

Our Ref

: 20/20/20/VP05/023407

Your Ref

: CS3/LPC20006355/Eyf3e2

19 August 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 SKF7244E

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SKF7244E
  - b) GIA report SKF7244
  - c) GIA report and photos of SDT2678D

Kindly study the documents and let us have your report by 1 September 2020.

Yours faithfully

V

GERALD POH SENIOR EXECUTIVE (CLAIMS)

Email: mt\_claim@lonpac.com

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 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 witholding 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.
- 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.

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/06/2020 17:24
Date Of Accident	16/06/2020 12:40
Exact Location Of Accident	PAYA LEBAR RD TOWARDS GEYLANG EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDT2678D
Insured/Policyholder	
Name Of Registered Owner	GALVIN LOO BENG GEE
NRIC No	S6815125B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97848798
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	AUDI
Model	A1-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z20VP05025862
Cover Note Number	
Driver	
Name of Driver	GALVIN LOO BENG GEE
NRIC No	S6815125B
Date Of Birth	23/04/1968
Occupation	INDOOR
Date Of Driving Pass	14/09/1994
Driving Experience	25 YEARS AND 9 MONTHS
	1340/12

(LOCAL) +65-97848798

MALE

Fax Number

Mobile Number

Gender

OFFICE-NOPHONE Contact Number

NOEMAIL EMail Address

466 SIGLAP ROAD #01-18 S'PORE455942 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

COLLISION - CHANGE/CROSS LANE Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

SKF7244E

NO

YES NO

NO

YES

NO

1

NO

NO

Vehicle Registration Number Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

DETAILS OF OTHER VEHICLE PROPERTY 1

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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.
- 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:
  - 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
  - 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

