Surveyor : From (Pers	an): Abdul Ruhman of	NMENT (Office) 99F	Date/Time: 06072016 .
Estimated (	Cost:	Bill to:	
OD/II	WS/TP RES/OD RES/EVA/INV/M	IV / CS	2
To Inspect	Vehicle No: SLQ 1500K	\$	Insured: PA 42977
at Worksho			Tel: 6284 1542.
of	8 Sin Ming I	nd Est #01-64	
Policy No:	,	Claim No:	AEMO /105/009 /2018/012
Sum Insur	:d:	Excess:	
Make of V			D.O.A. (3012018
(Client's Re	H-CV	67.02.2018	
CA / RE	V / REP. / REV 24 HRS (UP)	• 1110-1110-114	H.O.D. Endorsement:
Date/Time	06 07 2018 3.40pm Person Conta	cted: Joly -	Vehicle INCOUT
Date/Tim	Action/Instruction ( ✓ ) Est	inate.	
	918 11201K - X		
	PA 10993-x		
	The Part of the Pa		
	Control of the Contro		
	RECEIVED 1 2 JUN 2	0.40	

250



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/SPF18002364/Gqb

ACCIDENT CLAIM SECTION (SINGAPORE POLICE FORCE)



MC	OUNT PLEASANT	ROAD	Date: 06-02-2018			
3LK	8 OLD POLICE AC	CADEMYSINGAPORE 2983	Code: SPF			
1.	\$100 Table 1	Policy Particula	rs :- THIRD PARTY CLAI	M		
	Insured Veh.	PA 4299J	Veh. Inspected	SLQ 4502K		
	Policy No.		Coverage (\$)	0.00		
	Claim No.	AEMD/105/009/2018/012	Excess (\$)	0.00		
	Assign From	ABDUL RAHMAN	Assign Date	06/02/2018		
2.		Vehicle Pa	rticulars & Condition			
	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour			
	Odometer	5	Steering			
	Brakes		Modification			
	General					
3.		Con	ditions 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.		Descri	ption of Damages			
5.	of speciment was the	Gen	eral Information			
	Accident Date	03/02/2018	Inspection Date	07/02/2018		
_	Survey held at	S THREE AUTOMOTIVE & F	RECOVERY PTE LTD			
		BLK 8 SIN MING IND EST #01-64/66 SINGAPORE 575643				
5a.			Remarks			
	A)THE INSPECTION	ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BA S, WE HAVE NOT AUTHORI	SIS. SED REPAIRS.		



Your Ref

: SLQ 4502K

Our Ref

: AEMD/105/009/2018/012

Tel: 64784840

Fa

Fax: 64784848

SPF Accidents Claims Section

Police Logistics Department No. 1 Mount Pleasant Road Block 8 Old Police Academy #02-12 Singapore 298333

Automotive Engg & Mgmt Div

Date

: 6 Feb 2018

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 PA 4299J AND OTHER VEHICLE SLQ 4502K ON 3 Feb 2018

We refer to the above matter.

- Kindly arrange for an Inspection of vehicle no. SLQ 4502K at S THREE Automotive Recovery Pte Ltd, Blk 8 Sin Ming Industrial Estate # 01-64/66, Singapore 575643, Tel: 62841542; Fax 64875315.
- 3 For appointment kindly contact S Three Automotive Recovery Pte Ltd @ 62841542.
- 4 Estimates were provided by the workshop.
- 5 Thank you.

Yours faithfully,

34.

Frankie Thay Safe Driving Manager for ASST DIRECTOR

A FORCE FOR THE NATION

## 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
- 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.

- 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.

archiving and that copies of this report will, for a fee, 7. By the lodgement of this report to the insurers, you aforesaid.	be made available open opportunity of this report at the centre and to copies of the report being made available thereby consent to the archiving of this report at the centre and to copies of the report being made available.
autesan.	ACCIDENT STATEMENT
Date Of Report	05/02/2018 17:38
Date Of Accident	03/02/2018 10:00
Exact Location Of Accident	71 LOEWEN ROAD
Country/State of Loss	SINGAPORE
PART MESENGAL SECTION	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ4502K
Insured/Policyholder	
Name Of Registered Owner	NATIONAL CAR RENTALS PTE LTD
Co Reg No	G3336347N
Email Address	NOEMAIL
Mobile Phone No	
Atternative Phone No	OFFICE-98117878

