

22/03/2002

ASS. REF. BY:

REF: CS/UOLU8003924 /Ktbnz

Special Instruction:

Surveyor: Kenneth ASSIGNMENT (Office)From (Person): Jenny Lew of UOL Date/Time: 28/02/2018 9am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: YP 3290D Insured: SKZ 4854Jat Workshop m/s Accord Auto Tel: 9740 0999of 10 Amk Ind Park 2A #08-11Policy No: _____ Claim No: M12D0750803

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26/02/2018
(Client's Record)CA / REV / REP. / REV 24 HRS 'Wp' 14-03-2018 @ 10.30 am H.O.D. Endorsement: _____Date/Time: 28/02/2018 10:44am Person Contacted: Jessy Vehicle IN (OUT) OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>YP 3290D - X</u>
	<u>SKZ 4854J - X</u>
	<u>8480.81 email & Cred. 2453, 817.)</u>

ASSIGNMENT

From: Date: 14/3/18

Estimated Cost:

OD (TP) WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: YP 3290D

at Worksite: Accord Auto

at 10 Amk Ind park 2A #03-11

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

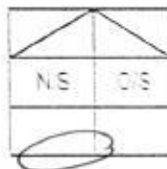
Client's Record:

10:30 am

Make of Ven:

(Policy Condition)

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



Salvage/Market Value:

DAC Accident Report: Consistent? Yes or No

Q/A PR Seen: Consistent? Yes or No

Est. Repairs: days Res: Yes or No

Lum Sum: % S Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle IN / OUT

Date Time Action Instruction

15/3 File pass to Catherine

Yp 3290D 07 16

Type: M/Den M/Cycle/Electricity C Taxi Prime/Motor

Truck Trailer:

Make: M/T Canter 2998

Color: White

So Reading: 109275

Eng No:

Chassis:

1-EB21EA20650

Gen: Good Good Fair Poor Burnt

Steering: Good Jammed Leaked Burnt

Brake: Good Jammed Leaked Burnt

Mod: M/T S/R M/T STD A/R M/T

Tyre Size: F 195/85R15 R (10)

BS / DUN / EXNOVA / GH / PS LIZA / MIO / OHTS / RIR / SUM

TOYO / YOKO

Front:

Rear:

R/Ba: 9 -- F/Ba: 4 4 --

L/Ba: 9 -- L/Ba: 4 4 --

D/D: 26/2/18 D/D: 14/3/18

Surveyed at:

Des of Damages: Frt Rear O/S N/S U/O Roof/Ch

Rear N/S

The U/O / Chassis frame Body Structure affected due to collision

RECEIVED 30 MAY 2018

Date Time File Pass to:

30/5 T.Y.M.S.T

Date Time File Return to:

☐ Prelim. Report
☒ Final Report

Days Of Repair: 1

Resurvey No. of Trips: 1

Survey Fee:

Add Fee:

Site Fee: \$

Travel Fee: \$

Report Fee: \$

App Fee: \$

Report Format:

Summ Sum: 1.8

TP 480.81

110
50
50
16

226



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			
UNITED OVERSEAS INSURANCE LTD		Ref : CS/UOI18003924/Ktb	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909		Date : 28-02-2018	
		Code : UOI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKZ 4854J	Veh. Inspected	YP 3290D
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	JENNY LEW	Assign Date	28/02/2018
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	26/02/2018	Inspection Date	
Survey held at	ACCORD AUTO SERVICES PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTO POINT #03-11 SINGAPORE 568047		
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: LEW JENNY <jennylew@uoi.com.sg>
Sent: Wednesday, 28 February, 2018 9:00 AM
To: Accord Auto(Claims); SUR; assignments
Subject: RE: Accident Involving YP3290D & SKZ4854J on 26/02/2018
Attachments: SAS2365483.zip

WITHOUT PREJUDICE

Dear Shiau Chan

Please arrange to survey the vehicle at Accord Auto Services Pte Ltd.

Password: uoi123

Thank You.

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: Accord Auto(Claims) [mailto:claims@mycarworkshop.com.sg]
Sent: Tuesday, 27 February, 2018 6:05 PM
To: LEW JENNY <jennylew@uoi.com.sg>
Subject: Re: Accident Involving YP3290D & SKZ4854J on 26/02/2018

Dear Jenny,

We would be appointing LKK Auto Consultants Pte Ltd to conduct PRS.