Name NRIC/FIN No

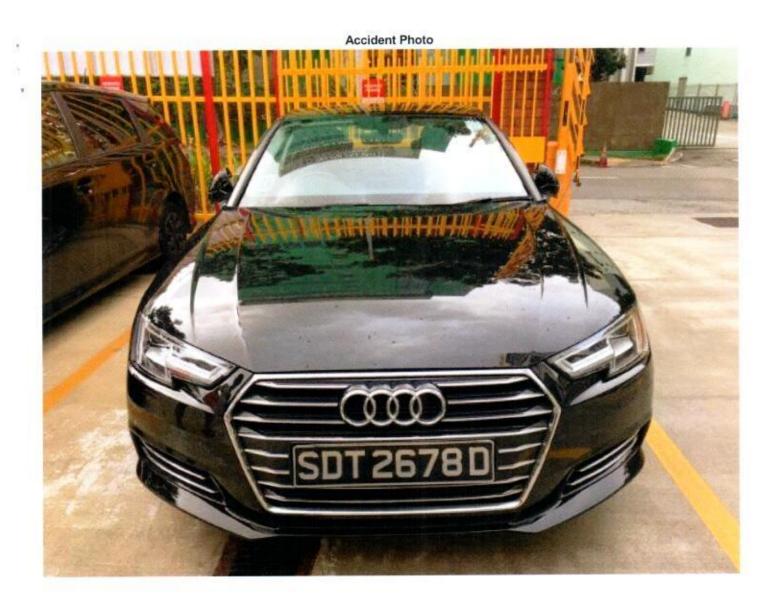
Reporting Centre Personnel's Signature

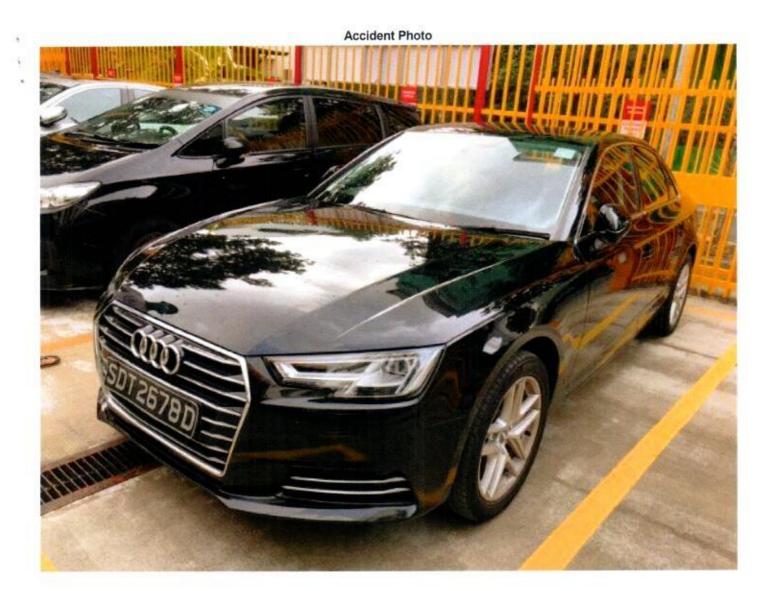
## Sketch Plan #2

SKETCH PLAN		
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EMANGE LANE		
DECLARATION		
I/We declare the foregoing particula	ars are true in every respect.	
- SHOWING		
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time

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 witholding of material facts may allow insurance companies to repudiate policy liability.
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- 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

	ACCIDENT STATEMENT	
Date Of Report	16/06/2020 17:05	Licht-re-
Date Of Accident	16/06/2020 12:35	
Exact Location Of Accident	PAYA LEBAR ROAD	
Country/State of Loss	SINGAPORE	
<b>下级是比较为特别</b>	DETAILS OF OWN VEHICLE	The state of the s

DETAILS OF O	WN VEHICLE	Ξ
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Vehicle Registration Number

SKF7244E

Insured/Policyholder

Name Of Registered Owner

KOH KIAN SENG (XU JIAN CHENG)

NRIC No SXXXX291Z

Email Address JOELYNNWANG@GMAIL.COM

Mobile Phone No (LOCAL) +65-82987523 Alternative Phone No. OFFICE-82987523

Vehicle Particulars

Manufacturer HYUNDAI Model **ELANTRA** 

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5103010112-01

Cover Note Number

Driver

Name of Driver JOELYNN KOH WEIZHEN

NRIC No SXXXX174F Date Of Birth 05/07/1983 Occupation OUTDOOR Date Of Driving Pass 21/07/2015

Driving Experience 4 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-82987523

Fax Number Contact Number

EMail Address JOELYNNWANG@GMAIL.COM Address

APT BLK 293A COMPASSVALE CRESCENT #03-03

Postcode

541293

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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)

#### 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 ATTACHED

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

**SDT2678D** 

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LOO BENG GEE

NRIC/Passport Number

SXXXX125B

Contact Number

97848798

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

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## Sketch Plan #2

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Correspondence Address: 1 Simei St.3 #02-24 S(529890) Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

## VEHICLE INSPECTION REPORT

Report No.: PAS/TP/0110620

Date of Report

: 26/06/2020

To: Mr Koh Kian Seng (Xu Jian Cheng)

Date of Assignment : 17/06/2020 Report requested by : Mr Koh Kian Seng (Xu Jian (

C/o. 25 Kaki Bukit Road 4 Synergy@KB #01-40 Singapore 417800

Date of Accident

: 16/06/2020

Date of Inspection

: 17/06/2020

Claim No.

: Third Party Claim

Policy No.

. -

## PARTICULARS OF DAMAGED VEHICLE

Vehicle Registration No.

: SKF7244E

Engine Capacity (cc) : 1591cc

: 237709km

Make & Model

: Hyundai Elantra 1.6

Mileage (km)

Chassis / Frame No. : KMHDH41CMCU565841

Date of Registration

: 28/06/2012

Engine No.

: G4FGCU575218

Colour

: Met. Silver

#### TYRE CONDITION

Front LH

: 4 mm

: Dunlop

Front RH Make

: 4 mm

; Dunlop

Rear LH

: 4 mm

Rear RH

: 4 mm

Make

Make

: Dunlop

Make

: Dunlop

Road wheels Type: Alloy

(The above represents the approximate remaining life of tyre treads)

## PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)

General Bodywork

: Good

Paintwork

: Good

Handbrake

: Serviceable

Footbrake

: Serviceable

Steering

: Serviceable

Apparent Engine Modification

: Nil

## PLACE OF REPAIRER OFFICE/WORKSHOP

Location

M/s. 3 Motorwerkz Concept Ptd Ltd

25, Kaki Bukit Road 4, Synergy@KB, #01-40, Singapore 417800

#### ASSESSMENT

Repairer's Estimate

4,802.80

Revised Amount

: 5 3,576.08

Less Excess

: \$

: \$

Recommended Reserve

: \$

2,860.00 (Lump Sum)

Estimated Normal Period of Repairs

: 5 Working Days

Disclaimer: The information contained in this report is intended for exclusive use of the addresses (including any attachments) solely in relation to the loss occurrence in which the assessed vehicle involved. It is confidential and may protected by legal privileged. No liability or responsibility whatsoever shall be held by PROMINENT APPRAISER SERVICES PTE LTD for any reliance on this report by any third party. If you are not the intended recipient, please contact us immediately to arrange for its return and you should not disseminate, distribute, copy any information contained herein or use of this communication is strictly prohibited.

# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers Correspondence Address: 1 Simei St.3 #02-24 S(529890) Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No : SKF7244E

Report No.: PAS/TP/0110620

## GENERAL REMARKS

WITHOUT PREJUDICE

#### THE ASSIGNMENT

The survey was conducted at M/s. 3 Motorwerkz Concept Ptd Ltd, 25, Kaki Bukit Road 4, Synergy@KB, #01-40, Singapore 417800.

(Subsequent inspections have been conducted)

## POINT OF IMPACT

At the rear portion.

#### DAMAGES

The boot lid, rear bumper, rear end panel, rear floor panel, rear chassis members, rear fenders, etc.

Other parts were also found damaged. (See schedule for details)

## ADJUSTMENT / RECOMMENDATION

We have inspected thoroughly each and every item on the repairer's estimate against the actual damaged found on the vehicle. We list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is SGD \$3,576.08.

#### CONCLUSION

The repairer has agreed to undertake the repairs at a lump sum of SGD \$2,860.00.

This inspection was conducted entirely on a 'Without Prejudice' basis. We have not given an authorization and/or instruction to the repairer to proceed with the repairs.

We hereby reverting the matter to you for your discretion on repairs.

Assuring you of our best services always.

Yours Truly.

Prominent Appraiser Services Pte Ltd

Andrew How

Automobile Appraiser

MSAAA

Licensed Appraiser



# PROMINENT APPRAISER SERVICES PTE LTD Qualified Loss Adjusters And Motor Appraisers Correspondence Address: 1 Sirnei St.3 #02-24 S(529890) Mobile: 9295 2204 Fax: 6722 8508 Email: pasvos@hotmail.com Business Reg. 201404434D

Vehicle No: SKF7244E

Report No.: PAS/TP/0110620

## APPRAISEMENT SCHEDULE

S/No.	Qty	Parts Descriptions	Condition				epairer's timate (S\$)	Asso		Our nent (S\$)
1 2 3 4 5 6 7 8 9 10 11	2 pcs	Boot lid Boot emblem (Logo) Boot emblem (Hyundai) Boot emblem (Elantra) Boot lock Rr bumper Rr bumper reinforcement Rr bumper clip Rr bumper retainer R/L Rr bumper reflector R/L Rr lock antenna Rr end panel	Dented/Distorted Necessary Necessary Necessary Dented/Damaged Dented/Deformed Dented/Cracked Necessary Necessary Refit Dented/Damaged	\$ \$ \$	3.50 24.80 32.10	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1,188.00 25.60 34.70 38.80 134.60 485.30 326.30 21.00 49.60 64.20 116.20		S	1,188,00 25,60 34,70 38,80 134,60 485,30 326,30 21,00 49,60
13	1 pc 1 pc	Rr end panel garnish	Dented/Repair Refit List		Discount : 20 b-Total :	\$ \$ \$ \$ \$	482.90 123.80 3,091.00 618.20 2,472.80	=	\$ \$ \$ \$	2,420.10 484.02 1,936.08
1 2		Rr reverse sensor Rr bumper top scuff plate	Dented/Damaged Dented/Necessary Special	Nett Su	S/N S/N b-Total :	\$ \$	200.00 150.00 350.00		\$ \$	200.00 150.00 350.00
				Part	s Total :	\$	2,822.80		\$	2,286.08



Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehi	cle No : SKF7244E		Report No	. : PAS/7	P/0110620
S/No.	. Labour Descriptions		pairer's imate (S\$)	(	Our ment (S\$)
1	To remove and reinstall electrical wiring system for necessary repairs.  To check rear electrical wiring system.	\$	70.00	S	20.00
2	To transfer boot component parts to new boot.	\$	100.00	s	70.00
3	To remove and reinstall rear interior trims, garnishes, etc. for necessary repairs.	\$	100.00	\$	80.00
4	To remove, replace and reinstall rear reverse sensors & control unit.	\$	60.00	S	50.00
5	To straighten, repair, realign on affected area and replace damaged parts.	\$	800.00	\$	440.00
6	To spray painting, blending on affected and adjacent area.	\$	800.00	S	600.00
7	To spray anti-rust coating on new and affected panels.	s	50.00	\$	30.00
	Labour Total:	S	1,980.00	_s	1,290.00
	Total (Parts & Labour) :	S	4,802.80	<u> </u>	3,576.08

## For Lump Sum Repairs

The final adjusted Lump Sum contract amount is \$ 2,860.00

Under normal circumstances, the repairs should be completed within a reasonable period

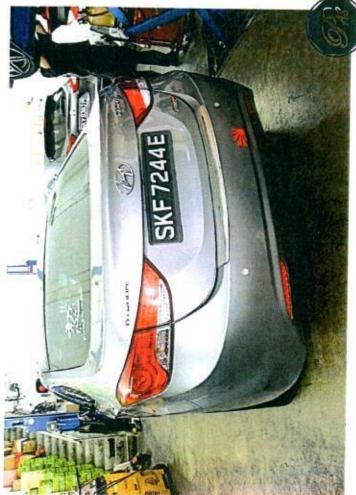
5 Working Days. (Exclude waiting days of PRI, Sunday, Pubic Holiday and awaiting of shipment for spare parts)

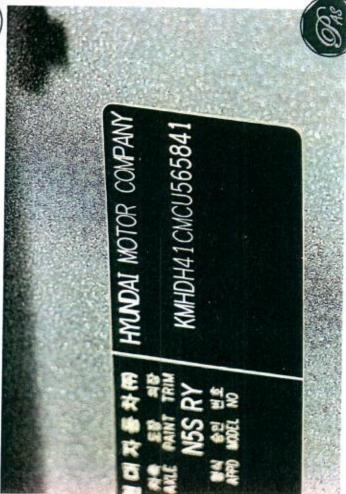
Photographs were taken at the time of inspection.

N.B: By accepting to carry out the repairs on a contract Lump Sum basis, the repairer shall has the prerogative and discretion to replace the damaged parts with new, used, OEM or reconditioned parts and/or to repair the vehicle on a roadworthy condition to the entire satisfaction of owner.





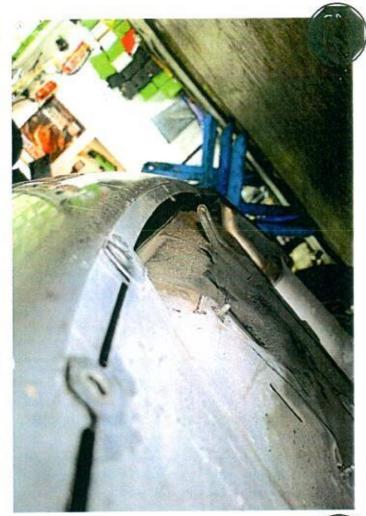




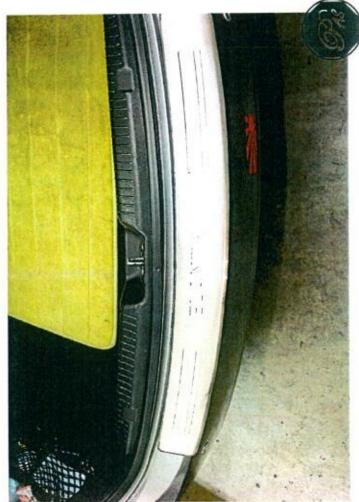








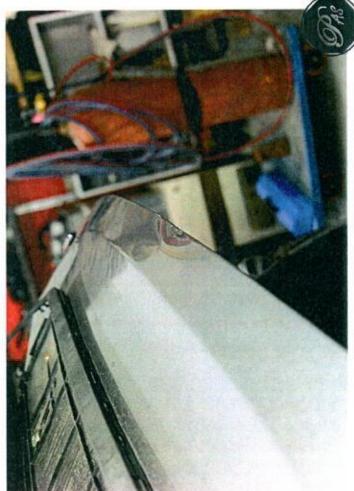












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