Alternative Phone No Vehicle Particulars

ATOYOTA Manufacturer

ALPHARD-2.5 (A) Model

Exact Purpose for which vehicle was being used at PARKED time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Policy Number

Cover Note Number

Driver

TIERNEY JONATHAN JAMES Name of Driver

G3336347N NRIC No 14/12/1971 Date Of Birth INDOOR Occupation 11/10/2013 Date Of Driving Pass

4 YEARS AND 3 MONTHS

**Driving Experience** MALE

Gender

(LOCAL) +65-98117878 Mobile Number

Fax Number Contact Number

JONT@IOL.IE **EMail Address** 

Address

BLK 138 MARKET STREET , #24-01 CAPITAGREEN

Postcode

048946

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

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?

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 TO SKETCH PLAN & 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

PA4299J

Vehicle Make/Model/Colour

NISSAN

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

. . . .

## Sketch Plan

KETCH PLAN				THE
GRICKET		208	byGans	
	Syra 55	h	184802K	
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	1111311	1444	3
	0			
Refer	Police repu	4		
		min = 100   100   100		
			1107	
**				
-				
Ve declare the foregoing part	iculars are true in every respec	t.		
folicyholder's Signature Date & Time:	Driver's Signature (if driver is not the poli	cytolder)	Reporting Centre Person Name:	nel's Signature

GLARMS Shelich Flan Form VS

#### Sketch Plan #2

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as truthful and accurate at possible. Any willul misrepresentation or withholding of material facts may allow insurance companies to reguldate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 bulks made available aforesaid.
- E. 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 yehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/inw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of the purpose(s).
  - 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, involces, 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")
- 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.

Folicyholder's Signature

Date & Time:

Driver's Signification (if driver is real the policyholder)

Date & Time

Reporting Centre Personnel's Signature

tvame:

NIUC/FIN No.:

#### PLICE REPORT





1.01

Report No. T/20180203/7002

Police Station Of Origin: Traffic Police Division HO 10 Ubi Avenue 3 SINGAPORE 408865 Tet No: 65470000

Date/Tim 03/02/20	e Report M 18 12:03	lade	Vide Report No.:	Station Diary No		
informar	nt's Partice	ilars				
Name of	Informant:	AN JAMES	Address: APT BLK 138 MARKET STRE SINGAPORE 048946	ET #24-01 CAPITAGREEN		
D Type / ID No.: FIN NO / G3336347N		7N	Contact No.: Home/Office:	Mobile: 98117878		
	Nationality		Email: jont@iol.ie			
Sex: Male	Age:	Date of Birth: 14/12/1971	Type of informant: Vehicle Owner			
Race: Caucasi	Race:		Language: English	Institution / School Name:		
Occupation: CEO			Driving Licence Information: Class: 2A Date of Expiry:			

Type of Accident	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 03/02/2018 10:00	Type of Location Car Park
71 Loewen F	occurred in the car park	at Singapore Cricke	et Club at 71 Loewen R	od between my vehicle
HASEAR BOOK	Avis) and regrettably a	police bus.		- 10
Weather.	Avis) and regrettably a	Road Surface:		Road Speed Limit: 15 Km/h
Weather, Clear Traffic Flow, Two Way		police bus.		Road Speed Limit:

Details of V	ehicle involved	-	100	To de	Condition	No of Passenger
Vehicle No.	Type	Make	Model	Color	Condition	
PA4299J	Bus/Coach/Mi	NISSAN		Black		30
SLQ4502K	Bus/Coach/Mi nibus	ATOYOT	Alphard	White	Slightly Damaged	6

		SCHOOL STREET	
Details of Vehicle insurance	To the state of th	Effective	Expiry Date
Vehicle No. Insurance Company	Insurance No	Ellective	LAPIT DOIL

#### POLICE REPORT





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

Report No. T/20180203/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance		A 100 00 100 100 100 100 100 100 100 100	A DECEMBER OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAM	TO SECURE	
		Insurance No	Effective	Explry Date	
Vehicle No.	Insurance Cumpany		10/07/2017	10/07/2018	
SLQ4502K	NTUC Income Insurance Co-Operative	505847555004	1000720		

Any Pedestrian In	volved: No	Use of Ped	antánn	Cross	ing: NA	
No. of Pedestrian	s Injured: NIL	Use of Peo	esman	Cioss	Marine Marine	
Vehicle Owner	of the first of the section of the s	N. A. S.	ID No.	10000	G3336347N	
Name	TIERNEY JONATHAN JAMES		ID NO.		G55500-711	
	SLQ4502K (Bus/Coach/Minibus)		Contact No.		98117878	
Related Vehicle	SLQ4502K (Bus/Coacterviirious)					
	NIL		Class	of	Class: 2A	
Hospital/Clinic	NIL	9	Driving	g	Date of Expiry: NIL	
			Licent	e &		
			Explry	Date		
	NIL	Date Disc	harge	NIL		
Date Treatment	ted Medical Leave NIL	Degree of	Injury	NIL		

#### Brief Details.

Unfortunately the above incident occurred when I was watching my Children play sports on Saturday 03/02/2018 between 8 am & 9.40 am. I returned to my car to discover a note on my windscreen to say that a person had witnessed a large vehicle reverse into the side - rear of my car. When I got home at 9.55 am, I called the person at 10.05 am to ask what happened and they regrettably informed me that a large Police bus came down to the car park and tried to turn around and leave the car park and in the process the bus accidentally reversed into the side of my car causing some damage.

### POLICE REPORT



Police Station Of Origin: Traffic Police Division HQ

10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20180203/7002

3 of 3

Tel No: 65470000

NP168

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Signature Of Informant: Signature Of Officer Recording The Report: The identity of the person making this report has been authenticated by SingPass. No signature is Not applicable required. Date/Time: Signature Of Interpreter: Not applicable 03/02/2018 12:03 Classification Of Case: Officer In Charge Of Case: Authentication Stamp



## S THREE AUTOMOTIVE RECOVERY PTE LTD

TO : MOTOR CLAIM DEPT.	T/P VEH. NO. :: PA4299J
ESTIMATE REPORT Lst QUOTATION	JOB NO :
OWNERS PARTICULAR	CONTACT
NAME: NATIONAL CAR RENTALS PTE LTD ADDRESS:	
LICENSE NO. SLQ4502K TRANS.: MAKE / MODEL: TOYOTA ALPHARD	CHASSIS NO: JTNGF3DH608009975 ENGINE NO:
OWNER'S INSURER NTUC INCOME INSRANCE	ACCIDENT DATE: 02 Eab 19
JOB-CODE: TP S/A: MICHELLE	ACCDENT DATE: 03-Feb-18
CLAIM DETAIL	SUR
MATERIALS	OTY OHO-PRICE DISC. DISC- SEV PRICE
MATERIALS	% PRICE DIS
I REAR BUMPER / le .	1.00 /1654.04 25.00 1240.53 Y
2 REAR BUMPER SIDE RETAINER RH	1.00 × 69.72 25.00 52.29 Y
3 REAR BUMPER SIDE RETAINER LH / KC	1.00 / 69.72 25.00 52.29 Y
4 REAR BUMPER REINFORCEMENT X / A/A)	1.00 × 394.00 25.00 295.50 Y
5 REAR BUMPER BRACKET RH X	1.00 X 98.91 25.00 74.18 Y X
6 REAR BUMPER BRACKET LH 8 X / NT	1.00 / 98.91 25.00 74.18 Y
7 REAR BUMPER SIDE GARNISH RH X W	1.00 X 174.58 25.00 130.94 Y X
8 REAR BUMPER SIDE GARNISH LH	1.00 / 174.58 25.00 130.94 Y
9 REAR BUMPER SIDE REFLECTOR RH X	1.00 × 59.70 25.00 44.78 Y
10 REAR BUMPER SIDE REFLECTOR LH X	1.00 × 59.70 25.00 44.78 Y X
11 REAR BUMPER TOP SDIE RETAINER RH X	1.00 × 38.00 25.00 28.50 Y
12 REAR BUMPER TOP SIDE RETAINER LH 7	1.00 / 38.00 25.00 28.50 Y
13 REAR BUMPER TOWING COVER X	1.00 X 60.00 25.00 45.00 Y X
14 TAILGATE LAMP LH X	2.00 × 427.00 25.00 320.25 Y ×
15 TAILGATE EMBLEM ALPHARD / WEC	1.00 65.00 25.00 48.75 Y
16 TAILGATE LOGO / Ma	1.00 / 74.40 25.00 55.80 Y
17 TAILLAMPLH / GER	1.00 / 596.75 25.00 447.56 Y
18 REAR BUMPER TOP LH / QL	1.00 / 316.77 25.00 237.58 Y
19 REAR BUMPER RETAINER RH	1.00 X 60.00 25.00 45.00 Y X
20 REAR BUMPER RETAINER LH	1.00 60.00 25.00 45.00 Y
1 / 137.	3/481/ 92/119
TOTAL (PARTS)	4589.78 3442.34 076112
SPECIAL NETT ITEM	
TAILGATE REVERSE SENSOR X ( ( )	1.00 1120.00 0.00 1120.00 Y
2 TAILGATE INNER TRIM CLIPS X	1.00 50.00 0.00 50.00 Y

3 REAR BUMPER CLIPS / No.	1.00	50.00	0.00	50.00	Y	/		
TOTAL (PARTS)		1220.00		1120.00				
LABOUR								
STRAIGHTEN AND PANEL BEAT ON ACCIDENT AREA	1.00	1200.00	0.00	1200.00	Y	300	<u> </u>	
SPRAY PAINTING ON ACCIDENT AREA	1.00	1200.00	0.00	1200.00	Y	800		
3 R&R CARPET.SEAT & INNER TRIM TO ASSIT REPAIR	1.00	180.00	0.00	180.00	Y	X	NN	
5 R&R REVERSE SENSOR & RESET SYSTEM	1.00	180.00	0.00	180.00	Y	40	The second secon	
6 RESPRAY TUFF KOTE ON ACCIDENT AREA	1.00	120.00	0.00	120.00	Y	×	$_{NN}$	
7 CHECK WIRING SYSTEM	1.00	80.00	0.00	80.00	Y	30	<u> </u>	
TOTAL (LABOUR)		2960.00		2960.00 -16	,22	.34		
TOTAL PARTS & LABOUR		8769.78		75 <b>2</b> 2.34				
				35 8	311	12		
EXCESS: SS	<b></b>		2	s/ -	2	850	j.	
NO. OF DAY	Howard		-	1.				
RE-SURVEY BEFORE / AFTER CAINING	1	2						
PART-BY-PART OR LUNEP-SPM SS	1 2/2/1	8						
DATE OF SURVEY 07 218	(3/ /	65						
SURVEY BY Gue Q & -								

NOTE: LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

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 riegal modification(s) is allowed.
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

CONTACT NO.



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

TEAS		Affiliated to Federation Internation	nale Des Experts En Automol	oile		
AUT	OMOTIVE ENGINE	ERING & MGT DIVISION	Ref : CS/SPF18002364	1/Gqbn2		
OR	CE) 1 MOUNT PLE ICE ACADEMYSIN		Date: 14-06-2018  Code: SPF			
0.100	N: ABDUL RAHMA					
1.			:- THIRD PARTY CLAIM Veh. Inspected	SLQ 4502K		
	Insured Veh.	PA 4299J		0.00		
	Policy No.		Coverage (\$)	0.00		
	Claim No.	AEMD/105/009/2018/012	Excess (\$)	06/02/2018		
	Assign From	ABDUL RAHMAN	Assign Date	06/02/2018		
2.		The second secon	articulars & Condition			
	Make & Model	TOYOTA ALPHARD	c.c	2494		
	Engine No.	HIDDEN	Year of Reg.	(14)		
	Chassis No.	JTNGF3DH608009975	Colour	WHITE		
	Odometer	5944	Steering	IN ORDER		
	Brakes	IN ORDER	Modification	SPORTS RIM		
	General	GOOD				
3.		Condit	ions of Tyres			
		Size	Make	Balance		
	R/H Front Tyre	235/50 R18	TOYO	9 mm		
	L/H Front Tyre	235/50 R18	TOYO	9 mm		
	R/H Rear Tyre	235/50 R18	TOYO	9 mm		
	L/H Rear Tyre	235/50 R18	TOYO	9 mm		
4.			ion of Damages			
	THE VEHICLE SU	THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION.				
	DAMAGES SEE D	ETAILS.				
5.	To select the	Genera	al Information			
	Accident Date	03/02/2018	Inspection Date	07/02/2018		
	Survey held at	S THREE AUTOMOTIVE & RE	COVERY PTE LTD			
	88	BLK 8 SIN MING IND EST #01-64/66 SINGAPORE 575643				
5a.			Remarks			
	A)THE INSPECTION	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS, \	THOUT PREJUDICE" BASI WE HAVE NOT AUTHORIS	S. ED REPAIRS.		
5b.			e Days of Repair			
		THE PERSON FOR PERSON	4 Working Day			

