



# **LONPAC INSURANCE BHD**

(S98FC5635C)

Our Ref : 19/20/20/VC05/023575

Your Ref : CS3/LPC20008987/R1f3e2

1 December 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 SMT8801T**

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SMT8801T
- b) GIA report SMT8801T
- c) GIA report and photos of GBF6110X

Kindly study the documents and let us have your report by 11 December 2020.

Yours faithfully

**GERALD POH**  
**SENIOR EXECUTIVE**  
**(CLAIMS)**  
Email : [mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)

# TG 2K SPRAY PAINTING CENTRE

Address : Blk 1010 Bukit Merah Lane 3 #01-117 Singapore 159724

Phone (65) 68414220 Fax (65) 67442935

Business Reg No : 43853100 X

## INVOICE

Bill To:

MS AMY GOH SOH MUI

NO. 20

KELULUT HILL

SINGAPORE 505884

NO. : 25876

DATE : 09-09-2020

S/NO	DESCRIPTION	AMOUNT
	VEHICLE NO : SMT 8801 T MODEL : MERCEDES BENZ E180 JOB NO : O - 30557	
1	THE RECOMMENDED REPAIR COST FOR THE ABOVE- MENTIONED ACCIDENT VEHICLE INCLUDES SUPPLYING OF NEW SPARE PARTS  DOLLARS : EIGHT THOUSAND FIVE HUNDRED THIRTY AND CTS SEVENTY-TWO ONLY  TERMS : CASH	\$ 8,530.72
TOTAL DUE :		\$ 8,530.72

  
for TG 2K SPRAY PAINTING CENTRE



THANK YOU FOR YOUR BUSINESS!

## 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	25/08/2020 09:26
Date Of Accident	24/08/2020 16:00
Exact Location Of Accident	PLANTATION AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT8801T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMY GOH SOH MUI
NRIC No	SXXXX723A
Email Address	AMY3344@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97533344
Alternative Phone No	OFFICE-97533344

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E180-1.5 (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 THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	2070057590

### Driver

Name of Driver	AMY GOH SOH MUI
NRIC No	SXXXX723A
Date Of Birth	13/02/1972
Occupation	INDOOR
Date Of Driving Pass	23/02/2015
Driving Experience	5 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97533344
Fax Number	
Contact Number	OFFICE-97533344
Email Address	AMY3344@GMAIL.COM



Address	20 KELULUT HILL
Postcode	805884
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### 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	GBF6110X
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**

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

I understand, acknowledge, agree and consent that:

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

\_\_\_\_\_  
Policyholder's Signature  
Date & Time: \_\_\_\_\_

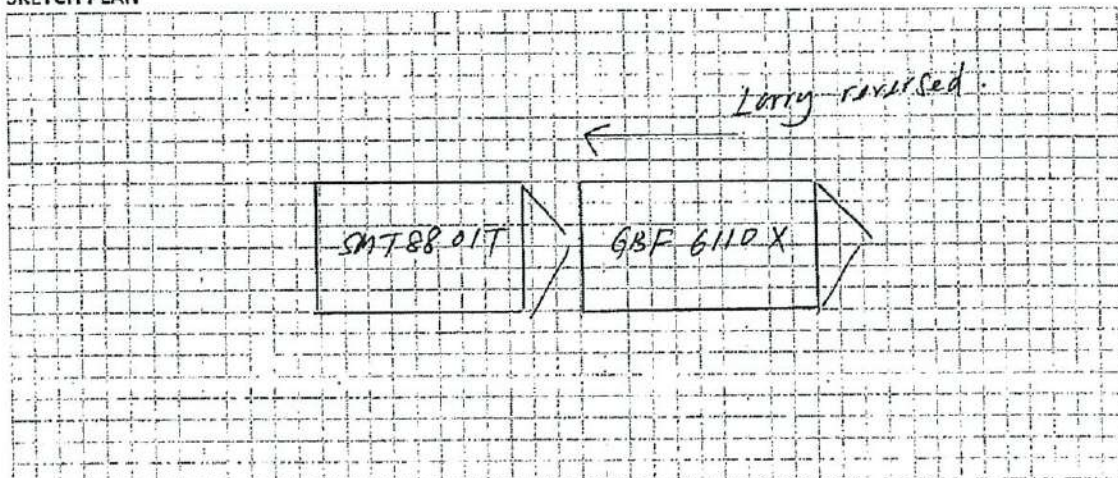
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: \_\_\_\_\_

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





### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SMT 8801 T ACCIDENT DATE & TIME: 24/8/20 @ 4pm.

CONTACT NUMBER: 97533344 E-MAIL ADDRESS: amy3344@gmail.com.

LOCATION: Plantation Ave.

