 29/10/2019  
Date Inspected: 29/10/2019  
Est. repair Period: 12 days

Inspected At: A-Tec Automotive Pte Ltd  
8 Kaki Bukit Avenue 4  
#04-20 Premier  
Singapore 415875

**SINCERE APPRAISAL SERVICES PTE LTD** Co.Reg no: 201800639R

60 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051  
Tel : 6636 4628 Fax : 6636 4638 E-mail : office@sincereappraisal.com.sg

### POINT OF IMPACT



### BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle along Ang Mo Kio Avenue 1.

### GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the rear portion.

### SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$8,774.00. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$6,300.00.

We have not authorised the repair. Under normal circumstances, estimated 12 working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



**Dave Chang**  
Automotive Appraiser  
AUTO. ENG, CAE, CGI  
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

*Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.*

## ANNEX A

**REPAIR DETAILS**

## Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Rear bumper assy	dented/warped	\$ 598.00	\$ / 598.00
2	2	Rear bumper bracket	bent/necessary	\$ 112.00	\$ X 112.00
3	2	Rear bumper side retainer	bent/necessary	\$ 116.00	\$ X 116.00
4	1	Rear bumper inner beam	bent	\$ 179.00	\$ / 179.00
5	1	Rear bootlid assy	warped/bent	\$ 768.00	\$ X 768.00
6	1	Rear bootlid centre logo	necessary	\$ 65.00	\$ / 65.00
7	4	Rear bootlid rubber stopper	necessary	\$ 63.00	\$ X 63.00
8	1	Rear left taillamp	bent/cut	\$ 476.00	\$ X 476.00
9	1	Rear right taillamp	bent/cut	\$ 476.00	\$ X 476.00
10	1	Rear end lower panel	repair	\$ 457.00	\$ -
11	1	Rear end lower panel top garnish	warped/bent	\$ 118.00	\$ / 118.00
12	1	Rear bootlid lock	bent	\$ 115.00	\$ / 115.00
13	2	Rear bumper reflector	bent	\$ 156.00	\$ / 156.00
14	1	Rear bumper reinforcement	bent	\$ 297.00	\$ / 297.00
15	1	Rear bootlid left taillamp	bent	\$ 232.00	\$ X 232.00
16	1	Rear bootlid right taillamp	bent	\$ 232.00	\$ X 232.00
17	2	Rear no plate lamp	bent	\$ 128.00	\$ X 128.00
18	1	Rear exhaust muffler assy	bent	\$ 799.00	\$ X 799.00
19	2	Rear exhaust muffler rubber mounting	necessary	\$ 36.00	\$ X 36.00
20	1	Rear bootlid weatherstrip	necessary	\$ 168.00	\$ / 168.00
21	1	Rear bootlid inner board	warped	\$ 269.00	\$ X 269.00
				\$ 5,860.00	\$ 5,403.00
Less 10%				\$ 586.00	\$ 540.30
				\$ 5,274.00	\$ 4,862.70
<u>Special Nett Items</u>					
1	10	Rear bumper clips	necessary	\$ 50.00	\$ / 50.00
2	4	Rear end lower panel top garnish clips	necessary	\$ 20.00	\$ / 20.00
3	2	Rear bumper reverse sensor	malfunction	\$ 250.00	\$ X 250.00
4	1	Rear no plate with garnish	necessary	\$ 80.00	\$ / 80.00
5	10	Rear bootlid inner board clips	warped	\$ 30.00	\$ X 30.00
				\$ 430.00	\$ 430.00
<b>Total parts</b>				<b>\$ 5,704.00</b>	<b>\$ 5,292.70</b>

# ANNEX B

## REPAIR DETAILS

### Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount	
1	Labour for panel beating, cut, weld, straighten rear affected area and replace rear damaged parts.	\$ 1,200.00	\$ 1,000.00	400
2	To putty and spray painting rear portion.	\$ 1,200.00	\$ 1,000.00	600
3	To check rear lighting and wiring.	\$ 50.00	\$ 30.00	1
4	To remove and install rear bootlid lock mechanism.	\$ 80.00	\$ 60.00	40
5	To remove and install rear inner garnish and trim to facilitate the repair.	\$ 140.00	\$ 120.00	60
6	To apply anti rust proofing to rear affected area.	\$ 120.00	\$ 100.00	X
7	To remove and install rear bumper reverse sensor.	\$ 80.00	\$ 60.00	40
8	Towing service.	\$ 100.00	\$ 80.00	X
9	To remove and install rear exhaust muffler assy.	\$ 100.00	\$ 80.00	X
Total labour :		\$ 3,070.00	\$ 2,530.00	1170

# ANNEX C

## REPAIR DETAILS

### Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 5,704.00	\$ 5,292.70
Total labour :	\$ 3,070.00	\$ 2,530.00
Total repair cost :	\$ 8,774.00	\$ 7,822.70

