

ASS. REC. BY:

REF:

CS/ASMI7023363/R1262

Special Instruction:

Surveyor

Rasul

ASSIGNMENT (Office)

Smart Claim

From (Person):

Jus Tan

of

AXA

Date/Time:

08/12/2017 2.04pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJB 6573U

Insured:

at Workshop m/s

Progressive

Tel:

67415336

of

Blk 302A Ubi Rd 1 #01-45/46

Policy No:

Claim No:

S7MD058D

Sum Insured:

Excess:

\$1100.00

Make of Veh:

D.O.A.

28/12/17

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

08-12-2017 2.26pm

Person Contacted:

Jia Min

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SJB 6573U - X

11/12/17 @ 3.15pm revert to Jus Tan via Smart Claim.

12/12/17 @ 3.04pm Jus Tan informed that the owner withdraw OD claim.

21/12/17 Submit Prelim report.






# 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				
AXA INSURANCE PTE LTD		Ref : CS/AXA17023362/R1qb		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 08-12-2017		
		Code : AXA2		
<b>1. Policy Particulars :- OWN DAMAGE</b>				
	Insured Veh.	Veh. Inspected	SJB 6573U	
	Policy No.	Coverage (\$)	0.00	
	Claim No. S7M005BD	Excess (\$)	1,100.00	
	Assign From SMART CLAIM (JAS TAN)	Assign Date	08/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
	Make & Model	c.c	0	
	Engine No. HIDDEN	Year of Reg.		
	Chassis No.	Colour		
	Odometer -	Steering		
	Brakes	Modification		
	General			
<b>3. Conditions of Tyres</b>				
		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
	Accident Date 28/11/2017	Inspection Date	08/12/2017	
	Survey held at PROGRESSIVE AUTOMOTIVE PTE LTD BLK 3022A UBI ROAD 1 #01-45/46, SINGAPORE 048716			
<b>5a. Remarks</b>				
	A) THE MARKET VALUE IS S\$----- (EST. AVERAGE) B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.			

# Survey Department Check List (Case Handler)

Reference No: CS/AXA/707336-1/P19b  
Policy Type: OD / TP / TP RES / TL / EVA

SJB 6573u

Case Handler

Typist

**Admin** ( Cath ): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

## (1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

**Surveyor** ( Pam ): Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp. Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

✓			
✓			
✓			
✓			
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✓			
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✓			
✓			
✓			

## (2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
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## (3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

✓			
✓			
✓			

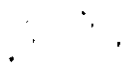
## (4) System - (Views/Merimen)

- C Resurvey photo Uploaded

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Check By:

Cath 21/12/17  
Case Handler Date




## « Service Request Details

Claim

S7M005BD

Reference

None 

Loss Date

November 28, 2017

Request Date

December 8, 2017

Due Date

December 15, 2017

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Accelerated survey and authorize

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

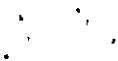
### Vehicle Information

Incident Vehicle Registration #

SJB6573U

Make

HONDA



Service Address

3022A, UBI ROAD 1, , , 408716

Primary Contact/Insured

CHASE RESOURCE MANAGEMENT PTE.LTD.  
33 UBI AVENUE 3, #08-54, VERTEX, 408868, Singapore, Singapore  
66592900

Claim Handler

Jas TAN  
6568804844  
jas.tan@axa.com.sg

Additional Instructions  
OD xs - \$600 + unnmaed driver \$500 = \$1100 workshop - SME

Messages	Invoices	History	Documents	Assessment	Metrics	Notes
----------	----------	---------	-----------	------------	---------	-------

TYPE	
SENT	12/8/17 2:05 PM
FROM	Jas TAN
SUBJECT	workshop-Progressive
BODY	workshop-Progressive





## Re:PRELIMINARY ADVICE OF VEHICLE SJB 6573U

Type

🔗 Question

Message

Hi, please proceed to close report and bill. insured has withdrawn OD claim.

Reply

## **Shiau Chan (LKKAuto)**

---

**From:** Shiau Chan (LKKAuto)  
**Sent:** Monday, 11 December, 2017 2:17 PM  
**To:** progauto@progauto.com.sg  
**Cc:** SUR; Rasul (LKKAuto)  
**Subject:** FW: SJB 6573U DOA : 28/11/2017

Dear Wendy,

As spoken with Lily.

Kindly on hold the authorisation of the vehicle SJB 6573U due to the margin of repair only \$300.00.

