

22/03/2018

ASS. REC. BY:

REF: CS/AGI18003478/Klqds n2 Special Instruction:

Surveyor: kalvin

ASSIGNMENT (Office)

From (Person): julie mangubat of AGI Date/Time: 21/2/18 @ 11:24am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SH6162J Insured: SLV6903Y

at Workshop m/s Comfort Delgro Tel: 62148319

of Sd Loyang Drive

Policy No: Claim No: C10001367

Sum Insured: Excess:

Make of Veh: D.O.A. 1/12/2018  
(Client's Record)

CA / REV / REP. / REV 24 HRS 'up'

H.O.D. Endorsement:

Date/Time: 10:52am @ 22/2/18 Person Consisted: Fauzy Vehicle IN/OUT

Date/Time	Action/Instruction (→) Estimate	
	SH6162J - NA/INC16002411/k4	D.O.A: 6/5/16
	SLV6903Y - X	



# Survey Department Check List (Case Handler)

Reference No.: CS/AG/18003478/K19d3  
 Policy Type: OD / TP / TP RES / TL / EVA

SH6162J

Case Handler

Typist

**Admin** ( Nivitha ): 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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Customer Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Assign From	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Assign Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Veh No (Inspected)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Veh No (Insured)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C D.O.A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Policy No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Claim No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Insurance Authorisation (CA /REV/REP)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Report Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Weekend Charges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Survey held at/Repairer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Excess	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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

## (1) Assignment Form

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

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

C Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## (3) Workshop Estimate/Assignment Form

N ALL Parts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C Market Value for OD cases	<input type="checkbox"/>	<input type="checkbox"/>
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)	<input type="checkbox"/>	<input type="checkbox"/>
C Days of repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C Finalised Amount	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C Re-inspection Cases to Finalize within 5 Days	<input type="checkbox"/>	<input type="checkbox"/>

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

C Resurvey photo Uploaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Check By: [Signature] 01/2/18  
 Case Handler Date

## Nivitha (LKK Auto)

---

**From:** Julie Mangubat <julie.m@budgetdirect.com.sg>  
**Sent:** Wednesday, 21 February 2018 11:24 AM  
**To:** sur@lkkauto.com; assignments@lkkauto.com  
**Subject:** FW: SH 6162J - TP CLAIMS > SLV6903Y - AUTO GENERAL | Claim: C10001367  
**Attachments:** SH 6162J.pdf

Hi Team

Please accept TP survey on a without prejudice basis.

You can call Fauzy - 6214- 8319 or Jumani - 6214-8315

Thank you,  
-Julie

**From:** Fauzy Bin Mokhtar [mailto:fauzy@sparkcarcare.com]  
**Sent:** Monday, 19 February, 2018 6:58 PM  
**To:** Claims <claims@budgetdirect.com.sg>  
**Cc:** Jumani Bin Masudin <jumanibm@cdge.com.sg>  
**Subject:** SH 6162J - TP CLAIMS > SLV6903Y - AUTO GENERAL

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.  
The taxi was grounded at our workshop on 19.02.2018

With Regards

Fauzy Bin Mokhtar  
ComfortDelGro Engineering Pte Ltd  
Taxi Crash Repair Department  
DID : 6214- 8319  
FAX:: 6546-8156

## 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	19/02/2018 11:20
Date Of Accident	19/02/2018 07:30
Exact Location Of Accident	CHAI CHEE ST JUNCTION OF BEDOK NTH AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6162J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA
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	TAXI

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	TAN KUI HUAT
NRIC No	S2191924A
Date Of Birth	23/03/1952
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1973
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	TANHOCKSUN@HOTMAIL.COM

Address	BLK 159 SIMEI ROAD #01-260
Postcode	520159
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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?	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)	1

### 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

PLS REFER TO ATTACHED

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV6903Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

# **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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Jackson Henry  
CSO 19/2/18

