

SS. REC. BY:

REF:

CS / ASM18002470 / Avb

Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)Smart claim
From (Person):

Cynthia Loh

of

ASM

Date/Time: 06/02/2018 9:55am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDU 7898Y

Insured:

SGD 4944X

at Workshop m/s

m/s Solution

Tel:

6243 1373

of

23 Kaki Bukit Ave 4 #02-03B

Policy No:

Claim No:

SSM00862

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

03/02/2018

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

06/02/2018 12pm

Person Contacted:

Ms Wong

Vehicle IN/OUT

| Date/Time | Action/Instruction (✓) Estimate |
|-----------|--|
| | SDU 7898Y - x |
| | SGD 4944X - 023 / AXA 11010233 / Alvin'del |
| | DOA: 28/05/2011 |
| 9/2/18 | Informed Cynthia pending workshop est by SMART claim |
| 26/4/18 | Adrian confirmed LS \$ 3700 (Real 6311.56, 637) |
| 2/5/18 | Send preli revised by SMART claim |

ASA1 (AXA)

Page: 30 Date: 07/02/2018 File No: SDU7898Y Page: 2015 Oct

Estimated Cost: Type of Car: ☒ Cycle Bus / Van / Long / Taxi / Frame/Mover

OD / ☒ TP / WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or

To inspect Vehicle No: SDU 7898Y Make: Nissan Teana. 1997

at Workshop No: M6 Solution Colour: Grey Bronze Insured / Std / N / NA

of: 55170. 7 Paid / Insured / Std / N / NA

Insured: Eng No: MNTBBAL3320005076

Policy No: Gen. Cond: ☒ Good / Fair / Poor / Burnt

Claims No: Steering: ☒ In order / Jammed / Leaked / Burnt or

Sum Insured: Excess: Brake: ☒ In order / Jammed / Leaked / Burnt or

Owner's Record: Mod: Nil / S/Rim / ☒ STD A/Rim or

Make of Veh: Tyre Size: R: 215/55R17.

(Policy Condition): R: 215/55R17.

Remark: The veh had commenced its repair at the time of inspection.

| | | | |
|-----|--|-----|--|
| N/S | | D/S | |
| | | | |

Bas. or Market Value: Front: Rear:

OD Accident Report: Consistent? : Yes or No R.Bal. 06 mm R.Bal. 06 mm

GA / FR / Seen: Consistent? : Yes or No L.Bal. 06 mm L.Bal. 06 mm

Est. Repairs: days Res: Yes or No D.O.A. D.O.A. 07/02/18 @ 15:00

LUM Burn: % 3 Val: Yes or No Surveyed at: M6 Solution.

CA / REV / REP. / 24 HRS Des. of Damages: Rnt / ☒ O/S / N/S / U/O / Rooftop or

Date: Person Contacted: Vehicle IN / OUT The U/O / Chassis frame / Body Structure affected due to collision

Date Time Action Instruction
TP AXA.

RECEIVED 02 MAR 2018

Day Time Re Pass: ☐ : Preli. Report
☐ : Final Report

Days Of Repair: 5
Resurvey No. of Trip: 1

Day Time Re Return:

Survey Fee: 250

15 - typist

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

Report Format: SMART claim
Auto Sum: 3700/-

250

Survey Department Check List (Case Handler)

Reference No. : CS | ASM 18002470 | Avb
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 2/5/18
Case Handler Date

*C: Critical *N: Non-Critical

21/05/20



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/ASM18002470/Avb

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 07-02-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------------------|----------------|------------|
| Insured Veh. | SGD 4944X | Veh. Inspected | SDU 7898Y |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | S8M008G2 | Excess (\$) | 0.00 |
| Assign From | SMART CLAIM (CYNTHIA LOH) | Assign Date | 06/02/2018 |

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

| |
|--|
| |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 03/02/2018 | Inspection Date | 07/02/2018 |
| Survey held at | MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933 | | |

