

ASS. REC. BY:

REF:

CG/AGL18007980/SHB n2

Special Instruction:

Surveyor:

Sebastian

ASSIGNMENT (Office)

From (Person):

Julie

of

AGL

Date/Time:

02052018 1127am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 4531Y

Insured:

SJR 9824Y

at Workshop m/s

SMRT

Tel:

6866 2672

of

60 Woodlands Ind Park E4

Policy No:

Claim No:

C10001563/AH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29042018

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

H.O.D. Endorsement:

Date/Time:

02052018

1133am

Person Contacted:

Granti

Vehicle: IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 4531Y - NS / INC11010653 / R1Am

DUF - 02062011

SJR 9824Y - X

Lump Sum

\$4050/-

(Red: 4940:54%)

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No

Sum Insured:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lump Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

RECEIVED 10 MAY 2010

Date/Time, File Pass to?

18/5 Typist

Date/Time, File Return to?

Report Format :

Lump Sum / I.B.F. (\$

☐ : Preli. Report

☒ : Final Report

TP
40501

Veh No.

SHC 45314

Yr Regn:

10/3/2011

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Chrysler 300

Colour

Black

Sp. Reading

503090

Eng/No:

1C3C96CM 544 10209

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyro Size:

F: 225/60R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Rear

R/Bal.

L/Bal.

D.O.A.

SMRT

TAX / 04 / 18 / 2145

Like
Auto General
Insurance

5309824

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$
☐ : Interview (\$
☐ : Tech. Invs (\$
☐ : Weekend (\$

Survey Fee:

Transportation.

S + RS. \$

Photos

Others

TOTAL

250

Catherine Chong (LKK Auto)

From: Julie Mangubat <julie.m@budgetdirect.com.sg>
Sent: Wednesday, 2 May, 2018 11:27 AM
To: SUR; 'assignments'
Cc: Albert Hong
Subject: FW: SHC4531Y - Survey (Auto & General Insurance) | Claim ref: C10001563/AH
Attachments: SHC4531Y.pdf; 2145 - 4531.pdf

Sent on behalf of Albert

Hi Team

Please accept TPPD survey and survey on a without prejudice basis.

Thank you,
-Julie

From: Shanti B Thaiyal Nayagi (Auto Svcs/Ext Biz Svcs/Claims & IA/Taxis/Claims) <BThaiyalN@smrt.com.sg>
Sent: Wednesday, 2 May, 2018 11:18 AM
To: Claims <claims@budgetdirect.com.sg>
Cc: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) <YeoPohsuan@smrt.com.sg>; Kok Tuck Foo (Auto Svcs/Ext Biz Svcs/AR & SC/ARC) <TuckFoo@smrt.com.sg>; Koo Yew Chung (Auto Svcs/Ext Biz Svcs/AR & SC) <YewChung@smrt.com.sg>; Phua Zhi Yang (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR) <ZhiYang.Phua@smrt.com.sg>; Grace Ng Siu Ching (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR) <ngsiuching@smrt.com.sg>; Lim Wei Siong (Auto Svcs/Ext Biz Svcs/Claims & IA/Taxis/Claims) <weisiong@smrt.com.sg>; Chin Kim Ming (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR) <kimming.chin@smrtlan.com.sg>
Subject: RE: SHC4531Y - Survey (Auto & General Insurance)

Dear Sir /Mdm

Kindly arrange to survey the vehicle **SHC4531Y** within 48 hours according to GIA guide line, involving your insured **SJQ9824Y**
Vehicle in **Woodlands SMRT Depot**

Regards
Shanti
SMRT Automotive Services PTE LTD
Accident Reporting Center (Claims Dept)
6866 2671/2 | bthaiyaln@smrt.com.sg