My Car was station at No: 4, Plantation Ave, a lorry  
68F6110 X reversing and hit my car.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN  
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

## 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: \_\_\_\_\_

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



# *ST Appraisal Services*

## Insurance Loss Adjusters & Licensed Appraisers

### Insurance Claim Investigator

Business Address: 60 Arab Street Singapore 199757  
Tel: 66523352 / 98586761; Fax: 62970270

Mailing Address : 161 Alexandra Post Office Singapore 911506

Date : 3<sup>rd</sup> Sept 2020

Our Ref : TP / TG2K SMT8801T/ 08.24/20  
Your Ref :

Ms Amy Goh Soh Mui  
No 20  
Kelulut Hill  
Singapore 805884

## **DAMAGED VEHICLE (SMT 8801 T) INSPECTION REPORT (WITHOUT PREJUDICE)**

Detailed accounts of our inspection are as follows:

### **(A) Reference**

Name of Claimant	Ms Amy Goh Soh Mui	Date of Request	26 <sup>th</sup> Aug 2020
		Referred By	Insured
Policy No.	Please Advice	Date of Inspection	26 <sup>th</sup> Aug 2020
Claim No.	Please Advice	Date of Re-inspection	
Accident Date	24 <sup>th</sup> Aug 2020	Sum Insured	NA
Repairer	TG2K SPRAY PAINTING CENTRE	Excess Amount	NA
	Blk 1010 Bukit Merah Lane 3	3 <sup>rd</sup> Party Vehicle	Please Advice
	#01-117 Singapore 159724	3 <sup>rd</sup> Party Insurer	Please Advice

### **(B) Particulars of Vehicle**

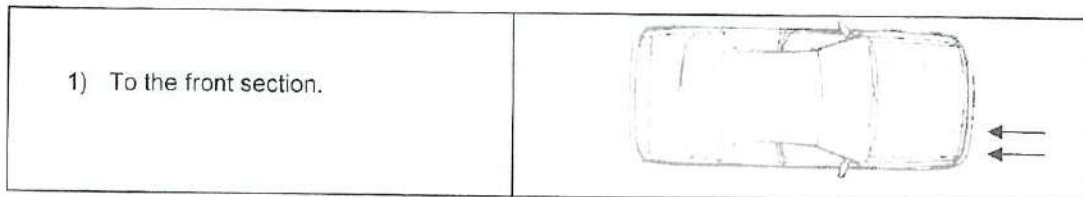
Registration No	SMT 8801 T	Mileage	10064 Km
Make & Model	MERCEDES BENZ E180	Engine No	26491530245111
Date of Registration	1 <sup>st</sup> Apr 2020	Chassis No.	W1K2130762A764691
Colour	Blue	Engine Capacity.	1,497 cc

### **(C) Pre-Accident Condition (Static Test Only)**

Steering	Serviceable	Paint Work	Good
Foot-brake	Serviceable	Modification	NIL
Hand-brake	Serviceable	General Condition	Good

**(D) Tyre Condition**

	<b>Tread Depth</b>	<b>Make</b>	<b>Size</b>
Front Left	80 %	MICHELIN	225/55 R17
Front Right	80 %	MICHELIN	225/55 R17
Rear Left	80 %	MICHELIN	225/55 R17
Rear Right	80 %	MICHELIN	225/55 R17

**(E) Point of Impact****(F) General Description of Damages**

The impact of the collision has damaged/affected the bonnet, front bumper, front grille, headlamp and etc.

Please refer to the Annex for a detailed account of the damages and photographs taken.

**(G) Recommendation**

We have inspected thoroughly the actual damages found on the vehicle, before we arrived at our recommendation as to whether the parts needed replacement or repairs.

Our adjusted cost of repair is **\$8,530.72** and an estimated **5** days is required to repair the vehicle. Please refer to the Annex for a detailed account of the cost estimates.

**(H) Remarks**

We have not authorised the repairs. However for information, under normal circumstances, the repairs should not exceed **5** days.

This inspection was conducted on a **“without prejudice”** basis.

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

ST Appraisal Services

T T RAJAN  
MVI, ITC (Mechanical), NTC (Motor Vehicle)  
ASIET, MSAAA, Assessor/Appraiser



## ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS FOR VEHICLE NO: SMT 8801 T

## Adjustment of Spare Parts Costs for Repairs

Item	Qty	Vehicle parts description	Condition / Remark	Estimated by workshop	Disc. (%)	Adjusted cost
1	1	Bonnet	dented	1782.20	10	1603.98
2	1	Bonnet logo	necessary	72.80	10	65.52
3	1	Headlamp	cracked	2652.40	10	2387.16
4	1	Front bumper	cut/torn	1240.00	10	1116.00
5	1	Front bumper sensor	malfunction	192.50	10	173.25
6	1	Front bumper sponge	damaged	92.50	10	83.25
7	1	Front bumper centre support	cracked	126.30	10	113.67
8	1	Front grille	cracked	147.20	10	132.48
9	1	Front grille base	cracked	228.00	10	205.20
10	1	Front grille logo	cracked	146.20	10	131.58
11	1	Front grille moulding RH - upper	damaged	78.60	10	70.74
12	1	Front grille moulding RH - lower	damaged	74.20	10	66.78
13	1	Radiator top panel	dented	577.20	10	519.48
14	1	Radiator top panel garnish	torn	146.25	10	131.63
15	1	Front fender	to repair	-		-
				7556.35		6800.72