5a. Remarks

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



IA SUBMITTED SDU 7898Y

Type

🔗 Question

Message

Dear Sir/Madam, Please be informed that IA submitted.Thanks Veron Chen

Reply



Auto
Consultants
Pte Ltd

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

Immediate Advice

To : AXA Insurance Pte Ltd

Survey details

| | |
|---------------------|---------------------|
| Date of loss | 3/2/2018 |
| Date of appointment | 6/2/2018 |
| Date of survey | 7/2/2018 @1.52PM |
| Location of survey | MG SOLUTION PTE LTD |

Vehicle Details:

| | |
|----------------------|-------------------|
| Claim Type: | THIRD PARTY CLAIM |
| Vehicle number | SDU 7898Y |
| Make and Model | NISSAN TEANA |
| Date of registration | 30/10/2015 |
| Excess | |
| Market Value | |
| Part Rebate | |
| Nett Loss | |

Repair details

| | |
|------------------|-------------|
| Initial Estimate | \$10,011.56 |
|------------------|-------------|

Proposed/Revised repair cost:

| | |
|--------------------------|------------|
| Revised Estimate Amount | \$4,688.55 |
| "Check items (Estimated) | |
| Total Repair (Estimated) | \$4,688.55 |
| Lump Sum(Estimated) | \$3,700.00 |

| | |
|--------------------------|--------------|
| Number of days of repair | 5 days (est) |
|--------------------------|--------------|

Remarks:

The vehicle sustained damages at the rear portion.

Damages Consistent

LKK AUTO CONSULTANTS PTE LTD (TP) ▾



Service Request Details

Claim

58M008G2

Reference

None

Loss Date

February 3, 2018

Request Date

February 6, 2018

Due Date

June 29, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Standard workshop survey

Actions

Next Step

Finish the work

[Complete Work](#)[More ▾](#)

Vehicle Information

Incident Vehicle Registration #

SDU7898Y

Make

TPVD NISSAN

Service Address

...

Primary Contact/Insured

TAN YEW CHUAN
4C ST. GEORGE'S LANE, #14-157, 322004, Singapore
98243310
JACKTANYC@YAHOO.COM.SG

Claim Handler

LOH Cynthia
6568804843
cynthia.loh@axa.com.sg

Additional Instructions

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)

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 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 | 05/02/2018 16:28 |
| Date Of Accident | 03/02/2018 18:25 |
| Exact Location Of Accident | PAYA LEBAR RD TOWARDS PIE BF GEYLANG EAST CENTRAL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SDU7898Y |
| Insured/Policyholder | |
| Name Of Registered Owner | TAY YEOW CHAI |
| NRIC No | S1408620Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94517639 |
| Alternative Phone No | OFFICE-88888888 |

Vehicle Particulars

| | |
|--------------|-------------------|
| Manufacturer | NISSAN |
| Model | TEANA-2.0 CVT (A) |

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

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5093875574 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAY YEOW CHAI |
| NRIC No | S1408620Z |
| Date Of Birth | 04/04/1960 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/07/1977 |
| Driving Experience | 40 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94517639 |
| Fax Number | |
| Contact Number | OFFICE-88888888 |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | 507 SEMBAWANG ROAD #02-55 |
| Postcode | 757709 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

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

Other Information

| | |
|---|--------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles 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) | 2 |
| Passenger 1 | NAME: : JOEL GENDER: : MALE |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

ON 03/02/2018 AT ABOUT 1826HRS AT ALONG PAYA LEBAR ROAD TOWARDS PIE BEFORE GEYLANG EAST CENTRAL. I WAS TRAVELLING ON THE LANE 3 AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC HENCE I FOLLOW SUIT. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SDU 7898Y (B) SGD 4944X

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 | SGD4944X |
| Vehicle Make/Model/Colour | |
| 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

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 Authorized 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 reconsider 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)