Adjusted Repair Cost (Lump Sum Repair)

\$ 6,300.00

26/2.3

20% : 2100

4 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/LPC19019156/Gyf3e2-1		
300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555		Date : 03-04-2020		
		Code : LPC2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SMG 50P	Veh. Inspected	SJS 6127K	
Policy No.		Coverage (\$)	0.00	
Claim No.	19/19/19/VP05/022573	Excess (\$)	0.00	
Assign From	KENNY LIM	Assign Date	26/03/2020	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MITSUBISHI LANCER	c.c	1499	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JMYSRCY2A9U004491	Colour	RED	
Odometer	204731	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	WEST LAKE	5 mm	
L/H Front Tyre	195/65 R15	WEST LAKE	5 mm	
R/H Rear Tyre	195/65 R15	WEST LAKE	5 mm	
L/H Rear Tyre	195/65 R15	WEST LAKE	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	27/10/2019	Inspection Date	30/10/2019	
Survey held at	8 KAKI BUKIT AVE 4 #04-20 PREMIER			
Repairer	A-TEC AUTOMOTIVE PTE LTD			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 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 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJS 6127K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER ASSY	DENTED / WARPED	598.00	598.00
2	REAR BUMPER BRACKET	SERVICEABLE	112.00	-
2	REAR BUMPER SIDE RETAINER	SERVICEABLE	116.00	-
1	REAR BUMPER INNER BEAM	BENT	179.00	105.00
1	REAR BOOTLID ASSY	TO REPAIR SEE LABOUR	768.00	-
1	REAR BOOTLID CENTRE LOGO	NECESSARY	65.00	42.00
4	REAR BOOTLID RUBBER STOPPER	SERVICEABLE	63.00	-
1	REAR LEFT TAILLAMP	SERVICEABLE	476.00	-
1	REAR RIGHT TAILLAMP	SERVICEABLE	476.00	-
1	REAR END LOWER PANEL	TO REPAIR SEE LABOUR	457.00	-
1	REAR END LOWER PANEL TOP GARNISH	WARPED / BENT	118.00	118.00
1	REAR BOOTLID LOCK	BENT	115.00	85.00
2	REAR BUMPER REFLECTOR	BENT	156.00	84.00
1	REAR BUMPER REINFORCEMENT	BENT	297.00	297.00
1	REAR BOOTLID LEFT TAILLAMP	SERVICEABLE	232.00	-
1	REAR BOOTLID RIGHT TAILLAMP	SERVICEABLE	232.00	-
2	REAR NO PLATE LAMP	SERVICEABLE	128.00	-
1	REAR EXHAUST MUFFLER ASSY	SERVICEABLE	799.00	-
2	REAR EXHAUST MUFFLER RUBBER MOUNTING	SERVICEABLE	36.00	-
1	REAR BOOTLID WEATHERSTRIP	NECESSARY	168.00	168.00
1	REAR BOOTLID INNER BOARD	SERVICEABLE	269.00	-
	LESS 10% DISCOUNT		-586.00	-149.70
			5,274.00	1,347.30
<b><u>SPECIAL NETT ITEMS</u></b>				
10	REAR BUMPER CLIPS (SN)	NECESSARY	50.00	35.00
4	REAR END LOWER PANEL TOP GARNISH CLIPS (SN)	NECESSARY	20.00	20.00
2	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	250.00	-
1	REAR NO PLATE WITH GARNISH (SN)	NECESSARY	80.00	40.00

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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
10	REAR BOOTLID INNER BOARD CLIPS (SN)	NOT NECESSARY	30.00	-
			430.00	95.00
	<b>LABOUR</b>			
	LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN REAR AFFECTED AREA AND REPLACE REAR DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF REAR BOOTLID ASSY AND REAR END LOWER PANEL.		1,200.00	400.00
	TO PUTTY AND SPRAY PAINTING REAR PORTION.		1,200.00	600.00
	TO CHECK REAR LIGHTING AND WIRING.		50.00	30.00
	TO REMOVE AND INSTALL REAR BOOTLID LOCK MECHANISM.		80.00	40.00
	TO REMOVE AND INSTALL REAR INNER GARNISH AND TRIM TO FACILITATE THE REPAIR.		140.00	60.00
	TO APPLY ANTI RUST PROOFING TO REAR AFFECTED AREA.	NOT NECESSARY	120.00	-
	TO REMOVE AND INSTALL REAR BUMPER REVERSE SENSOR.		80.00	40.00
	TOWING SERVICE.	NOT NECESSARY	100.00	-
	TO REMOVE AND INSTALL REAR EXHAUST MUFFLER ASSY.	NOT NECESSARY	100.00	-
			3,070.00	1,170.00
<b>GRAND TOTAL</b>			<b>8,774.00</b>	<b>2,612.30</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,100.00</b>

Report Ref No. CS3/LPC19019156/Gyf3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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