Thank you.

Kind regards,
Jessy Soe

Accord Auto Services Pte Ltd
10 Ang Mo Kio Ind Park 2A
#03-11 Ang Mo Kio Auto Point
Singapore 568047

Mobile : (65) 9740 0999
Tel : (65) 6481 9517
Fax : (65) 6481 9516

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From: Accord Auto(Claims) [mailto:claims@mycarworkshop.com.sg]
Sent: Tuesday, 27 February, 2018 4:04 PM
To: LEW JENNY <jennylew@uoi.com.sg>
Cc: Gilbert Ng <gilbert.ng@mycarworkshop.com.sg>
Subject: Accident Involving YP3290D & SKZ4854J on 26/02/2018

Dear Jenny,

Kindly assist arrange Pre-Repair Survey for YP3290D, vehicle not in workshop.

Please provide us 10 surveyor name list.

Thank you.

Kind regards,
Jessy Soe

Accord Auto Services Pte Ltd
10 Ang Mo Kio Ind Park 2A
#03-11 Ang Mo Kio Auto Point
Singapore 568047

Mobile : (65) 9740 0999
Tel : (65) 6481 9517
Fax : (65) 6481 9516

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Denise Tay (LKKAUTO)

From: Accord Auto(Claims) <claims@mycarworkshop.com.sg>
Sent: Wednesday, 30 May 2018 11:44 AM
To: Denise Tay (LKKAUTO)
Subject: Re: YP 3290D / TP / WP / UOI

Dear Denise,

We confirmed acceptance COR \$480.81 and 1 working days.

Thank you.

Kind regards,
Jessy Soe

Accord Auto Services Pte Ltd
10 Ang Mo Kio Ind Park 2A
#03-11 Ang Mo Kio Auto Point
Singapore 568047

Mobile : (65) 9740 0999
Tel : (65) 6481 9517
Fax : (65) 6481 9516

This email is confidential and privileged. If you are not the intended recipient, you must not view, disseminate, use or copy this email. Kindly notify the sender immediately, and delete this email from your system. Thank you.

On 30 May 2018 at 11:18, Denise Tay (LKKAUTO) <denisetay@lkkauto.com> wrote:

Dear Jessy,

As spoken, No 3 Ns change to 200 instead of 150

Total will be \$480.81, 1day

Please check and confirm

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Denise Tay (LKKAuto)

From: Accord Auto(Claims) <claims@mycarworkshop.com.sg>
Sent: Friday, 25 May 2018 1:09 PM
To: Denise Tay (LKKAuto)
Subject: Re: YP 3290D / TP / WP / UOI

Dear Denise,

Can we adjust SN Item No.3 \$150.00 to \$250.00?

Thank you.

Kind regards,
Jessy Soe

Accord Auto Services Pte Ltd
10 Ang Mo Kio Ind Park 2A
#03-11 Ang Mo Kio Auto Point
Singapore 568047

Mobile : (65) 9740 0999
Tel : (65) 6481 9517
Fax : (65) 6481 9516

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On 25 May 2018 at 11:27, Denise Tay (LKKAuto) <denisetay@lkkauto.com> wrote:

Dear Jessy,

As spoken earlier.

Attach the correct estimate and please check.

Do let us know if there is any issue and will check with Kenneth

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Denise Tay (LKKAUTO)

From: LEE KATIE <katielee@uoi.com.sg>
Sent: Wednesday, 30 May 2018 4:25 PM
To: Denise Tay (LKKAUTO); Admin-D (LKKAUTO)
Cc: SUR; assignments
Subject: RE: Accident Involving YP3290D & SKZ4854J on 26/02/2018

M12D07501803

Regards,

Katie Lee

Claims

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9318 | Fax • (65) 6327 3869 | Email • katielee@uoi.com.sg

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From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Wednesday, 30 May, 2018 2:15 PM
To: Admin-D (LKKAUTO) <admin-d@lkkauto.com>; LEW JENNY <jennylew@uoi.com.sg>; LEE KATIE <katielee@uoi.com.sg>
Cc: SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: RE: Accident Involving YP3290D & SKZ4854J on 26/02/2018

Dear Katie,

Can assist to provide the claim number?

