

22/03/2002

ASS. REC. BY:

REF:

CS/EGT18008879/D7d3b

Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Yee pei Li

of

EGI

Date/Time:

16/5/18 @ 10:10am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLV 6671 R

Insured:

SFA 92814

at Workshop m/s

Teamwork Garage

Tel:

6844 2475

of

81K 53 Ubi Ave 1 # 01-24

Policy No:

Claim No:

SFA 92814 / RH / pl

Sum Insured:

Excess:

Make of Veh:

D.O.A.

12/05/2008

(Client's Record)

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

10:30am @ 16/5/18

Person Contacted:

Darren

Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLV 6671 R - NA / INC 18008764 / 24 DOA: 12/05/18
	SFA 92814 - NA / INC 18008764 / 24 DOA: 12/05/18
	Finalized at lump sum \$20000/-, 10 days
	(Red: 19586.09; 49%)

REF:

ASS. REC. BY:

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. _____

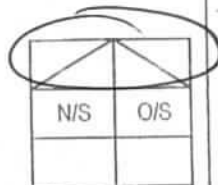
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 10 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLV 6671R Yr Regn: 2013, 8th

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

Truck / Trailer or

Make: Mercedes Benz CLA 200 1595Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 96039 T/Radio: Insured / Std / NI / NAEng/No: 27091030208380C/No: WDD1173432N022408Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40 R18R: — 11 —

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

TOYO / YOKO or Bridgestone

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 12/05/2018 D.O.I. 16/05/2018Survey held at Tecmwork Page Ubi

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

Front

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

Date / Time Action / Instruction

Ergo SPA 92814

RECEIVED 10 JAN 2020

Date/Time, File Pass to?

10/1 Typist

Date/Time, File Return to?

2)

Rep. Form:

Lum. Form / F.R. Form:

R20.000/-Days Of Repair: 10Resurvey No. of Trip: 2

Add Fee:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others:

TOTAL

390390

Nivitha (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Wednesday, 16 May 2018 10:10 AM
To: 'admin-d@lkkauto.com'
Subject: OI : SLV6671R / TP : SFA9281U/LKK / DOA : 12/05/2018
Attachments: SFA9281U - SAS.pdf; SLV6671R - SAS.pdf; SLV6671R - PRS FORM.pdf

Dear Catherine,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please conduct this survey request from **TEAMWORK GARAGE PTE LTD,**

ADDRESS : BLK 53 UBI AVENUE 1
#01-24 PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

PERSON TO CONTACT : SUE @ 6844 2475

ERGO OFFICER-IN-CHARGE : ROHAINI

Note: To survey on without prejudice basis. Obtain estimate and advise the consistency of damages to third party vehicle that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop

Please fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via Survey.Report@ergo.com.sg.

Attached are insured and TP's SAS (**note: reports not to be released to any Third Party**). No estimates was provided.

Kindly acknowledge receipt of this email.

Thank you.

Yee Pei Li

Claims Assistant (Motor)
ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
Tel.: 65 6829 9199 DID: 65 6829 9194
Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

ERGO

Date: 15.05.2018
Our Reference: SFA 9281U/RH/pl
Your Reference: 1805-19

To: TEAMWORK GARAGE PTE LTD

Sent via Fax

or

Email

claims@teamworkgarage.com

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: SLV 6671R
Insured's Vehicle: SFA 9281U
Date Of Accident: 12.05.2018


We acknowledge receipt of your request for PRS on: 15.05.2018

In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below and indicate your selection in the box marked *.

*

AIS	Automobile Inspection Services Pte Ltd	LBS	L.B.S Auto Consultants Pte Ltd
FTA	FormTeam Consultancy Pte Ltd	LKK	LKK Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	PS	Priority Services
JPK	JP Knights Pte Ltd	VAC	Vicom Ltd

- ☒ Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.
- ☐ Your request for inspection does not have your client's GIA report, kindly forward a copy.
- ☐ We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.
- ☐ Our Insured's driver has not reported the accident to us todate.
- ☒ Others: OFFICER-IN-CHARGE - ROHAINI

Prepared by:		Pei Li	6829 9194	<u>claims@ergo.com.sg</u>
Signature:				<u>FAX : 6829 9247</u>

Assessor use only:

Assignment Date: _____
Assignment Time: _____

Remarks:

Workshop use only:

Assessor attended workshop on:

Date: _____
Time: _____
Inspector: _____

☐ Vehicle not available at the appointed date and time.

Kindly acknowledge our Assessor presence for the above job .

Workshop Acknowledgement & Stamp.

Note: Our Inspection is on a without admission to liability basis.

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	14/05/2018 17:39
Date Of Accident	12/05/2018 19:30
Exact Location Of Accident	MEGA@WOODLANDS CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6671R
Insured/Policyholder	
Name Of Registered Owner	CHIA GUOXING
NRIC No	S8505096F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91791262
Alternative Phone No	OFFICE-91791262

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA200 (R18)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5098279054
Cover Note Number	

Driver

Name of Driver	CHIA GUOXING
NRIC No	S8505096F
Date Of Birth	19/02/1985
Occupation	INDOOR
Date Of Driving Pass	07/06/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91791262
Fax Number	
Contact Number	OFFICE-91791262
EEmail Address	NOEMAIL

Address	BLK 97 WHAMPOA DRIVE #05-190
Postcode	320097
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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: : ANGELINA LIM 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

REFER TO STATEMENT.

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	SFA9281U
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)	

DETAILS OF INJURED PERSON 1

Name	CHIA GUOXING
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SLV6671R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ANGELINA LIM
Approximate Age	
Injuries Sustain	SHOULDER
Injured person in which vehicle?	SLV6671R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

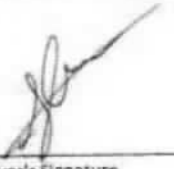
IMPORTANT NOTICE

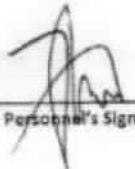
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

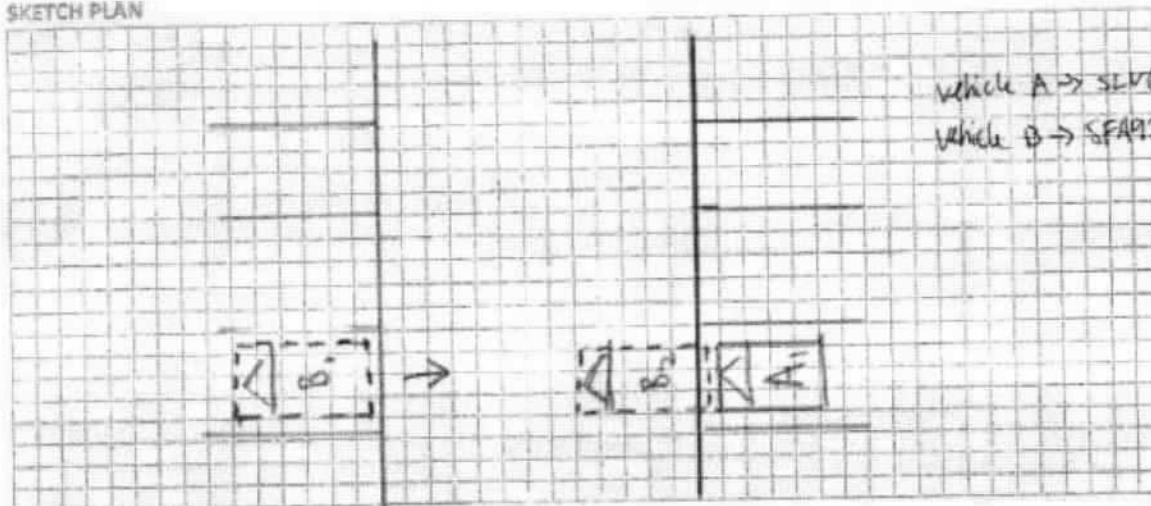

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked outside my office unit which is inside the ^{company} 39 woodlands close Meyer. As I entered my vehicle and ready to move off, vehicle from my opposite parking lot suddenly reverse at a high speed and hit onto my vehicle front portion.

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.:



TeamWork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Spore 408934
Paya Ubi Industrial Park
Tel : 6844 2475
E-mail : claims@teamworkgarage.com
Register number : 201015366H

ERGO Insurance Pte Ltd
302 Orchard Road #09-01
Tong Building
Singapore 238862

3RD PARTY CLAIM ESTIMATION

Vehicle number	SLV6671R
Make / Model	MERCEDESE/CLA200
Chassis number	WDD1173432N022408
Accident date	12 Mya 2018
Reference	1805-19

Qty Particulars

Unit Price - SGD \$

PARTS REPLACEMENT - LIST ITEMS			
1	BONNET <i>Dented</i>	1759.00	✓ 1565.00
1	BONNET TRUNK STAR LOGO <i>NH</i>	95.00	✓
2	BONNET HINGE <i>1st</i>	195.00	✓
2	BONNET ACTIVE SENSOR <i>NH</i>	399.00	X
1	BONNET INSULATOR <i>NH</i>	140.00	X
1	BONNET RUBBER <i>3rd damaged</i>	45.00	✓
1	BONNET UPPER SAFETY CATCH <i>NH</i>	229.00	X
2	BONNET UPPER LATCH STRIKER <i>NH</i>	149.00	X
2	BONNET UPPER CATCH SPRING <i>NH</i>	80.00	X
1	FRONT GRILLE ASSY <i>broken</i>	1540.00	✓ 692.00
1	FRONT GRILLE LOGO <i>broken</i>	163.00	✓
2	FRONT FENDER <i>Dented</i>	1706.00	✓
2	FRONT FENDER INNER SHIELD <i>NH</i>	450.00	X
1	FRONT BUMPER <i>Dented</i>	1661.00	✓ 1554.00
4	FRONT BUMPER PDC SENSOR <i>Done</i>	1092.00	✓
1	PDC SENSOR HARNESS <i>SVC</i>	529.00	X
2	FRONT BUMPER SIDE GRILLE <i>NH</i>	85.00	X
2	FRONT BUMPER LOWER GRILLE <i>NH</i>	156.00	X
2	FRONT BUMPER NOZZLE <i>NH</i>	298.00	X
2	FRONT BUMPER NOZZLE COVER <i>NH</i>	88.00	X
1	FRONT BUMPER TOW COVER <i>NH</i>	60.00	X
1	FRONT BUMPER INNER CENTRE GUARD <i>broken</i>	181.00	✓
1	FRONT BUMPER CENTRE SPONGE <i>toen</i>	153.00	✓
1	FRONT BUMPER REINFORCEMENT <i>Dented</i>	541.00	✓
2	FRONT BUMPER REINFORCEMENT BRACKET <i>NH</i>	320.00	X
2	FRONT HEADLAMP <i>broken / scratched</i>	6500.00	✓ 5240.00
2	FRONT HEADLAMP BALLAST <i>broken</i>	750.00	✓
2	FRONT HEADLAMP HID MODULE <i>NH</i>	2300.00	X
2	FRONT HEADLAMP PANEL <i>NH</i>	784.00	X
1	FRONT SUPPORT PANEL <i>broken</i>	1560.00	✓ 980.00
2	FRONT SUPPORT PANEL SIDE GARNISH <i>NH</i>	154.00	X
1	AIRCON CONDENSER <i>Punctured</i>	1511.00	✓ 1075.00
1	AIRCON FAN ASSY <i>broken</i>	670.00	✓
1	AIRCON SUCTION PIPE <i>NH</i>	410.00	X
1	AIRCON SUCTION HOSE <i>NH</i>	244.00	X

1	AIRCON DISCHARGE HOSE MM		383.00	X
1	AIRCON LIQUID PIPE MM		335.00	X
1	AIRCON RECEIVER DRIER MM		342.00	X
1	RADIATOR punctured / mostly broken		1239.00	✓ 973.00
1	RADIATOR HOSE TOP MM		105.00	X
1	RADIATOR HOSE BOTTOM MM		108.00	X
1	RADIATOR EXPANSION TANK cut / broken		273.00	✓
1	AIR INTER COOLER MM	19516.00	1043.00	X
1	AIR DUCT broken		484.00	✓
1	AIR INTAKE HOSE broken	17564.40	209.00	✓
1	WIPER TANK MM		278.00	X
2	ROOF TOP MOULDING of dislodged		880.00	✓
			32676.00	
Less 10 %			3267.60	
Subtotal			29408.40	
Balance C/F			29408.40	
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>				
Balance B/F			29408.40	
1	FRONT NUMBER PLATE MM		80.00	45/-
1 SET	FRONT BUMPER CLIP MM	75.00	60.00	30/-
1 SET	FRONT FENDER INNER TRIM CLIP MM		50.00	X
1 SET	SUPPORT PANEL TOP GANRISH CLIP MM		30.00	X
1	COOLANT MM		60.00	X
Subtotal			280.00	
Balance C/F			29688.40	
<u>LABOUR AND MISCELLANEOUS CHARGES</u>				
Balance B/F			29688.40	
1	CHECK FRONT WIRING AND LIGHTNING SYSTEM	2690.00	60.00	30/-
2	REMOVE AND RENEW CONDENSER AND TOP UP GAS		200.00	120/-
3	REMOVE AND RENEW RADIATOR AND TOP UP COOLANT		200.00	50/-
4	DIAGNOIS CHECK AND CLEAR FAULT CODE		500.00	250/-
5	PANEL BEATING ON AFFECTED AREAS		1500.00	1200/-
6	SPRAY PAINTING ON AFFECTED AREAS	20329.40	1600.00	1000/-
7	APPLY ANTI RUST ON AFFECTED AREAS	Supp 5687.69	150.00	40/-
16/05/2018 @ 1300m				
Not Antur				
26017.09			4210.00	
L/S 20000/-				
Grand total			33898.40	

2/3m 10 days.

gn
LKK Auto

39586.09

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:



TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel : 6844 2475

E-mail : claims@teamworkgarage.com

Register number : 201015366H

SUPPLEMENTARY

ERGO Insurance Pte Ltd

302 Orchard Road #09-01

Tong Building

Singapore 238862

Vehicle number	SLV6671R
Make / Model	MERCEDESE/CLA200
Chassis number	WDD1173432N022408
Accident date	12 Mya 2018
Reference	1805-19

Qty Particulars

Unit Price - SGD \$

<u>PARTS REPLACEMENT - LIST ITEMS</u>		
2	FRONT FENDER TOP GARNISH LH/RH <i>torn / mostly broken</i>	561.60 ✓
1	FRONT EXHAUST HEAT SHIELD <i>Dented</i>	92.00 ✓
1	FRONT EXHAUST O2 SENSOR <i>Dented / 1st</i>	1107.45 ✓
1	FRONT ENGINE WIRING HARNESS <i>housing broken</i>	1312.15 ✓
1	ENGINE TOP COVER <i>broken</i>	481.85 ✓
1	ENGINE CONTROL MODULE <i>broken</i>	2608.20 ✓
1	FRONT BONNET LOCK <i>1st</i>	156.40 ✓
		6319.65
Less 10 %		631.96
Subtotal		5687.69
Balance C/F		5687.69

R
gar

2kk Auto

[Signature]




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				
ERGO INSURANCE PTE LTD		Ref : CS/EG18008879/Dtd3e2		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVE SINGAPORE 038985		Date : 15-01-2020		
		Code : EGI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SFA 9281U	Veh. Inspected	SLV 6671R	
Policy No.		Coverage (\$)	0.00	
Claim No.	SFA9281U/RH/pl	Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	16/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ CLA200	c.c	1595	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	WDD1173432N022408	Colour	BLUE	
Odometer	96039	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/40 R18	BRIDGESTONE	5 mm	
L/H Front Tyre	225/40 R18	BRIDGESTONE	5 mm	
R/H Rear Tyre	225/40 R18	BRIDGESTONE	5 mm	
L/H Rear Tyre	225/40 R18	BRIDGESTONE	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/05/2018	Inspection Date	16/05/2018	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.			
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:		10 Working Days		



LKK Auto Consultants Pte Ltd

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLV 6671R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BONNET	DENTED	1,759.00	1,565.00
1	BONNET TRUNK STAR LOGO	NECESSARY	95.00	95.00
2	BONNET HINGE	BENT	195.00	195.00
2	BONNET ACTIVE SENSOR	NOT NECESSARY	399.00	-
1	BONNET INSULATOR	NOT NECESSARY	140.00	-
1	BONNET RUBBER	DEFORMED	45.00	45.00
1	BONNET UPPER SAFETY CATCH	NOT NECESSARY	229.00	-
2	BONNET UPPER LATCH STRIKER	NOT NECESSARY	149.00	-
2	BONNET UPPER CATCH SPRING	NOT NECESSARY	80.00	-
1	FRONT GRILLE ASSY	BROKEN	1,540.00	692.00
1	FRONT GRILLE LOGO	BROKEN	163.00	163.00
2	FRONT FENDER	DENTED	1,706.00	1,706.00
2	FRONT FENDER INNER SHIELD	NOT NECESSARY	450.00	-
1	FRONT BUMPER	DENTED	1,661.00	1,554.00
4	FRONT BUMPER PDC SENSOR	DAMAGED	1,092.00	1,092.00
1	PDC SENSOR HARNESS	SERVICEABLE	529.00	-
2	FRONT BUMPER SIDE GRILLE	NOT NECESSARY	85.00	-
2	FRONT BUMPER LOWER GRILLE	NOT NECESSARY	156.00	-
2	FRONT BUMPER NOZZLE	NOT NECESSARY	298.00	-
2	FRONT BUMPER NOZZLE COVER	NOT NECESSARY	88.00	-
1	FRONT BUMPER TOW COVER	TO REPAIR SEE LABOUR	60.00	-
1	FRONT BUMPER INNER CENTRE GUARD	BROKEN	181.00	181.00
1	FRONT BUMPER CENTRE SPONGE	TORN	153.00	153.00
1	FRONT BUMPER REINFORCEMENT	DENTED	541.00	541.00
2	FRONT BUMPER REINFORCEMENT BRACKET	NOT NECESSARY	320.00	-
2	FRONT HEADLAMP	BROKEN / SCRATCHED	6,500.00	5,240.00
2	FRONT HEADLAMP BALLAST	BROKEN	750.00	750.00
2	FRONT HEADLAMP HID MODULE	NOT NECESSARY	2,300.00	-
2	FRONT HEADLAMP PANEL	NOT NECESSARY	784.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT SUPPORT PANEL	BROKEN	1,560.00	980.00
2	FRONT SUPPORT PANEL SIDE GARNISH	NOT NECESSARY	154.00	-
1	AIRCON CONDENSER	PUNCTURE	1,511.00	1,075.00
1	AIRCON FAN ASSY	BROKEN	670.00	670.00
1	AIRCON SUCTION PIPE	NOT NECESSARY	410.00	-
1	AIRCON SUCTION HOSE	NOT NECESSARY	244.00	-
1	AIRCON DISCHARGE HOSE	NOT NECESSARY	383.00	-
1	AIRCON LIQUID PIPE	NOT NECESSARY	335.00	-
1	AIRCON RECEIVER DRIER	NOT NECESSARY	342.00	-
1	RADIATOR	PUNCTURE / MOUNTING BROKEN	1,239.00	973.00
1	RADIATOR HOSE TOP	NOT NECESSARY	105.00	-
1	RADIATOR HOSE BOTTOM	NOT NECESSARY	108.00	-
1	RADIATOR EXPANSION TANK	CUT / BROKEN	273.00	273.00
1	AIR INTER COOLER	NOT NECESSARY	1,043.00	-
1	AIR DUCT	BROKEN	484.00	484.00
1	AIR INTAKE HOSE	BROKEN	209.00	209.00
1	WIPER TANK	NOT NECESSARY	278.00	-
2	ROOF TOP MOULDING	DISLODGE	880.00	880.00
2	FRONT FENDER TOP GARNISH LH/RH (ADDITIONAL)	TORN / MOUNTING BROKEN	561.60	561.60
1	FRONT EXHAUST HEAT SHIELD (ADDITIONAL)	DENTED	92.00	92.00
1	FRONT EXHAUST O2 SENSOR (ADDITIONAL)	DENTED / BENT	1,107.45	1,107.45
1	FRONT ENGINE WIRING HARNESS (ADDITIONAL)	HOUSING BROKEN	1,312.15	1,312.15
1	ENGINE TOP COVER (ADDITIONAL)	BROKEN	481.85	481.85
1	ENGINE CONTROL MODULE (ADDITIONAL)	BROKEN	2,608.20	2,608.20
1	FRONT BONNET LOCK (ADDITIONAL)	BENT	156.40	156.40
	LESS 10% DISCOUNT		-3,899.57	-2,583.57
			35,096.08	23,252.08
	SPECIAL NETT ITEMS			
1	FRONT NUMBER PLATE (SN)	BENT	80.00	45.00
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	60.00	30.00
1	SET FRONT FENDER INNER TRIM CLIP (SN)	NOT NECESSARY	50.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET SUPPORT PANEL TOP GARNISH CLIP (SN)	NOT NECESSARY	30.00	-
1	COOLANT (SN)	NOT NECESSARY	60.00	-
			280.00	75.00
	LABOUR			
	CHECK FRONT WIRING AND LIGHTING SYSTEM.		60.00	30.00
	REMOVE AND RENEW CONDENSER AND TOP UP GAS.		200.00	120.00
	REMOVE AND RENEW RADIATOR AND TOP UP COOLANT.		200.00	50.00
	DIAGNOIS CHECK AND CLEAR FAULT CODE.		500.00	250.00
	PANEL BEATING ON AFFECTED AREAS.INCLUSIVE OF THE REPAIR OF FRONT BUMPER TOW COVER.		1,500.00	1,200.00
	SPRAY PAINTING ON AFFECTED AREAS.		1,600.00	1,000.00
	APPLY ANTI RUST ON AFFECTED AREAS.		150.00	40.00
			4,210.00	2,690.00
GRAND TOTAL			39,586.08	26,017.08
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				20,000.00

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ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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