Policyholder's Signature  
Date & Time:

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

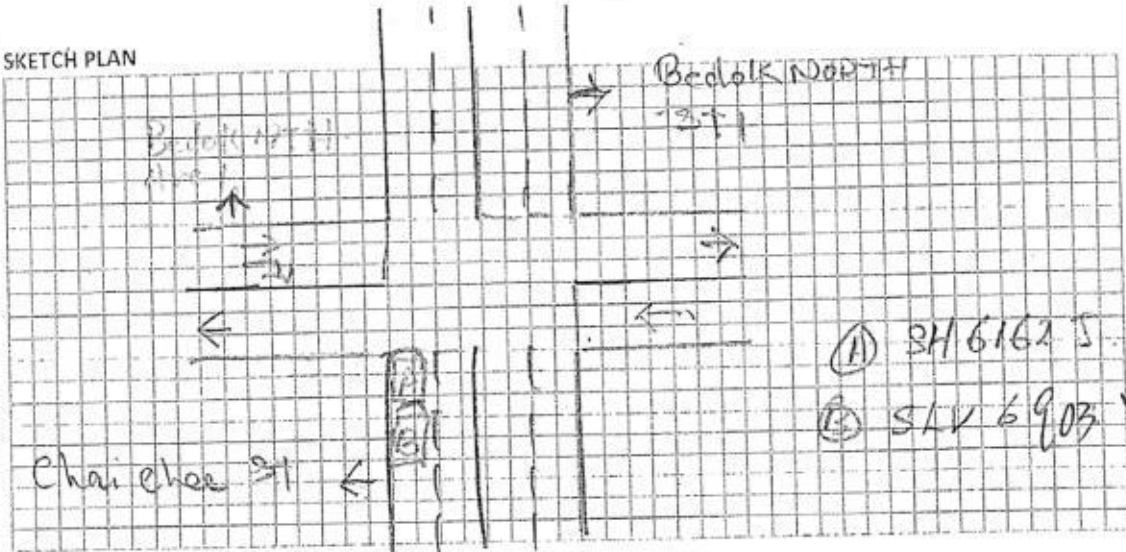
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/IRAC SketchPlan form\_V3



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/2/2018 at about 0830 hrs, I vehicle A was stationary at the traffic light junction waiting for traffic light to turn green. While waiting vehicle B came from my back and hit my taxi rear portion. No one was injured at that time.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

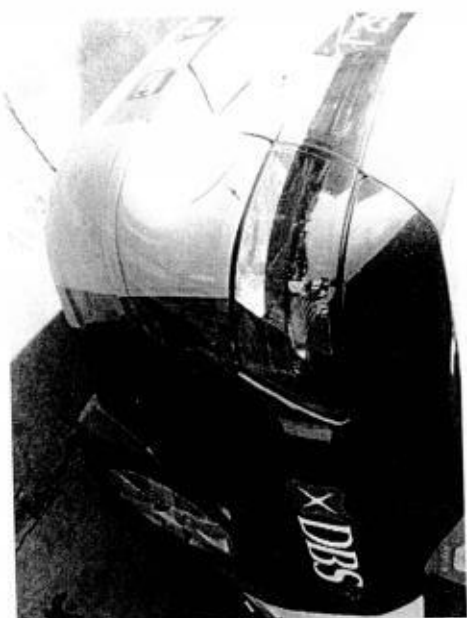
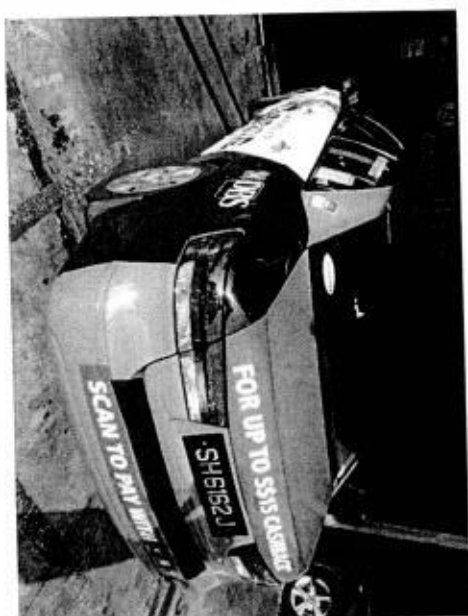
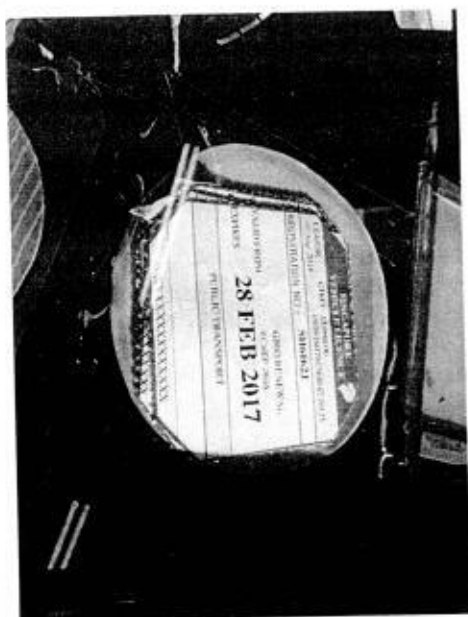
Policyholder's Signature  
Date & Time:

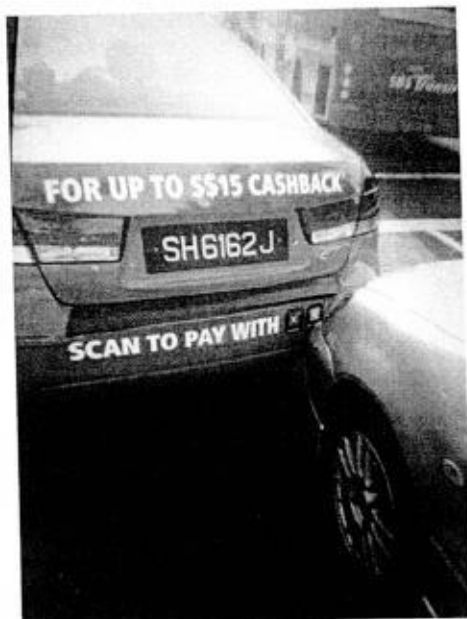
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GAIRAC Sketch Plan Form 13

19/2/18  
Jackson Heng  
CEO





am: ARC Repair TP(CLSO)1

## JOB CARD Sales Order:

JC NO: 305117632

OMER

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

UNT CARD NO.

REGN NO: SH 6162J

MILEAGE

MAKE: HYUNDAI

FUEL

E ..... 1/2 ..... F

MODEL: SONATA

19.02.2018 08:55

YR OF MANU: 30.08.2012

TARGET DATE

CHASSIS CODE: RMHET41VMCA828950

COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 19.02.2018

ATURE: 3P 19.02.18

NO

LABOR CODE

DESCRIPTION

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.:

SH 6162J

JU AUTO GEN

Vehicle No.:

SH 6162J

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SH 6162J

DATE 20/2/2018 3:36

MAKE :