This email is sent by Auto & General (SEA) Services Pte. Limited or a related body corporate (Auto & General) and is for the intended addressee. The views expressed in this email and attachments (email) reflect the views of the stated author but may not reflect views of Auto & General. This email is confidential and subject to copyright. It may be privileged. If you are not the intended addressee, confidentiality and privilege have not been waived and any use, interference with, or disclosure of this email is unauthorised.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5369K
Vehicle Details	
Vehicle No.:	SHC4531Y
Vehicle to be Exported:	No
Intended De-registration Date:	03 May 2018
Vehicle Make:	CHRYSLER
Vehicle Model:	300C 3.0L AT ABS D/AIRBAG HID 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	64298240905354
Chassis No.:	1C3C96CM4AY102204
Maximum Power Output:	160.0 kW (214 bhp)
Open Market Value:	\$40,081.00
Original Registration Date:	10 Mar 2011
First Registration Date:	10 Mar 2011
Transfer Count:	0
Actual ARF Paid:	\$40,081.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Mar 2019
PARF Rebate Amount:	\$24,048.00
Intended COE Rebate Details	
COE Expiry Date:	09 Mar 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
QP Paid:	\$27,201.00
COE Rebate Amount:	\$2,888.00
Total Rebate Amount:	\$26,936.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 03 May 2018

OK

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	30/04/2018 14:25
Date Of Accident	29/04/2018 11:40
Exact Location Of Accident	AIRPORT ROAD TOWARDS KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4531Y
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	CHRYSLER
Model	300C-3.0 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18090213MFSH
Cover Note Number	

Driver

Name of Driver	LEONG SAY HENG
NRIC No	S1211231I
Date Of Birth	23/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1977
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

139

Postcode

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 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) 2

Passenger 1 NAME: : UNKNOWN

GENDER: : FEMALE

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

I WAS STATIONARY ALONG AIRPORT ROAD WITH A PASSENGER ON BOARD DUE TO RED TRAFFIC LIGHT WHEN THE VEHICLE SJQ9824Y FROM BEHIND COLLIDED ONTO THE REAR PORTION OF MY TAXI.

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 SJQ9824Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LANCER TAN

NRIC/Passport Number S8106180G

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



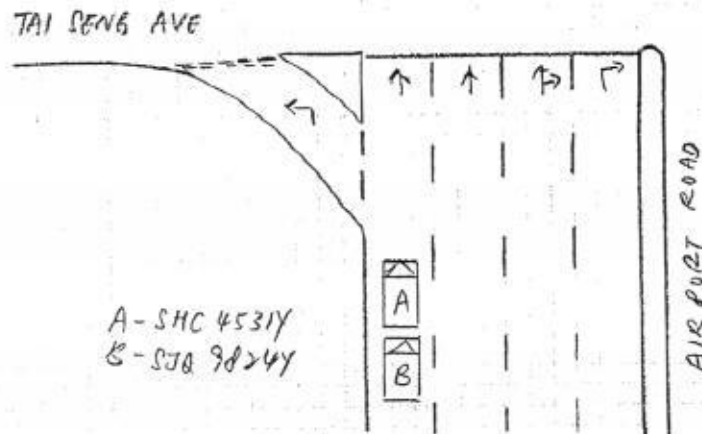
Policyholder's Signature
Date & Time:

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

[Signature] 30/8/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.:

SMRT Accident Vehicle Repair Estimates

Auto Group C/A

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SHC4531Y
 Ref. No : TAX/04/18/2145
 Reg. Date : 10/03/2011
 Vehicle Type : TAXI
 Make : CHRYSLER
 Model : C300
 Name of Driver : LEONG SAY HENG
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 29/04/2018 11:40:00 AM
 Accident Reported Date / Time : 30/04/2018 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by :
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024095819
 Special Instruction to ARC, if any :
 SJQ9824Y
 Prepared Date : 30/04/2018 02:46:56 PM



*Sebastian
 2/5/18*

- *Imp Sur Repair*
- *Question Mark Item*
- *Photo*
- *Photo After Paint*

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:

Section B - To be Completed by Service Advisor, Accident Repair Centre

Chassis No : 1C3C96CM4AY102204

Mileage

0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges	: 845.00	0.00
Total Spray Painting Charges	: 833.00	0.00
Total Material Charges	: 5,014.00	5,014.00
Other Charges	: 360.00	0.00
TOTAL	: 7,052.00	0.00
Lum Sum Total	: 7,050.00	0.00
No. of Repair Days	: 5.00	0.00
Prepared / Adjusted By	:	3 days
Arc / Surveyor Sign Off Date	: 30/04/2018 06:12:22 PM	01/01/1900 12:00:00 AM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 30/04/2018 06:11:55 PM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

