

22/03/2002

ASS. REC. BY:

REF:

CS/SPPF17022637 / Grbez

Special Instruction:

SURVEYOR:

602

ASSIGNMENT (Office)

From (Person): Abdul Rahiman

of

SPPF

Date/Time: 28-11-2017

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLT 2494Y

Insured:

GX 4639D

at Workshop m/s

Abuain Service

Tel:

8668 0608

of

8 Kaki Bukit Ave 4 #07-48

Policy No:

Claim No:

ALMO/105/009/2017/154

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

24-11-2017

CA / REV / REP. / REV 24 HRS w/p

H.O.D. Endorsement:

Date/Time:

28/11/2017 3:01pm

Person Contacted:

Evan

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SLT 2494Y - X

GX 4639D - X

Submit P/P \$1,300.16, 3 days

Pd: \$3054.64, 70%.

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop no: **ABwin**

of _____

Insured: ~~90700177~~

Policy No. _____

Claims No. _____

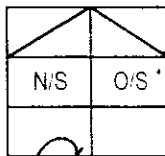
Sum Insured: _____

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SLT2494Y**Yr Regn: **24 Oct 2017**Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: **Hyundai Tucson****1591**Colour: **Red**

A/C: _____

Insured / Std / NI / NA

Sp. Reading: **1499**

T. Radio: _____

Insured / Std / NI / NA

Eng. No: _____

C. No: **KM HJ 3812VJU 587567**Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: Nil / S/Rim / STD ☒ A/Rim orTyre Size: F: **225 / 60R17**R: **11**

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

TOYO / YOKO or **KUMHO**

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mm

D.O.A. _____

D.O.I. **30-11-17**Survey held at **W/S****4:30pm**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

RECEIVED 9 JAN 2018

Date/Time: File Pass to?



Preli. Report

1. **typed**

Final Report

Date/Time: File Return to?

2. _____

Days Of Repair: **3**

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS + SI

Photos

Others

Report Format: **TP**Lump Sum / I.B.I: \$ **1300-16**

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Weekend (\$

TOTAL

200



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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS/SPF17022637/Grb

ACCIDENT CLAIM SECTION
(SINGAPORE POLICE FORCE)
1 MOUNT PLEASANT ROAD
BLK 8 OLD POLICE ACADEMY SINGAPORE 298333

Date : 28-11-2017



Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 4639D	Veh. Inspected	SLT 2494Y
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2017/154	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	28/11/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--	--

5. General Information

Accident Date	24/11/2017	Inspection Date
Survey held at	ABWIN SERVICE PTE LTD No. 8 KAKI BUKIT AVENUE 4 #07-48 PREMIER@KAKI BUKIT GATE 2 SINGAPORE 415875	

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.



SINGAPORE POLICE FORCE

SPF Accidents Claims Section
Automotive Engg & Mgmt Div
Police Logistics Department
No. 1 Mount Pleasant Road
Block 8 Old Police Academy
#02-12 Singapore 298333

Your Ref : SLT2494Y

Our Ref : AEMD/105/009/2017/154

Date : 28 Nov 2017

Tel: 64784840

Fax: 64784848

LKK Auto Consultants Pte Ltd
Paya Ubi Industrial Park
51 Ubi Avenue 1 #01/02-25
Singapore 408933

Via Fax only: 62564315

Dear Sir,

ACCIDENT INVOLVING GOVT VEHICLE QX4639D AND OTHER VEHICLE SLT2494Y ON 24 NOVEMBER 2017

We refer to the above matter.

- 2 Kindly arrange for an Inspection of vehicle no. **SLT2494Y** at **M/s Abwin Service Pte Ltd of 8 Kaki Bukit Ave 4 #07-48 Premier@Kaki Bukit, Singapore 415875.**
- 3 For appointment kindly contact **Ivan Teo** at Tel: **67139416 HP: 86680608.**
- 4 Estimates were provided by the workshop.
- 5 Thank you.

Yours faithfully,

Abdul Rahman
Accident Claims Officer
for ASST DIRECTOR

A FORCE FOR THE NATION

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 ability.
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 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	27/11/2017 15:28
Date Of Accident	24/11/2017 15:50
Exact Location Of Accident	PIE BEFORE PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2494Y
Insured/Policyholder	
Name Of Registered Owner	ASGAR ALI SHAH
NRIC No	S0182451A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90230073
Alternative Phone No	OFFICE-90230073

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095708165
Cover Note Number	

Driver

Name of Driver	ASGAR ALI SHAH
NRIC No	S0182451A
Date Of Birth	27/05/1954
Occupation	INDOOR
Date Of Driving Pass	22/12/1977
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90230073
Fax Number	
Contact Number	OFFICE-90230073
Email Address	NOEMAIL

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

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

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? 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) 5

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE 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 QX4639D
Vehicle Make/Model/Colour
Details Of Properties VEH B
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number