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Denise Tay (LKKAUTO)
Sent: Wednesday, 30 May 2018 2:13 PM
To: Admin-D (LKKAUTO) <admin-d@lkkauto.com>; 'LEW JENNY' <jennylew@uoi.com.sg>
Cc: SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: RE: Accident Involving YP3290D & SKZ4854J on 26/02/2018

Dear Jenny,

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	YP3290D
Vehicle Type :	B30 - Goods (Open) Lorry (Wooden Body)
Vehicle Attachment 1 :	With Hood
Vehicle Scheme :	Normal
Vehicle Make :	MAZDA
Vehicle Model :	CANTER FEB21ER3SDEB
Chassis No. :	FEB21EA20650
Propellant :	Diesel
Engine No. :	4P10C24357
Engine Capacity :	2998 cc
Maximum Power Output :	-
Maximum Laden Weight :	5000 kg
Unladen Weight :	2400 kg
Year Of Manufacture :	2016
Original Registration Date :	14 Jul 2016
Lifespan Expiry Date :	13 Jul 2036
COE Category :	C - Goods Vehicle & Bus
PQP Paid :	\$21,376.00
COE Expiry Date :	13 Jul 2026
Road Tax Expiry Date :	13 Jan 2019
Inspection Due Date :	13 Jan 2019
Intended Transfer Date :	27 Feb 2018
CO2 Emission :	-

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	27/02/2018 14:50
Date Of Accident	26/02/2018 18:20
Exact Location Of Accident	CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3290D
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	SUMMER POND & LANDSCAPING PTE LTD
Co Reg No	200307000D
Email Address	JENNYLEE@SUMMERPOND.COM
Mobile Phone No	
Alternative Phone No	OFFICE-65703270

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER3SDEB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	AVFCSB0012331702
Cover Note Number	

Driver

Name of Driver	MUTHUVEL KAMARAJ
NRIC No	G7577533X
Date Of Birth	22/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81517173
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	7030 ANG MO KIO AVENUE 5 #05-27 NORTHSTAR @AMK
Postcode	569880
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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)	2
Passenger 1	NAME: : DABASISH ROY 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

PLEASE REFER TO SKETCH PLAN.

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	SKZ4854J
Vehicle Make/Model/Colour	NISSAN SYLPHY (BLUE)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEOW KHEE SHING MELVIN
NRIC/Passport Number	S1757217B
Contact Number	
Address	305 PAVILION CIRCLE
Postcode	658573
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 its 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.

B. Content 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

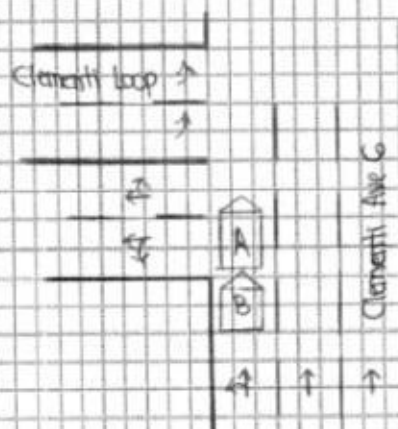
Policyholder's Signature / Date & Time

 27/02/2018 11:59am

Driver's Signature (if driver is not the policyholder) / Date & Time

 27/02/2018 11:59am

ACCORD AUTO SERVICES PTE. LTD.
 10 Ang Mo Kio Industrial Park 2A
 #03-11 AMK Autopoint
 Singapore 568047
 Witnessed by Reporting Centre Personnel

Sketch Plan

	<p>Vehicle A: YP3290D</p> <p>Vehicle B: 8Z48MAJ</p>
---	---

Accident Sketch Plan

Describe Circumstance of the Accident

Date & Time of Accident: 26/02/2018 around 6:20pm

Vehicle A: YP 3290D

Vehicle B: SKZ 4854J

On the date and time above, I was travelling Clementi Ave 6 toward PIE. Traffic was heavy, all vehicles were moving slow. Suddenly I felt an impact from rear portion, vehicle B hit onto rear portion of my vehicle.



IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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



Policyholder's Signature Date & Time

27/02/2018 @ 11:50am

[Signature]

Driver's Signature (If driver is not the policyholder) / Date

& Time: 27/02/2018 @ 11:59am

ACCIDENT AUTO SERVICES PTE. LTD.
10 ANGLO-CHINESE INDUSTRIAL PARK 2A
#02-11 MARK AUTOPoint
Singapore 665047

Witnessed by Reporting Centre Personnel

ACCORD AUTO SERVICES PTE LTD

10 Ang Mo Kio Industrial Park 2A

#03-11 AMK Autopoint Singapore 568047

Tel: 6481 9518 / 6481 9517 Fax: 6481 9516 email: claims@mycarworkshop.com.sg

ESTIMATE

United Overseas Insurance Limited

3 Anson Road #28-01

Springleaf Tower

Singapore 079909

Att: Motor Claims Department

Date : 27/02/2018

Vehicle No : YP3290D

Veh Make/Model : Mit. Canter FEB21ER3SDEB

YOM : 2016

Chassis No : FEB21EA20650

Date of Accident : 26/02/2018

No	Qty	Description	Amount \$
		<u>Nest Items:-</u>	
1	1	Car plate lamp	\$ Bro 58.68 ✓
2	1	Tail lamp LH	\$ CM 120.00 ✓
3	1	Tail lamp RH	\$ Sn 120.00 X
		Total - Nett Item	\$ 298.68
		Less 10%	\$ 29.87
		Total	\$ 268.81
		<u>Special Nett Item:-</u>	
1	4	Tailgate hook	\$ R 600.00 X
2	1	Rear bumper guard	\$ R 800.00 X
3	1	Rear step plate	\$ Down CM 450.00 ✓ 1500
4	1	Rear number plate	\$ R 35.00 2050
		Total - SN Item	\$ 1,885.00
		<u>Labour Charges:-</u>	
1		To remove / replace rear bumper guard.	\$ R 200.00 X
2		To remove / replace rear step plate.	\$ 200.00 1000
3		To repair rear chassis member.	\$ R 380.00 X
		Total - L/C	\$ 780.00
		Not Authorise	
		Resurvey After Paint	
		8430.81	
		1 day	
		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	
		• 7% GST is subject to final approval from Insurance Company	
		Sub-Total	\$ 2,933.81
		7% GST	\$ 205.37
		Total	\$ 3,139.18

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				
UNITED OVERSEAS INSURANCE LTD			Ref : CS/UOI18003924/Ktbn2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909			Date : 01-06-2018	
			Code : UOI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKZ 4854J	Veh. Inspected	YP 3290D	
Policy No.		Coverage (\$)	0.00	
Claim No.	M12D07501803	Excess (\$)	0.00	
Assign From	JENNY LEW	Assign Date	28/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI CANTER	c.c	2998	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	FEB21EA20650	Colour	WHITE	
Odometer	109275	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/85 R15	YOKOHAMA	9 mm	
L/H Front Tyre	195/85 R15	YOKOHAMA	9 mm	
R/H Rear Tyre	195/85 R15 (D)	YOKOHAMA	4/4 mm	
L/H Rear Tyre	195/85 R15 (D)	YOKOHAMA	4/4 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	26/02/2018	Inspection Date	14/03/2018	
Survey held at	ACCORD AUTO SERVICES PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A AMK AUTO POINT #03-11 SINGAPORE 568047			
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:		1 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. YP 3290D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	CAR PLATE LAMP (N)	BROKEN	58.68	58.68
1	TAIL LAMP LH (N)	CRACKED	120.00	120.00
1	TAIL LAMP RH (N)	SERVICEABLE	120.00	-
	LESS 10% DISCOUNT		-29.87	-17.87
			268.81	160.81
<u>SPECIAL NETT ITEMS</u>				
4	TAILGATE HOOK (SN)	TO REPAIR SEE LABOUR	600.00	-
1	REAR BUMPER GUARD (SN)	TO REPAIR SEE LABOUR	800.00	-
1	REAR STEP PLATE (SN)	CRACKED	450.00	200.00
1	REAR NUMBER PLATE (SN)	BENT	35.00	20.00
			1,885.00	220.00
<u>LABOUR</u>				
	TO REMOVE/REPLACE REAR BUMPER GUARD.	NOT NECESSARY	200.00	-
	TO REMOVE/REPLACE REAR STEP PLATE.INCLUSIVE OF THE REPAIR OF TAILGATE HOOK AND REAR BUMPER GUARD .		200.00	100.00
	TO REPAIR REAR CHASSIS MEMBER.	NOT NECESSARY	380.00	-
			780.00	100.00
GRAND TOTAL			2,933.81	480.81
RECOMMENDED COST OF REPAIRS				480.81

Report Ref No. CS/UOI18003924/Ktbn2

KONG SENG CHEONG

Licensed Appraiser

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