Quotation No :

Invoice No :

Quotation Date :

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 4/30/2018 6:12:37 PM

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	845.00	0.00 300
Total Labour	845.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	473.00	0.00 200
TO RESPRAY BUMPER BEAM	180.00	0.00 ?
TO RESPRAY REAR PANEL	180.00	0.00 ?
Total Spray Painting & Panel Beating	833.00	0.00

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0.00 30
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0.00 30
TO REPLACE SUNDRY PARTS	100.00	0.00 X
TO WASH AND VACUUM	60.00	0.00 X
Total Other Costs	360.00	0.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommendation	Surveyor Approved	Photos Attached
04806257 AA	REAR		REAR BUMPER ASSY	1	2,120.00	10.00	1,908.00	Replace	Replace /	No <i>cat</i>
	REAR		ENERGY ABSORBER - REAR BUMPER	1	373.00	10.00	335.70	Replace	Replace ?	No
	REAR		REAR BUMPER BEAM	1	600.00	10.00	540.00	Replace	Replace ?	No
	REAR		REAR BUMPER CLIP BIG	6	10.00	10.00	54.00	Replace	Replace ✓	No <i>NEC</i>
	REAR		REAR BUMPER CLIP SMALL	6	20.00	10.00	108.00	Replace	Replace ✓	No <i>NEC</i>
04805940 AA	REAR		REAR BUMPER STRIP CHROME	1	430.00	10.00	387.00	Replace	Replace ✓	No <i>Defou</i>
	REAR		REAR NUMBER PLATE	1	35.00	0.00	35.00	Replace	Replace ✓	No <i>scr</i>
	REAR		REAR NUMBER PLATE FRAME	1	35.00	0.00	35.00	Replace	Replace ✓	No <i>scr</i>
	COMMO N		REAR REVERSE CAMERA	1	320.00	10.00	288.00	Replace	Replace ✓	No <i>Dmg</i>
	REAR		REVERSE SENSOR	4	420.00	10.00	1,512.00	Replace	Replace ?	No
04805846 AA	COMMO N		LAMP LISCENSE	2	31.00	10.00	55.80	Replace	Replace ?	No
	REAR		REAR PANEL	1	1,080.00	10.00	972.00	Replace	Replace ?	No
	COMMO N	4006314	SEALANT SIKAFLEX	1	37.00	0.00	37.00	Replace	Replace ?	No
TOTAL MATERIALS								6,267.50	6,267.50	
TOTAL MATERIALS(Discounted)								5,014.00	5,014.00	