Email Address


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:

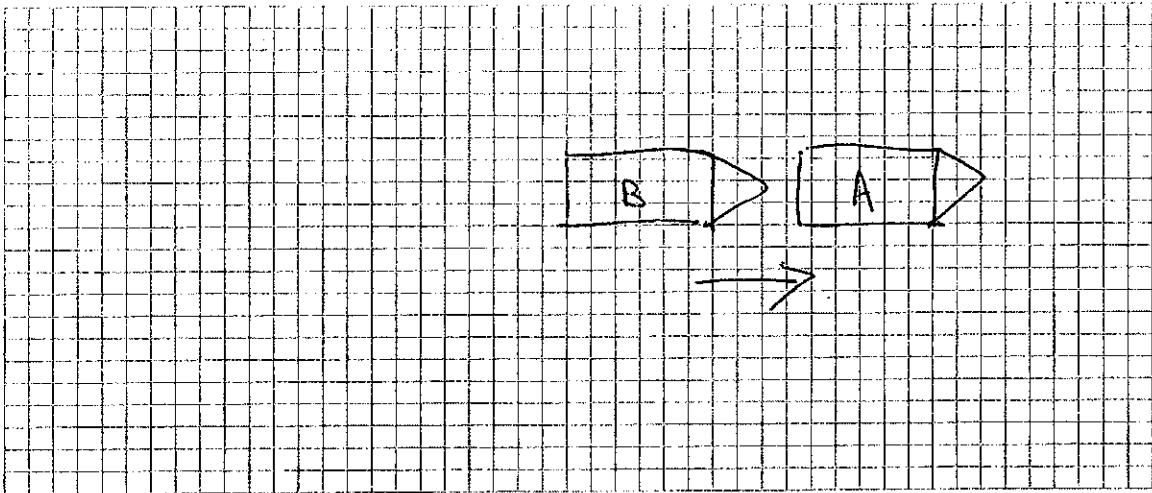
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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

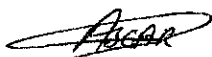


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT

DECLARATION

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



Policyholder's Signature
Date & Time:

GLAPMC SketchPlan v2.0.0_0/3

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



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



**SINGAPORE
POLICE FORCE**



T/20171124/2141

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20171124/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2017 19:24		Vide Report No.: A/20171124/0108		Station Diary No.:	
Informant's Particulars					
Name of Informant: ASGAR ALI SHAH			Address: APT BLK 107 YISHUN RING RD #02-209 HDB-YISHUN SINGAPORE 760107		
ID Type / ID No.: NRIC NO / S0182451A			Contact No.: Home/Office: Mobile: 90230073		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 27/05/1954	Type of Informant: Driver		
Race: Pakistani			Language:		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/11/2017 15:50	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY BEFORE PAYA LEBAR EXIT				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX4639D	Car				Seriously Damaged	1
SLT2494Y	Car	HYUNDAI	TL TUCSON 1.6 GLS T-GDI DCT 2WD	Red	Seriously Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20171124/2141

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171124/2141

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLT2494Y	NTUC Income Insurance Co-Operative Limited	5095708165	24/10/2017	23/10/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ASGAR ALI SHAH		ID No. S0182451A
Related Vehicle	NIL		Contact No. 90230073
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE STATED TIME, DATE AND LOCATION.

I AM DRIVING ON THE PIE ON THE FIRST LANE. I SAW THE CAR AHEAD OF ME SLOWING DOWN, SO I AM CONTROLLING MY SPEED IN ORDER TO MAINTAIN A GOOD DISTANCE BETWEEN MY CAR AND THE CAR INFRONT OF ME. I AM ALSO KEEPING A LOOKOUT TO THE CAR BEHIND ME AND IT WAS NOT REALLY MAINTAINING GOOD DISTANCE WITH ME. SO EVENTUALLY THE CAR IN FRONT OF ME DECIDED TO STOP. THEREFORE, I WAS ALSO FORCED TO COME TO A STOP. HOWEVER, THE VEHICLE BEHIND ME COULD NOT STOP IN TIME AND TRIED TO SWITCH TO THE SECOND LANE BUT COULD NOT DO SO IN TIME AND THE FRONT RIGHT SIDE OF HIS CAR BANGED INTO THE REAR LEFT SIDE OF MY CAR. WE STOPPED OUR VEHICLES AT THE ROAD SHOULDER. THE CAR BEHIND ME WAS ACTUALLY A POLICE CAR. SO AFTER THE INCIDENT, THE OFFICERS ACTUALLY MADE A CALL TO THE POLICE AND 1 TRAFFIC POLICE OFFICER ARRIVED AT THE SCENE. I WAS ADVISED TO HEAD DOWN TO TRAFFIC POLICE HQ TO MAKE A REPORT AND MEET IO RASHIDAH. THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20171124/2141