We will recommend total loss.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Rasul (LKKAuto)  
**Sent:** Friday, 8 December, 2017 5:53 PM  
**To:** peiwen@progauto.com.sg  
**Cc:** Shiau Chan (LKKAuto) <[siewsc@lkkauto.com](mailto:siewsc@lkkauto.com)>  
**Subject:** SJB 6573U DOA : 28/11/2017

Hi Wendy,

As spoken, this vehicle COE expired on Jan 2018. Base on the calculation, the NETT amount to repair is only \$300  
The repair amount had already beyond 300 and advisable to be treated as total loss  
Kindly acknowledge

Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



LKK  
Auto  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*



## Rasul (LKKAUTO)

---

**From:** Rasul (LKKAUTO)  
**Sent:** Friday, 8 December, 2017 5:53 PM  
**To:** 'peiwen@progauto.com.sg'  
**Cc:** Shiau Chan (LKKAUTO)  
**Subject:** SJB 6573U DOA : 28/11/2017

Hi Wendy,

As spoken, this vehicle COE expired on Jan 2018. Base on the calculation, the NETT amount to repair is only \$300  
The repair amount had already beyond 300 and advisable to be treated as total loss  
Kindly acknowledge

Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



*Save the Earth. Print only when necessary.*



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: S7M005BD

Date: 11<sup>th</sup> December 2017

Our Ref: CS/AXA17023362/R1qb

The Motor Claims Department  
AXA Insurance Singapore Pte L td

Attn: Jas Tan

Dear Sirs/Mdm

**PRELIMINARY ADVICE OF VEHICLE NO. SJB 6573U**

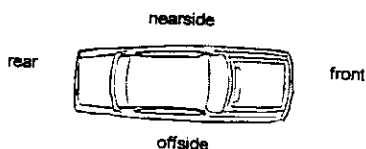
We thank you for the instruction on 08/12/2017.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 08/12/2017 (3.20pm) at the premises of M/s PROGRESSIVE and have the following to report:-

Workshop Estimate Amount	: S\$ 4,179.00 .
Revised Estimate Amount	: S\$ 3,025.00 .
"Check" Items Amount	: S\$ 818.00 .
Total	: S\$ 3,843.00 .
Market Value	: S\$ 7,000.00 .
LTA Reimbursement Value	: S\$ 6,663.00 .
Nett Value	: S\$ 337.00 .

Description of Damage:

The vehicle sustained damages at the front portion.



Comments/ Present Status:

Damages consistent.

Repair cost not economical.

Estimated normal period for repairs: 07 working days.

We have not authorised the repairs.

Yours faithfully

Rasul  
Automobile Assessor

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	4089E

### Vehicle Details

Vehicle No.	SJB6573U
Vehicle to be Exported	No
Intended De-registration Date	08 Dec 2017
Vehicle Make	<u>HONDA</u>
Vehicle Model	<u>FIT 1.3G A</u>
Primary Colour	<u>Black</u>
Manufacturing Year	2007
Engine No.	L13A4018926
Chassis No.	GE61016403
Maximum Power Output	73.0 kW (97 bhp)
Open Market Value	\$11,841.00
Original Registration Date	<u>18 Jan 2008</u>
First Registration Date	18 Jan 2008
Transfer Count	1
Actual ARF Paid	\$13,026.00

### Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	17 Jan 2018
PARF Rebate Amount	\$6,513.00

### Intended COE Rebate Details

COE Expiry Date	<u>17 Jan 2018</u>
COE Category	A - Car (1600cc & below)
COE Period(Years)	10
QP Paid	\$14,001.00
COE Rebate Amount	\$150.00
<b>Total Rebate Amount</b>	<b>\$6,663.00</b>

The information contained herein is correct as at 08 Dec 2017

OK

7,000  
6663  
337

## 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	07/12/2017 14:52
Date Of Accident	28/11/2017 14:55
Exact Location Of Accident	JUNCTION OF PAYA LEBAR ROAD & UBI AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB6573U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHASE RESOURCE MANAGEMENT PTE. LTD.
Co Reg No	200604089E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66592900

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA161912/1
Cover Note Number	

### Driver

Name of Driver	CHUA KAI XIANG, MATTHEW ( CAI KAIXIANG )
NRIC No	S8732420F
Date Of Birth	22/10/1987
Occupation	INDOOR
Date Of Driving Pass	30/08/2007
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-86692547
Fax Number	
Contact Number	
EMail Address	MATTHEW_CHUA@CHASERESOURCE.COM