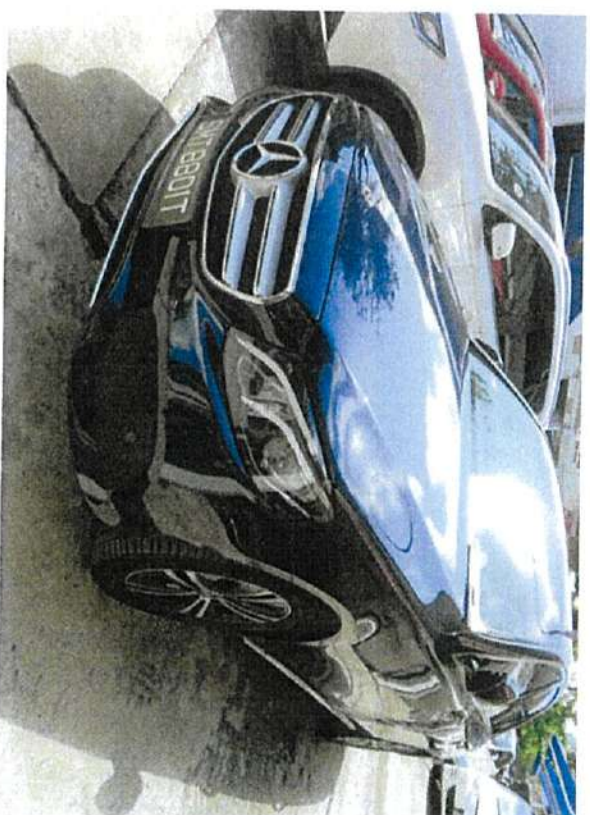
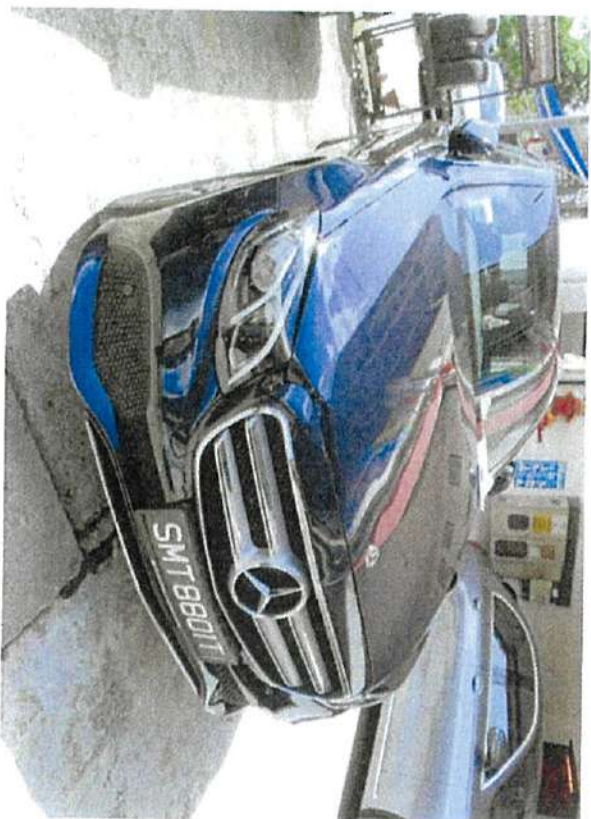
## Adjustment of Labour Costs for Repairs

To remove and replaced damaged parts including straightening and repositioning replacement parts.	900.00	720.00
Supply paint material and necessary items. To respray replaced and other affected panels.	700.00	650.00
To carry out body panel cavity treatment.	150.00	100.00
To check wiring system for proper functions.	100.00	60.00
To carry out diagnostic test and reset settings where necessary.	250.00	200.00
<b>Total labour</b>	<b>2100.00</b>	<b>1730.00</b>

## Adjustment Parts and Labour Costs of Repairs

	Estimated by workshop	Adjusted cost
TOTAL PARTS COSTS	7556.35	6800.72
TOTAL LABOUR COSTS	2100.00	1730.00
TOTAL REPAIR COSTS	9656.35	8530.72

**ADJUSTED REPAIR COST****8530.72**



ST Appraisal Services