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20171124/2141

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
KHALED AMR HASSAN MOHSEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 LIM ENG KUAN, CLARENCE
Contact No.: 65476195

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/11/2017 19:24

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

Please arrange to survey vehicle at
8 KAKI BUKIT AVENUE 4 - GATE 2
#07-48 PREMIER @ KAKI BUKIT
SINGAPORE 415875

ABWIN 諭輝

IVAN TEO
ABWIN SERVICE PTE LTD
DID: 67139416
Fax: 67139415
HP: 86680608

Date : 28/11/2017
TP Vehicle No. : QX -4639-D
To : SINGAPORE POLICE FORCE
Attn : Motor Claim Department

Owner : ASGAR ALI SHAH
NTUC INCOME INSURANCE CO-OPERATIVE LTD
Certificate No. : 5095708165
Vehicle No. : SLT-2494-Y
Make & Model : HYUNDAI TL TUCSON 1.6 GLS T-GDI DCT 2WD

Accident Date: 24/11/2017

ESTIMATED REPAIR COST DETAILS

QTY	DESCRIPTION	REPAIR AMOUNT	SURVEYOR APP.
-----	-------------	---------------	---------------

List Item

1	REAR BUMPER / De	\$1,250.40	443.4
1	REAR BUMPER SIDE RETAINER RH / MLC	\$58.00	24.5
1	REAR BUMPER SIDE RETAINER LH / MLC	\$55.00	24.5
10	REAR BUMPER CLIPS / MLC	\$35.00	
1	REAR BUMPER UNDER COVER / Cut	\$650.00	224.9
1	REAR BRAKE LIGHT LH / SER	\$625.60	102.9
1	REAR BUMPER REINFORCEMENT X NN	\$480.00	X
4	REVER SENSOR X / ipc NW	\$480.00	120
	Sub Total	\$3,631.00	
	Discount 20% on Parts	(\$726.20)	
		\$2,904.80	

Labour & Misc

LABOUR TO FACILITATE REPAIR	\$800.00	200
TO SPRAY PAINT ON AFFECTED AREAS	\$600.00	200
TO INSTALL REVERSE SENSOR & CHECK FUNCTIONALITY	\$50.00	40
Sub Total	\$1,450.00	

3 Days.
part by part
before paint photos.
Gm. Qiao - 82880282
30/11/17

Sub Total \$4,354.80
GST 7% \$304.84
Total \$4,659.64

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:




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				
AUTOMOTIVE ENGINEERING & MGT DIVISION		Ref : CS/SPF17022637/Grbe2		
ACCIDENT CLAIM SECTION (SINGAPORE POLICE FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMYSINGAPORE 298333		Date : 22-01-2018		
Code : SPF				
1. Policy Particulars - THIRD PARTY CLAIM				
Insured Veh.	QX 4639D	Veh. Inspected	SLT 2494Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	AEMD/105/009/2017/154	Excess (\$)	0.00	
Assign From	ABDUL RAHMAN	Assign Date	28/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI TL TUCSON	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KMHJ3812VJU587567	Colour	RED	
Odometer	1499	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/60 R17	KUMHO	9 mm	
L/H Front Tyre	225/60 R17	KUMHO	9 mm	
R/H Rear Tyre	225/60 R17	KUMHO	9 mm	
L/H Rear Tyre	225/60 R17	KUMHO	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	24/11/2017	Inspection Date	30/11/2017	
Survey held at	ABWIN SERVICE PTE LTD No. 8 KAKI BUKIT AVENUE 4 #07-48 PREMIER@KAKI BUKIT GATE 2 SINGAPORE 415875			
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:		3 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLT 2494Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	1,250.40	443.40
1	REAR BUMPER SIDE RETAINER RH	NECESSARY	55.00	24.50
1	REAR BUMPER SIDE RETAINER LH	NECESSARY	55.00	24.50
10	REAR BUMPER CLIPS	NECESSARY	35.00	35.00
1	REAR BUMPER UNDER COVER	CUT	650.00	324.90
1	REAR BRAKE LIGHT LH	SCRATCHED	625.60	102.90
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	480.00	-
4	REVERSE SENSOR	NOT WORKING-1 PC ONLY	480.00	120.00
	LESS 20% DISCOUNT		-726.20	-215.04
			2,904.80	860.16
	LABOUR			
	LABOUR TO FACILITATE REPAIR.		800.00	200.00
	TO SPRAY PAINT ON AFFECTED AREAS.		600.00	200.00
	TO INSTALL REVERSE SENSOR & CHECK FUNCTIONALITY.		50.00	40.00
			1,450.00	440.00
	GRAND TOTAL		4,354.80	1,300.16
	RECOMMENDED COST OF REPAIRS			1,300.16

Report Ref No. CS/SPF17022637/Grbe2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.