## Sketch Plan Pg. 1

### 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.:



**SINGAPORE  
POLICE FORCE**



T/20171128/2093

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

1 of 3

Report No. T/20171128/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2017 15:51		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHUA KAI XIANG, MATTHEW			Address: APT BLK 307C ANCHORVALE ROAD #05-62 HDB-KANGKAR SINGAPORE 543307		
ID Type / ID No.: NRIC NO / S8732420F			Contact No.: Home/Office: Mobile: 86692547		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 22/10/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/11/2017 14:55	Type of Location:
Location: Junction of Road 1 and Road 2 PAYA LEBAR ROAD UBI AVENUE 3				
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
SJB6573U	Car				Seriously Damaged	0
SJK7418G	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT PG 3



**SINGAPORE  
POLICE FORCE**



T/20171128/2093

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

3 of 3


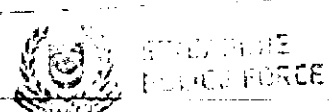

Report No T/20171128/2093

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 Informant 
Signature Of Interpreter Not applicable	Date/Time 28/11/2017 15 51
Officer In Charge Of Case TP / GIA / Staff Sgt TANG SIEW PING Contact No: 65478430	Classification Of Case: 
Authentication Stamp NP168	Signature: 

## Individual Statement Pg. 1

Matthew Chua @ CHASE RESOURCE

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1 Occupation (if more than one, state all) _____ Email: _____		
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner _____ state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____		
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____		
	5 Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____		
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass
	22/10/87	Indoor / Outdoor	30/8/07
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____		
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle
			Were seat belts being worn?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage
			Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Traffic Police Division</u>		
	13 Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom? _____		
Accident details	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others _____		
	15 Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others _____		
	16 Speed of vehicles A _____ km/hr B _____ km/hr		
	17 What warnings were given by driver or other party? _____		
	18 Were street lights illuminated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____		
	20 If your vehicle is commercial, state weight of load carried at time of accident _____		
Declaration	21 State how accident happened, width of roads, speed limits, etc. (Refer to attached)		
	22 State number of Passengers (including Driver) <u>1</u>		
I/We declare the foregoing particulars are true in every respect			
Policyholder's signature _____			Date <u>7/12/17</u>
Driver's signature (if driver is not the policyholder) _____			Date _____



# PROGRESSIVE AUTOMOTIVE PTE LTD

Bik 3022A Ubi Road 1 #01-45/46 Singapore 408716  
 TEL: 6741 5336 FAX: 6741 7208 Email: progauto@progauto.com.sg  
 GST:201006949C RCB NO:201006949C

**M/S :** AXA INSURANCE PTE LTD  
 8 SHENTON WAY #24-01  
 AXA TOWER  
 S068811

**ATTN:** Motor Claim Department  
**Your Ref No:** OD 1217-6259  
**Claim Type:** Own Damage  
**Accident Date:** 28-11-2017

**Estimate No:** EST1503058  
**Date:** 07 Dec 2017  
**Policy No:** GA161912/1  
**Veh Reg No:** SJB6573U  
**Make/Model:** HONDA FIT 1.3G A  
**Chassis No:** GE61016403  
**Engine No:** L13A4018926  
**Reg. Date:** 18-01-2008

