

ASS. REC. BY:

REF: CS / AG118001542 / Kvbn2 Special Instruction:

Survivor:

Kenneth

ASSIGNMENT (Office)

From (Person): Albert Hong of AGI Date/Time: 25/01/2018 1:43pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJS 2319A Insured: SKX 334K

at Workshop m/s Cheong Cheong Tel: 6481 4152

of Blk 5032 AMK Ind Park 2 #01-293

Policy No: Claim No: C10001308

Sum Insured: Excess:

Make of Veh: D.O.A. 14/01/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS wpt 30/01/2018 @ after 10am H.O.D. Endorsement:

Date/Time: 25/01/2018 2:27pm Person Contacted: Angela Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJS 2319A - CS / UOI 14000900 / Rvm3v2 DIA: 130114
	SKX 334K - X
8/2	11 Jan @ 950 email & confirm (Red: 600-48, 3890)

AGI

SJS 2319A

08 09

C

Handr Cmi

1988

M. Black

159119

JHMF026409S2007P0

Gen Cond C

Steering Index C

Brake C

Mod NO C

225/45ZR17

SS/DUN/EXNOVA/3Y/RS/LIA/NO/CHTSU/PR/SUM

TOYO/YOKO

Front	Left	Right
9	9	9
9	9	9
141/118		30/118
Surveyed		✓

Des of Damages: Fr. Rear. OS. NS. U.C. Rocthos

141 NLS

The U.C. Chassis frame Body Structure affected due to

TP WS TP RES CD RES EVA

SJS 2319A

Cheong Cheong

Blk 5032 AMK, Ind. Pk 2# 01-293

After 10 am

NS	OS

SS of Market Value \$26k

Q4 Accident Report Consistent? Yes or No

Q4 FR Seen Consistent? Yes or No

Est Repairs 02 days Yes or No

Est Sum 20 Yes or No

Q4 / REV / REP / 24 HRS lwp

Vehicle IN / OUT

Date Person Contacted

Date Time Action Instruction
31/1 File NISS to Catharine

RECEIVED 00 FEB 2000

One Time Fee Paid
☐ Prelim Report
☐ Final Report

Days Of Repair 2
Resurvey No. of Trip 2

See The Fee Paid
8/2 - typst

Add Fee	1st Fee	\$
	2nd Fee	\$
	3rd Fee	\$
	4th Fee	\$

Report Format
TP
LS \$950/2



250

Survey Department Check List (Case Handler)

Reference No.: CS/AGI/801542/Kvb
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form

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

Surveyor (): 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	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

(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	✓			
---	-------------------------	---	--	--	--

Check By: VERON 8/19
Case Handler Date

*C: Critical *N: Non-Critical

21/05/201



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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18001542/Kvb

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE

239924

Date : 25-01-2018



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKX 384K	Veh. Inspected	SJS 2319A
Policy No.		Coverage (\$)	0.00
Claim No.	C10001308	Excess (\$)	0.00
Assign From	ALBERT HONG	Assign Date	25/01/2018

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

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5. General Information

Accident Date	14/01/2018	Inspection Date
Survey held at	CHEONG CHEONG MOTOR SERVICE PL BLK 5032 ANG MO KIO INDUSTRIAL PARK 2 #01-293 SINGAPORE 569535	

5a. Remarks

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

Catherine Chong (LKK Auto)

From: Albert Hong <albert.hong@budgetdirect.com.sg>
Sent: Thursday, 25 January, 2018 1:43 PM
To: assignments
Cc: SUR
Subject: Appoint LKK to conduct TP survey; Our Ref: C10001308
Attachments: SJS2319A.pdf

Hi Team,

Please accept assignment and liaise with third party workshop.

Thank you.

Regards,

Albert Hong
Senior Executive, Claims

T +65 6540 2182
F +65 6725 0853
E albert.hong@budgetdirect.com.sg



Customer Care: +65 6221 2111
Claims: +65 6221 2199
Claims (Int.): +65 6540 2199

190 Clemenceau Avenue
#03-01, Singapore Shopping Centre
Singapore 239924
budgetdirect.com.sg

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as Budget Direct Insurance.

From: c2msvcy [mailto:c2msvc@singnet.com.sg]
Sent: Thursday, 25 January, 2018 11:27 AM
To: Albert Hong <albert.hong@budgetdirect.com.sg>
Subject: Arrange pre-repair inspection for veh. SJS 2319 A accident on 14/01/2018

Dear Sirs,

Kindly arrange yr surveyor to pre-repair inspection for our client vehicle no. SJS 2319 A that claiming against yr client veh no. SKX 384 K accident on 14/01/2018.

GIA / Police Report pls refer to attached.

Regards,
Angela Ng

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 if resold.

ACCIDENT STATEMENT

Date Of Report	15/01/2018 14:07
Date Of Accident	14/01/2018 20:00
Exact Location Of Accident	TOA PAYOH LOR 6 OSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2319A
Insured/Policyholder	
Name Of Registered Owner	LEE PEI YUN
NRIC No	S8706937J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91115255
Alternative Phone No	OTHERS-91115255

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE

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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S000395
Cover Note Number	04/02/2017 - 03/02/2018

Driver

Name of Driver	LEE CHAU HAW
NRIC No	S2509638Z
Date Of Birth	03/02/1955
Occupation	INDOOR
Date Of Driving Pass	28/05/1975
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91115255
Fax Number	
Contact Number	
Email Address	STEVEN2971@HOTMAIL.COM

Address BLK 971 HOUGANG ST 91 #15-206
 Postcode 530971
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured PARENT
 Vehicle Registration Number of Driver's Own Vehicle -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 Weather Conditions AFTER RAIN
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles 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) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: FILE TOO BIG
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKX384K
 Vehicle Make/Model/Colour MAZDA
 Details Of Properties
 Vehicle Category PRIVATE CAR
 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

SS2319A (EC60)

SA: 14/01/18 @ 2000

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

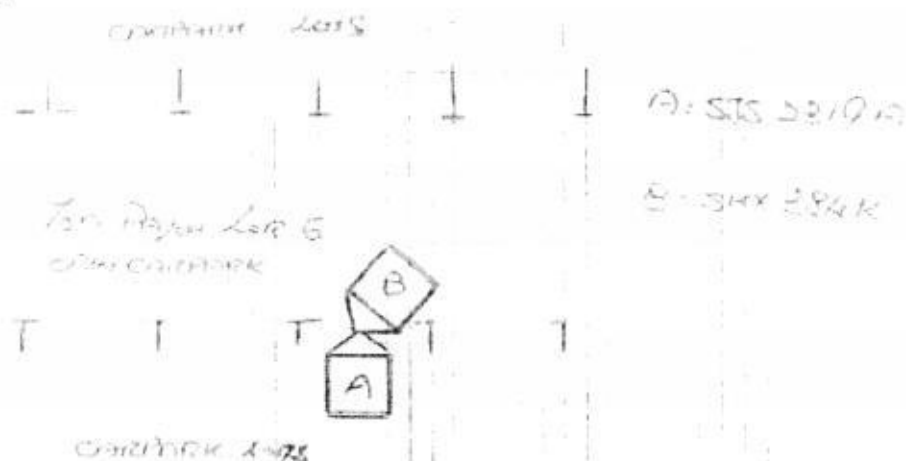
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Shirley L. Poon*
NRIC/ID No: *920112400000*

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report #10000
Case No. T/2018 0115 / 2066
MONTGOMERY N. PC.
DATE: 14/01/2018 @ 3:00 PM
Vehicle No. 1T12349A (ECBA)

* Please if they change (Kang)

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: _____



SINGAPORE POLICE FORCE



T/20180115/2066

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180115/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2018 13:26		Vide Report No.:		Station Diary No.: 56	
Informant's Particulars					
Name of Informant: LEE CHAU HAW			Address: APT BLK 971 HOUGANG STREET 91 #15-206 SINGAPORE 530971		
ID Type / ID No.: NRIC NO / S2509638Z			Contact No.: Home/Office:		Mobile: 91115255
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 03/02/1955	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Electrical Contractor			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/01/2018 20:00	Type of Location: Car Park
Location: Along Road 1 LORONG 6 TOA PAYOH				
Open carpark near to Courts Megastore				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS2319A	Car	HONDA	CIVIC 2.0L 5AT	Black	Slightly Damaged	0
SKX384K	Car	MAZDA	MAZDA2 5-DOOR HATCHBACK 1.5L SP.6EAT	Red		1



**SINGAPORE
POLICE FORCE**



T/20180115/2066

2 of 3

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 536775

Tel No: 1800-4890999

Report No. T/20180115/2066

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE CHAU HAW	ID No.	S2509638Z
Related Vehicle	SJS2319A (Car)	Contact No.	91115255
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 14/01/2018 at about 1930hrs, I parked my vehicle at Blk 184 toa payoh lorong 6 open carpark. I left my vehicle to switch my company van to drive off. On the same day at about 2105hrs, My son came to pick up the car and noticed there was a huge scratch mark over the left front bumper near the headlights and the car plate at the front is dangling. My son called me and I informed him to take a look at the In-vehicle CCTV footage.