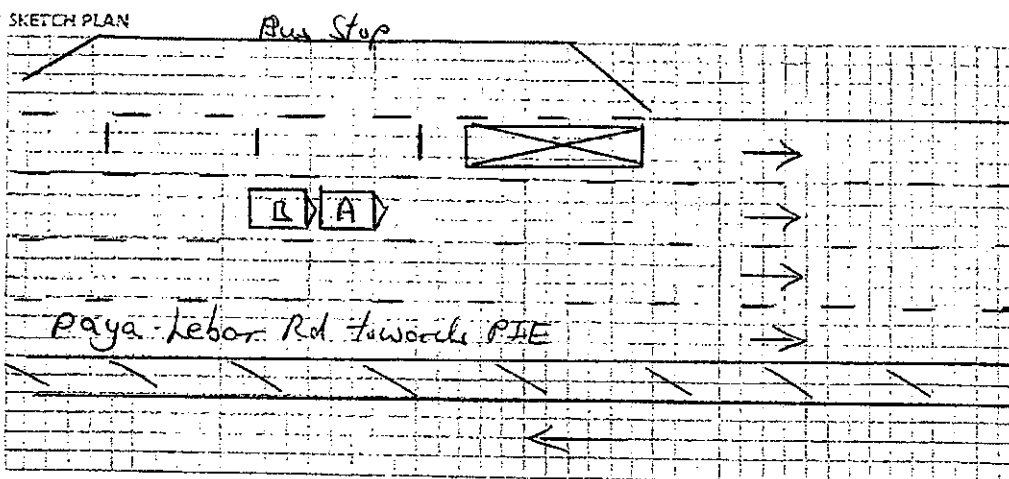
I understand, acknowledge, agree and consent that:

- (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 (a) above may be stored / 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.:




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/02/2018 at about 1826 hrs at along Paya Lebor Road towards PIE before Geylang East Central. I was travelling on the lane 3 and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

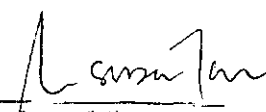
(A) SDU 7898 Y
(B) SBD 4944 X

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.:

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

Email : mg3solution@gmail.com

| | | | |
|---|---------------------|--------------------|--------------|
| TO | : AXA INSURANCE | DATE | : 06/02/2018 |
| ATTENTION | : MOTOR CLAIMS DEPT | JOB TYPE | : T/P CLAIM |
| ESTIMATE REPORT | : | | |
| VEHICLE DETAILS | | | |
| VEHICLE NO | : SDU7898Y | | |
| MODEL | : NISSAN TEANA 2.5 | Veron. | |
| CHASSIS NO | | MN7BBAL33Z0005076. | |
| ACCIDENT DETAILS | | DATE | : 3-Feb-18 |
| | | TIME | : 18:25HRS |
| THIRD PARTY REQUESTOR / CONTACT : JACK LI | | | |

CLAIM DETAIL : PARTS

| S/N | DESCRIPTION | QTY | UNIT LIST PRICE | TOTAL LIST PRICE |
|-----|---------------------------------------|-----|-----------------|--------------------------------|
| 1 | BOOT LID <i>Dented</i> | 1 | \$ 1,420.00 | \$ 1,420.00 1080.40 |
| 2 | REAR BUMPER <i>Del</i> | 1 | \$ 1,250.00 | \$ 1,250.00 682.70 |
| 3 | REAR BUMPER BRACKET <i>Alin</i> | 2 | \$ 124.60 | \$ 249.20 |
| 4 | REAR END PANEL <i>Repair</i> | 1 | \$ 710.00 | \$ 710.00 |
| 5 | REAR END PANEL TOP GARNISH <i>Del</i> | 1 | \$ 222.60 | \$ 222.60 |

1985.70

1389.99

TOTAL PRICE \$ 3,851.80

LESS 30% \$ 1,155.54

SUB TOTAL PRICE \$ 2,696.26

CLAIM DETAIL : PARTS

| S/N | DESCRIPTION | QTY | UNIT LIST PRICE | TOTAL LIST PRICE |
|-----|--|-----|-----------------|------------------|
| 1 | BOOT LID LOGO <i>2</i> | 1 | \$ 53.20 | \$ 53.20 |
| 2 | BOOT LID EMBLEM 'TEANA' <i>1pc</i> | 1 | \$ 75.10 | \$ 75.10 |
| 3 | BOOT LID EMBLEM '2.0 XL' | 1 | \$ 65.20 | \$ 65.20 |
| 4 | BOOT LID EMBLEM 'XTRONIC CVT' <i>1pc</i> | 1 | \$ 65.20 | \$ 65.20 |
| 5 | BOOT LID TOP LOCK <i>Damaged</i> | 1 | \$ 147.90 | \$ 147.90 |
| 6 | BOOT LID LOWER LOCK <i>Not New</i> | 1 | \$ 50.60 | \$ 50.60 |