## Estimate Repair Cost to Vehicle No :SJB6573U

Description		U/Price	Quantity	Price S\$	Amount S\$
Special Net					
1	FRONT NUMBER PLATE WITH CASING	35.0000	1 PC	35.00	55.00
2	COOLANT	20.0000	1 LIT	20.00	
				55.00	
Spare Parts					
3	BONNET	210.0000	1 PC	210.00	2,604.00
4	BONNET LOCK	60.0000	1 PC	60.00	
5	BONNET RUBBER - LH	10.0000	1 PC	10.00	
6	BONNET RUBBER - RH	10.0000	1 PC	10.00	
7	BONNET HINGE - LH	18.0000	1 PC	18.00	
8	BONNET HINGE - RH	18.0000	1 PC	18.00	
9	BONNET AIR DUCT CLIP	2.0000	4 PCS	8.00	
10	FRONT BUMPER	145.0000	1 PC	145.00	
11	FRONT BUMPER CLIPS	1.0000	10 PCS	10.00	
12	FRONT BUMPER SIDE HOLDER - LH	10.0000	1 PC	10.00	
13	FRONT BUMPER SIDE HOLDER - RH	10.0000	1 PC	10.00	
14	FRONT BUMPER REINFORCEMENT	75.0000	1 PC	75.00	
15	FRONT BUMPER CENTRE LOWER GRILLE	50.0000	1 PC	50.00	
16	FRONT BUMPER TOWING COVER - LH	8.0000	1 PC	8.00	
17	FRONT FENDER - RH	100.0000	1 PC	100.00	
18	FRONT FENDER COWLING CLIPS - RH	2.0000	10 PCS	20.00	
19	HEAD LAMP UNIT - LH	310.0000	1 PC	310.00	
20	HEAD LAMP UNIT - RH	310.0000	1 PC	310.00	
21	HEAD LAMP LOWER RETAINER - LH	15.0000	1 PC	15.00	
22	HEAD LAMP LOWER RETAINER - RH	15.0000	1 PC	15.00	
23	GRILLE ASSY	65.0000	1 PC	65.00	
24	GRILLE LOGO	15.0000	1 PC	15.00	
25	GRILLE CLIP	1.0000	4 PCS	4.00	
26	SUPPORT PANEL ASSY	130.0000	1 PC	130.00	
27	CONDENSER	240.0000	1 PC	240.00	
28	RADIATOR	240.0000	1 PC	240.00	
29	AIRCON FAN MOTOR	100.0000	1 PC	100.00	
30	AIRCON FAN COWLING	45.0000	1 PC	45.00	
31	AIRCON FAN BLADE	40.0000	1 PC	40.00	
32	RADIATOR FAN MOTOR	200.0000	1 PC	200.00	
33	RADIATOR FAN BLADE	40.0000	1 PC	40.00	
34	WIPER TANK	25.0000	1 PC	25.00	
35	RADIATOR FAN COWLING	48.0000	1 PC	48.00	
				2,604.00	2,604.00

# PROGRESSIVE AUTOMOTIVE PTE LTD

Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716  
TEL: 6741 5336 FAX: 6741 7208 Email: progauto@progauto.com.sg  
GST:201006949C RCB NO:201006949C

M/S : AXA INSURANCE PTE LTD  
8 SHENTON WAY #24-01  
AXA TOWER  
S068811

ATTN: Motor Claim Department  
Your Ref No: OD 1217-6259  
Claim Type: Own Damage  
Accident Date: 28-11-2017

Estimate No: EST1503058  
Date: 07 Dec 2017  
Policy No: GA161912/1  
Veh Reg No: SJB6573U  
Make/Model: HONDA FIT 1.3G A  
Chassis No: GE61016403  
Engine No: L13A4018926  
Reg. Date: 18-01-2008

## Estimate Repair Cost to Vehicle No :SJB6573U

Description	U/Price	Quantity	Price S\$	Amount S\$
<b>Labour</b>				
36 TO KNOCK OUT DENTS, CUT/WELD, SUPPORT PANEL, REMOVE, REPLACE ACCIDENT PARTS	700.0000	1 JOB	700.00	600
37 TO RESPRAY PAINT ON ACCIDENT PORTIONS	700.0000	1 JOB	700.00	600
38 TO CHECK WIRING	20.0000	1 JOB	20.00	
39 TO REMOVE, REPLACE CONDENSER AND REFILL GAS	100.0000	1 JOB	100.00	
			1,520.00	1,520.00
Total				S\$ 4,179.00
Add GST @ 7%				292.53
Total Amount Payable				S\$ 4,471.53

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND FOUR HUNDRED SEVENTY ONE AND CENTS FIFTY THREE ONLY

For PROGRESSIVE AUTOMOTIVE PTE LTD

*Rasul*  
*Hp 90000668*  
AUTHORISED SIGNATURE

7 days

p/p

08/12/17 @ 1520

EXCESS: 1100

Not Authorised

Resurvey 64 part

<p><b>LKK Auto Consultants</b> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"><li>• To resurvey before/after spray painting</li><li>• To display damaged part(s) during resurvey</li><li>• Parts prices are subject to confirmation</li><li>• Third party survey is on a "Without Prejudice" basis</li><li>• No illegal modification(s) is allowed</li><li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li></ul> <p>Acknowledged by Repairer Signature: Date:</p>
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