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

5-5-18 / 10:09

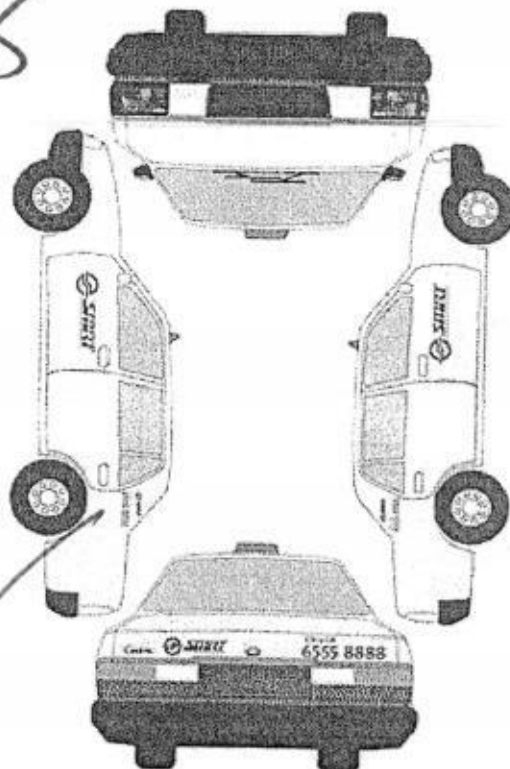
5-5-18 / 14:09

2-5-18 / 14:09

SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SHC4531Y
 Ref. No : TAX/04/18/2145
 Reg. Date : 10/03/2011
 Vehicle Type : TAXI
 Make : CHRYSLER
 Model : C300
 Name of Driver : LEONG SAY HENG
 Type of Accident : HEAD TO REAR
 Date / Time of Accident : 29/04/2018 11:40:00 AM
 Accident Reported Date / Time : 30/04/2018 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : Sebastian
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No : 000024095819
 Special Instruction to ARC, if any :
 SJQ9824Y - AUTO & GENERAL INSURANCE
 BEFORE PAINT PHOTO AND AFTER PAINT PHOTO FOR CHECK ITEM AND REPLACE ITEM PLEASE CALL
 SURVEYOR SEBASTIAN (LKK) & Email : sebastianyeang@lkkauto.com HP: 90036121
 LUMPSUM REPAIR
 Prepared Date : 30/04/2018 02:46:56 PM



Recording Camera

☐ ☒

Radio Antenna

☐ ☐

1st witness

Date 2-5-18

2nd witness

Date

803103
 803041
 1 1 1 1
 1/4 1/2 3/4 1

QC 7/5/18 13:20 p.m. Supplementary
 to Refa to the Supplementary part 1 & 2

LEE SHENG AUTO PTE LTD.

Vehicle Return Date: 7/5/18

Vehicle Return Time: 11 25

SMRT staff sign: _____

Section B - To be Completed by Service Advisor, Accident Repair Centre

Chassis No : 1C3C96CM4AY102204

Mileage : 0

Work Shop :

Repair Completed Date / Time :

Summary of Repair Estimates

	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Charges :	845.00	300.00
Total Spray Painting Charges :	833.00	200.00
Total Material Charges :	5,014.00	3,506.24
Other Charges :	360.00	60.00
TOTAL :	7,052.00 8990	4,066.24
Lum Sum Total :	7,050.00	4,050.00
No. of Repair Days :	5.00	4.00
Prepared / Adjusted By :		SEBASTIAN (LKK)
Arc / Surveyor Sing Off Date :	30/04/2018 06:12:22 PM	02/05/2018 02:03:35 PM



Prepared / Adjusted Date :

Remarks :

Prepared Date : 30/04/2018 06:11:55 PM

Section C - To be Completed by Admin Assistant, Accident Repair Centre, Upon Completion of Repair

Quotation No : QN-1805-087

Invoice No :

Quotation Date : 11/5

Invoice Date :

Invoice Amount : 0.00

Prepared Date : 4/30/2018 6:12:37 PM

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR REAR PORTION	845.00	300.00
Total Labour	845.00	300.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY REAR BUMPER	473.00	200.00
TO RESPRAY BUMPER BEAM	180.00	0.00
TO RESPRAY REAR PANEL	180.00	0.00
Total Spray Painting & Panel Beating	833.00	200.00