MODEL : HYUNDAI i40

LS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X repair</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>✓</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X</i>			\$ 49.00
	Rear Bumper Clips <i>X</i>			\$ 22.00
	Rear Bumper Sponge <i>X</i>			\$ 143.40
	Rear Bumper Under Cover <i>X</i>			\$ 225.00
	Rear Panel <i>X</i>			\$ 391.80
	Rear Panel Garnish <i>X</i>			\$ 95.80
	<b>SUB TOTAL</b>			<b>\$ 2,394.95</b>
	<b>LESS 20%</b>			<b>\$ 478.99</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,915.96</b>
	Rear Bumper Reverse Sensor <i>X</i>			\$ 135.70
	Rear Bumper Advertisement Logo <i>✓</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>✓</i>		\$ 100.00	\$ 200.00
				<b>\$ 385.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>350.00</del> 100
	Spray Painting Charge			\$ <del>400.00</del> 180
	Wiring Charge			\$ <del>50.00</del> +
	R/Refix Reverse Sensor			\$ <del>120.00</del> +
	<b>TOTAL LABOUR</b>			<b>\$ 920.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,221.66</b>
<p><i>Kalvin LK</i></p> <p><i>21/2/18 1600hrs.</i></p> <p><i>20-7-18</i></p> <p><i>LS</i></p> <p><i>After Repair photo.</i></p>				
<p>LKK Auto Consultants 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</p> <p>Signature:</p> <p>Date:</p>				
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

SVC

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### REPAIR ESTIMATE\*

VEHICLE NO : SH 6162J

DATE 20/2/2018 3:36

MAKE :

**MODEL : HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X repair			\$ 603.60
	Rear Bumper Reinforcement X rec			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) X rec		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket X rec			\$ 49.00
	Rear Bumper Clips X nh			\$ 22.00
	Rear Bumper Sponge X rec			\$ 143.40
	Rear Bumper Under Cover X rec			\$ 225.00
	Rear Panel X rec			\$ 391.80
	Rear Panel Garnish X rec			\$ 95.80
	SUB TOTAL			\$ 2,394.95
	LESS 20%			\$ 478.99
	DISCOUNTED TOTAL			\$ 1,915.96
	Rear Bumper Reverse Sensor X nh			\$ 135.70 Nett
	Rear Bumper Advertisement Logo ✓ rec			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) ✓ rec		\$ 100.00	\$ 200.00 Nett
				\$ 385.70
	<b>Labour Charge</b>			
	Panel Beating			\$ 100 / 350.00
	Spray Painting Charge			\$ 180 / 400.00
	Wiring Charge			\$ 50.00 + nh
	R/Refix Reverse Sensor			\$ 120.00 + nh
	TOTAL LABOUR			\$ 920.00
	ESTIMATE TOTAL			\$ 3,221.66

Kalvin LKCC  
 // 21/2/18 1600hrs.  
 20-7,  
 L/S  
 After Repair photo.

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:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

Our Job Ref No : 305117632  
Date : 22/02/2018

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SH 6162J

Fax :

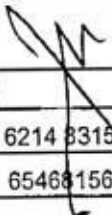
Date of Accident : 19/02/2018


The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

- The repair job shall bill to: AUTO GENERAL -- SLY6903Y  
###
- The finalized amount shall be:
  - Spare Parts after List discount
  - Labour Charges ###
  - Total for Part-By-Part Repair Cost
  - Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%  
Final Lumpsum Repair cost \$400.00

- Estimated normal period for repairs: 2 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and  
finalized amount

Signature :   
Name : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 23/2/18

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEMS:



## 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/AGI18003478/K1qd3n2

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

Date : 01-03-2018



Code : AGI

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLV 6903Y	Veh. Inspected	SH 6162J
Policy No.		Coverage (\$)	0.00
Claim No.	C1000367	Excess (\$)	0.00
Assign From	JULIE MANGUBAT	Assign Date	21/02/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA828950	Colour	BLUE
Odometer	796202	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	19/02/2018	Inspection Date	21/02/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

### 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. SH 6162J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	603.60	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
1	REAR PANEL	SERVICEABLE	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-478.99	-
			1,915.96	-
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			385.70	250.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	100.00
	SPRAY PAINTING CHARGE.		400.00	180.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			920.00	280.00
<b>GRAND TOTAL</b>			<b>3,221.66</b>	<b>530.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>400.00</b>

Report Ref No. CS/AGI18003478/K1qd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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