ESTIMATED NORMAL PERIOD FOR REPAIR:

4 Working Days



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 2

# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLQ 4502K

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	1,654.04	1,654.04
1	REAR BUMPER SIDE RETAINER RH	NOT NECESSARY	69.72	8-
1	REAR BUMPER SIDE RETAINER LH	NECESSARY	69.72	69.72
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	394.00	
1	REAR BUMPER BRACKET RH	NOT NECESSARY	98.91	
1	REAR BUMPER BRACKET LH	BENT	98.91	98.91
1	REAR BUMPER SIDE GARNISH RH	NOT NECESSARY	174.58	
1	REAR BUMPER SIDE GARNISH LH	CRACKED	174.58	174.58
- 1	REAR BUMPER SIDE REFLECTOR RH	NOT NECESSARY	59.70	
1	REAR BUMPER SIDE REFLECTOR LH	NOT NECESSARY	59.70	
1	REAR BUMPER TOP SIDE RETAINER RH	NOT NECESSARY	38.00	
1	REAR BUMPER TOP SIDE RETAINER LH	BENT	38.00	38.00
1	REAR BUMPER TOWING COVER	NOT NECESSARY	60.00	
2	TAILGATE LAMP LH	NOT NECESSARY	427.00	
1	TAILGATE EMBLEM ALPHARD	NECESSARY	65.00	65.0
31	TAILGATE LOGO	NECESSARY	74.40	74.4
4	TAILLAMP LH	SCRATCHED	596.75	596.7
39	REAR BUMPER TOP LH	DEFORMED	316.77	316.7
	REAR BUMPER RETAINER RH	REPEATED	60.00	
:	REAR BUMPER RETAINER LH	BENT	60.00	60.00
536	LESS 25% DISCOUNT		-1,147.44	-787.0
			3,442.34	2,361.1
	SPECIAL NETT ITEMS			
8	TAILGATE REVERSE SENSOR (SN)	NOT NECESSARY	1,120.00	o l
	TAILGATE INNER TRIM CLIPS (SN)	NOT NECESSARY	50.00	o l
	REAR BUMPER CLIPS (SN)	NECESSARY	50.00	50.0
			1,220.0	50.0
	LABOUR		154504501180	100 EXCENSION 10
	STRAIGHTEN AND PANEL BEAT ON ACCIDENT AREA.		1,200.0	
	SPRAY PAINTING ON ACCIDENT AREA.		1,200.0	0 800.0

Report Ref No. CS/SPF18002364/Gqbn2



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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	R&R CARPET, SEAT & INNER TRIM TO ASSIST REPAIR.	NOT NECESSARY	180.00	-
	R&R REVERSE SENSOR & RESET SYSTEM.		180.00	40.00
	RESPRAY TUFF KOTE ON ACCIDENT AREA.	NOT NECESSARY	120.00	
	CHECK WIRING SYSTEM.		80.00	30.00
	CHECK WINING O'TO LEW!		2,960.00	1,170.00
	GRAND TOTAL		7,622.34	3,581.13

	THE RESIDENCE OF THE PARTY OF T	0.050.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		2,850.00

Report Ref No. CS/SPF18002364/Gqbn2

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XING GUO QIANG

M.MATAI, AMSAE-A

**Automotive Assessor** 

St. S.

ADRIAN LING WAI PING

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

Licensed Appraiser

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