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO CHECK WIRING AND SYSTEM FUNCTION	80.00	30.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30.00
TO REPLACE SUNDRY PARTS	100.00	0.00
TO WASH AND VACUUM	60.00	0.00
Total Other Costs	360.00	60.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock No	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Recommended	Surveyor Approved	Photos Attached
	REAR		REAR BUMPER ASSY	1	2,120.00	10.00	1,908.00	Replace	Replace	No ✓
04806257 AA	REAR		ENERGY ABSORBER - REAR BUMPER	1	373.00	10.00	335.70	Replace	Check	No X
	REAR		REAR BUMPER BEAM	1	600.00	10.00	540.00	Replace	Check	No X
	REAR		REAR BUMPER CLIP BIG	6	10.00	10.00	54.00	Replace	Replace	No ✓
	REAR		REAR BUMPER CLIP SMALL	6	20.00	10.00	108.00	Replace	Replace	No ✓
04805940 AA	REAR		REAR BUMPER STRIP CHROME	1	430.00	10.00	387.00	Replace	Replace	No ✓
	REAR		REAR NUMBER PLATE	1	35.00	0.00	35.00	Replace	Replace	No ✓
	REAR		REAR NUMBER PLATE FRAME	1	35.00	0.00	35.00	Replace	Replace	No ✓
	COMMON		REAR REVERSE CAMERA	1	320.00	10.00	288.00	Replace	Replace	No ✓
	REAR		REVERSE SENSOR	4	420.00	10.00	1,512.00	Replace	Replace S	No ✓
04805846 AA	COMMON		LAMP LICENSE	2	31.00	10.00	55.80	Replace	Replace S	No ✓
	REAR		REAR PANEL	1	1,080.00	10.00	972.00	Replace	Check	No X
	COMMON	4006314	SEALANT SIKAFLEX	1	37.00	0.00	37.00	Replace	Check	No X
TOTAL MATERIALS							6,267.50	4,382.80		
TOTAL MATERIALS(Discounted)							5,014.00	3,506.24		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Part Name	Qty	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check	LT Check
TOTAL SUPPLEMENTARY MATERIALS									

4382.80 /
 - 202
 3506.24 /
 + 300.00 /
 + 260.00 /
 4066.24 /
 4S \$4050/- /
 Sebastian
 16/5/18
 8990



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/AGI18007980/Stbn2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE

239924

Date : 23-05-2018



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJQ 9824Y	Veh. Inspected	SHC 4531Y
Policy No.		Coverage (\$)	0.00
Claim No.	C10001563/AH	Excess (\$)	0.00
Assign From	JULIE	Assign Date	02/05/2018

2. Vehicle Particulars & Condition

Make & Model	CHRYSLER C300	c.c	2987
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	1C3C96CM4AY102204	Colour	BLACK
Odometer	803040	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/60 R18	PIRELLI	6 mm
L/H Front Tyre	225/60 R18	PIRELLI	6 mm
R/H Rear Tyre	225/60 R18	PIRELLI	6 mm
L/H Rear Tyre	225/60 R18	PIRELLI	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	29/04/2018	Inspection Date	02/05/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4531Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER ASSY (DISC 10%)	CRACKED	2,120.00	1,908.00
6	REAR BUMPER CLIP BIG @\$10.00 (DISC 10%)	NECESSARY	60.00	54.00
6	REAR BUMPER CLIP SMALL @\$20.00 (DISC 10%)	NECESSARY	120.00	108.00
1	REAR BUMPER STRIP CHROME (DISC 10%)	DEFORMED	430.00	387.00
1	REAR REVERSE CAMERA (DISC 10%)	DAMAGED	320.00	288.00
4	REVERSE SENSOR @\$420.00 (DISC 10%)	DAMAGED	1,680.00	1,512.00
2	LAMP LICENSE @\$31.00 (DISC 10%)	DAMAGED	62.00	55.80
1	REAR NUMBER PLATE (SN)	SCRATCHED	35.00	35.00
1	REAR NUMBER PLATE FRAME (SN)	SCRATCHED	35.00	35.00
1	ENERGY ABSORBER-REAR BUMPER	NOT NECESSARY	373.00	-
1	REAR BUMPER BEAM	NOT NECESSARY	600.00	-
1	REAR PANEL	NOT NECESSARY	1,080.00	-
1	SEALANT SIKAFLEX	NOT NECESSARY	37.00	-
			6,952.00	4,382.80
LABOUR				
PANEL BEATING & BODY WORK.			845.00	300.00
SPRAY PAINT.			833.00	200.00
TO CHECK WIRING AND SYSTEM FUNCTION.			80.00	30.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM.			120.00	30.00
TO REPLACE SUNDRY PARTS.		NOT NECESSARY	100.00	-
TO WASH AND VACUUM.		NOT NECESSARY	60.00	-
			2,038.00	560.00
GRAND TOTAL			8,990.00	4,942.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,050.00

Report Ref No. CS/AGI18007980/Stbn2

YEANG WAI KEEN
Automotive Assessor

HO LEONG CHUAN
Automotive Assessor

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