My son noticed that a vehicle with the plate no. SKX384K at about 2000hrs, stopped in front of my vehicle and tried to perform a reverse and hit onto my vehicle. The vehicle in the footage stopped and drove off after the driver noticed he had hit onto my vehicle. I have an in-vehicle cctv installed and I have the footage of the said hit and run.



**SINGAPORE
POLICE FORCE**



T/20180115/2066

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20180115/2066

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:

F /

Sgt 1 KANG YONG LER, JAMESON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Signature Of Informant:

Date/Time:

15/01/2018 13:26

Classification Of Case:

Authentication Stamp

NP168

CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535

TEL : 6481 4152 FAX : 6481 4157

e-mail : c2msvc@singnet.com.sg

Our Ref : 0573/01/2018

Page : 1

Date : 26/01/2018

M/S : AUTO & GENERAL INSURANCE SINGAPORE PTE LTD
190 CLEMENCEAN AVE
#03-01
SINGAPORE 239924

*Not Authorized
C/Pay @ 950h
Resurvey After Paint
2 days*

ACCIDENT REPAIR ON : SJS 2319 A - HONDA CIVIC 2.0 A
CHASSIS NO :
DATE OF ACCIDENT : 14/01/2018

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED :-

REPLACEMENT OF PARTS

	SS	SS
1 FRONT NUMBER PLATE	S/NETT	R 20.00 ✓
2 FRONT NUMBER PLATE FRAME	S/NETT	CM 20.00 ✓
3 FRONT BUMPER	Bue	638.00 ✓
4 BUMPER BEAM	R	228.40 ✓
5 BUMPER BRACKET LEFT	017	56.60 ✓
6 BUMPER RETAINER LEFT	011	26.30 ✓
7 BUMPER RETAINER RIGHT	Sn	26.30 X
		975.60
		195.12
LESS : 20%		780.48
		820.48

LABOUR CHARGES :

8 KNOCKING PUSH OUT FRONT ACCIDENT PARTS	2000
STRIP / REFIT ABOVE ACCESSORIES	380.00
9 SPRAY PAINT ON FRONT ACCIDENT	
AFFECTED AREAS	350.00 2200
	1,550.48



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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18001542/Kvbn2

(BUDGET DIRECT INSURANCE)
190 CLEMENCEAU AVENUE #03-01
SINGAPORE SHOPPING CENTRESINGAPORE
239924

Date : 09-02-2018



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKX 384K	Veh. Inspected	SJS 2319A
Policy No.		Coverage (\$)	0.00
Claim No.	C10001308	Excess (\$)	0.00
Assign From	ALBERT HONG	Assign Date	25/01/2018

2. Vehicle Particulars & Condition

Make & Model	HONDA CIVIC (A)	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	JHMF26409S200790	Colour	METALLIC BLACK
Odometer	159119	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/45 ZR17	MICHELIN	9 mm
L/H Front Tyre	225/45 ZR17	MICHELIN	9 mm
R/H Rear Tyre	225/45 ZR17	MICHELIN	9 mm
L/H Rear Tyre	225/45 ZR17	MICHELIN	9 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	14/01/2018	Inspection Date	30/01/2018
Survey held at	CHEONG CHEONG MOTOR SERVICE PL BLK 5032 ANG MO KIO INDUSTRIAL PARK 2 #01-293 SINGAPORE 569535		

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: **2 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. SJS 2319A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	BUCKLED	638.00	638.00
1	BUMPER BEAM	BENT	228.40	228.40
1	BUMPER BRACKET LEFT	DISTORTED	56.60	56.60
1	BUMPER RETAINER LEFT	DISTORTED	26.30	26.30
1	BUMPER RETAINER RIGHT	SERVICEABLE	26.30	-
	LESS 20% DISCOUNT		-195.12	-189.86
			780.48	759.44
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT NUMBER PLATE (SN)	BENT	20.00	20.00
1	FRONT NUMBER PLATE FRAME (SN)	CRACKED	20.00	20.00
			40.00	40.00
	<u>LABOUR</u>			
	KNOCKING PUSH OUT FRONT ACCIDENT PARTS.STRIP/REFIT ABOVE ACCESSORIES.		380.00	200.00
	SPRAY PAINT ON FRONT ACCIDENT AFFECTED AREAS.		350.00	220.00
			730.00	420.00
	GRAND TOTAL		1,550.48	1,219.44
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			950.00

Report Ref No. CS/AGI18001542/Kvbn2

KONG SENG CHEONG

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.