| | | | | | |
|----|-------------------------------------|---|-----------|-------------|---------------------------|
| 7 | BOOT LID DETECTOR <i>Engd</i> | 1 | \$ 384.90 | \$ 384.90 | <i>✓</i> |
| 8 | BOOT LID WEATHER STRIP <i>Men</i> | 1 | \$ 166.30 | \$ 166.30 | <i>+</i> |
| 9 | REAR BUMPER SIDE RETAINER <i>me</i> | 2 | \$ 55.60 | \$ 111.20 | <i>✓</i> |
| 10 | REAR BUMPER SPONGE <i>enkd</i> | 1 | \$ 195.00 | \$ 195.00 | <i>✓</i> |
| 11 | TAIL LAMP <i>2008 R14 enkd</i> | 2 | \$ 590.00 | \$ 1,180.00 | <i>489.50</i> |
| 12 | REVERSE SENSOR <i>Engd 2 pieces</i> | 4 | \$ 255.60 | \$ 1,022.40 | <i>590</i> <i>5142</i> |

2098.4

1888.56

TOTAL PRICE \$ 3,517.00

LESS 10% \$ 351.70

SUB TOTAL PRICE \$ 3,165.30

| S/N | DESCRIPTION | QTY | UNIT S/NETT | TOTAL S/NETT | |
|-----|---|-----|-------------|--------------|-----------|
| 1 | REAR NUMBER PLATE <i>me me</i> | 1 | \$ 50.00 | \$ 50.00 | <i>+</i> |
| 2 | BOOT LID SEALANT <i>not me</i> | 1 | \$ 100.00 | \$ 100.00 | <i>+</i> |
| 3 | REAR BUMPER CLIP(SET) <i>me</i> | 1 | \$ 20.00 | \$ 20.00 | <i>✓</i> |
| 4 | TAIL LAMP CLIP(SET) <i>me me</i> | 1 | \$ 20.00 | \$ 20.00 | <i>+</i> |
| 5 | REAR END PANEL TOP GARNISH CLIPS(SET) <i>me</i> | 1 | \$ 20.00 | \$ 20.00 | <i>10</i> |
| 6 | REAR END PANEL SEALANT <i>me me</i> | 1 | \$ 150.00 | \$ 150.00 | <i>7</i> |

30

TOTAL \$ 360.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

| | | | | |
|---|--|-------------|------------|--|
| 1 | PANEL BEATING, REMOVAL AND REPLACING PARTS | \$ 1,400.00 | <i>600</i> | |
| 2 | TO SPRAY PAINT AFFECTED AREA | \$ 1,400.00 | <i>600</i> | |
| 3 | TUFF COAT | \$ 250.00 | <i>400</i> | |
| 4 | WIRING CHECK | \$ 120.00 | <i>30</i> | |
| 5 | REMOVE AND REFIX CUSHION SEAT/ UPHOLSTRY AND ROOF LINING TO FACILITATE REPAIR | \$ 180.00 | <i>40</i> | |
| 6 | REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING | \$ 80.00 | <i>50</i> | |
| 7 | TRANFER BOOTLID MECHANISM | \$ 80.00 | <i>60</i> | |
| 8 | TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC. | \$ 280.00 | <i>X</i> | |

TOTAL

\$3,790.00

1380

ESTIMATE REPORT

TOTAL PARTS COST : \$ 6,221.56
TOTAL LABOUR COST : \$ 3,790.00
TOTAL REPAIR COST : \$ 10,011.56

APPROVED DETAILS

EXCESS :
NO. OF WORKING DAYS :
RE-SURVEY :
PART BY PART OR LUMP SUM :
DATE & TIME OF SURVEY :
SURVEYED BY :
CONTACT NUMBER :
FAX NUMBER :

Adrian L
L/S 07/02/18.
05 hrs.

total: 4688.55
L/S: 3712.

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: