

ASS. REC. BY:

REF: CS/ASM18009628/71+d321

Special Instruction:

Surveyor:

Taufik

ASSIGNMENT (Office)

From (Person):

Peter Wang

of

ASM (AXA)

Date/Time:

25/05/2018

Estimated Cost:

Bill to:

OD/TP/WS/TP RES / OD RES / EVA / INV / MV7 CS

To Inspect Vehicle No:

SJS 3661 D

Insured:

at Workshop m/s

SNG Ah Tee

Tel:

6268 6183

of

Blk 3 pioneer Rd North # 01-18

Policy No:

Claim No:

S8M001KA

Sum Insured:

Excess:

\$1,300.00

Make of Veh:

(Client's Record)

D.O.A.

22/05/2018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12:30pm @ 28/5/18

Person Contacted:

Joyce

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

pls ask driver to amend her relationship with Insd on GIA Report.

SJS 3661 D-X

30/5 @ 3:48pm

Report smart claims.

Pending insured relationship amended.

30/5 @ 3:50pm

Joyce said trying to reach insured to re-conf

4/6

6/4 @ 10:36am

authorise repair by Peter Wong.

Tan/Mh

A-XA

SJS 3661D

2009 Aug

Truck / Trailer

Make Mercedes Benz E300 2990

Colour Maroon A/C Insured / Std / Nil / NA

Sp Reading 108045 T-Panel Insured / Std / Nil / NA

Eng No

C-110 WDD2120542 4034986

Gen Cond Good / Fair / Poor / Burnt

Steering Inorder / Jammed / Leaked / Burnt or

Brake Inorder / Jammed / Leaked / Burnt or

Mod Nil / SRim / STD A/Rim or

Tyre Size F: 245/45R17  
R: -

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

TOYO / YOKO or Roadshow

Front R.Bal 6 mm Rear R.Bal 6 mm

L.Bal 6 mm L.Bal 6 mm

D.O.A. D.OI 28/5/18 @ 1745

Survey held at Sng Ah Tee

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

Rt o/s

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

Excess

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

Insured

Policy No

Claims No

Sum Insured

Excess \$1300

Client's Record

Make of Veh

(Policy Condition)

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



Ball or Market Value \$47K

IDAC Accident Report Consistent? : Yes or No

GLA / RP Seen Consistent? : Yes or No

Est. Repair days Res: Yes or No

Lim Comp % 3 Val: Yes or No

CA / (REV) / REP. / 24 HRS

Vehicle IN / OUT

Date Person Contacted

Date Time Action Instruction

Pls ask driver to amend relationship with insured on 9/11 report  
4/6-11:34am email to Joyce authorise repair via email/phone.

31/10 - Workshop has cancel claim at Sng Ah Tee

31/10 - Submit preli report.

RECEIVED 01 NOV 2018

3/10/18 Typst

Preli Report

Final Report

Days Of Repair: 5

Resurvey No. of Trip: -

Add Fee:

	10.00	15
	10.00	15
	10.00	15
	10.00	15

OP-Preli

200

200




## Service Request Details

Claim

S8M00IKA

Reference

None 

LKK AUTO CONSULTANTS PTE LTD (OD) ▼

Loss Date

May 22, 2018

Request Date

May 25, 2018

Due Date

June 4, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Accelerated workshop survey

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

SJS3661D

Make

MERCEDES

## Service Address

...

## Primary Contact/Insured

YEO ANYI ANDRIAN

664B JURONG WEST STREET 64, #02-240, 642664, Singapore

## Claim Handler

WANG Peter

peter.wang@axa.com.sg

## Additional Instructions

Wkshop: Ethoz (Bukit Batok) Excess: \$1300 Pending estimate from wkshop Pls ask driver to amend her...  
(expand)

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

[New Message](#)

Service Address

Primary Contact/Insured

YEO ANYI ANDRIAN  
664B JURONG WEST STREET 64, #02-240, 642664, Singapore

Claim Handler

WANG Peter



peter.wang@axa.com.sg


Additional Instructions

Wkshop: Ethoz (Bukit Batok) Excess: \$1300 Pending estimate from wkshop Pls ask driver to amend her...  
(expand)

MessagesInvoicesHistoryDocumentsAssessmentMetricsNotes

New Message

TYPE	
SENT	6/4/18 10:36 AM
FROM	WANG Peter
SUBJECT	Authorized
BODY	Pls proceed to authorize repair. Excess: \$1300 (\$8...
	

TYPE	
SENT	6/4/18 8:49 AM

## Denise Tay (LKKAuto)

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**From:** Denise Tay (LKKAuto)  
**Sent:** Monday, 4 June 2018 11:34 AM  
**To:** 'ADMIN SAT'; SUR  
**Subject:** RE: SJS3661D OD/AXA

Dear Joyce,

As instructed by our client, please proceed to repair the insured vehicle **SJS 3661D (Excess \$1300/-). BASIC \$800 + \$500 UNNAMED**

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

\*Our client reserve their right **not to pay** if there is no valid approval obtained before repair.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** ADMIN SAT [<mailto:admin@sngahtee.com>]  
**Sent:** Thursday, 31 May 2018 11:09 AM  
**To:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** SJS3661D OD/AXA

Dear Denise,

Please refer to the above attachment.

Thanks

Best Regards

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Joyce Tan | [admin@sngahtee.com](mailto:admin@sngahtee.com)

SNG AH TEE MOTOR & PANEL SERVICE PTE LTD | BLK 3 PIONEER ROAD NORTH #01-18 SINGAPORE 628457  
TEL: 62686183 (4LINES) | FAX: 62681429 | Find us at <http://www.sngahtee.com>



DATE: \_\_\_\_\_


TO WHOM IT MAY CONCERN  
AXA INSURANCE PTE LTD

RE: ACCIDENT INVOLVING MY VEHICLE NO. SJS3661D ON 22/5/18 ALONG  
PIE EXT 2 CHANGI AIRPORT TOWARDS LOYANG AYE

I, ANDRIAN YEO AN YI (the owner of vehicle SS8530B) wish to cancel  
my claim under :-

- ☒ own insurance policy no. GA22S131/1
- ☐ third party against vehicle \_\_\_\_\_
- ☐ windscreen claim under policy \_\_\_\_\_

Acknowledge by Owner

  
SIGNATURE OF OWNER

Name: Andrian Yeo An Yi

Contact: \_\_\_\_\_



## Authorized

Type

🔔 Question

Message

Pls proceed to authorize repair. Excess: \$1300 (\$800 basic + \$500 unnamed)

Reply





Auto  
Consultants  
Pte Ltd

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

## Immediate Advice

To : AXA Insurance Pte Ltd

Date: 30/5/18

### Survey Details:

Date of loss	22-May-18
Date of appointment	28-May-18
Date of survey	28-May-18
Location of survey	Sng Ah Tee @ Pioneer Rd

### Vehicle Details:

Claim Type:	Own Damage
Vehicle number	SJS 3661D
Make and Model	Mercedes Bens E300
Date of registration	13/8/2009
Excess	\$1,300
Market Value	\$47,000
Parf Rebate	\$35,813
Nett Loss	\$11,187

### Repair details:

Initial Estimate	7,099.00
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### Proposed/Revised repair cost:

Parts	\$3,387
Check items (estimate)	\$139
Labour	\$1,130
<b>Total</b>	<b>\$4,656</b>
<b>Lump Sum(if applicable)</b>	<b>\$6,400</b>

Number of days for repair	<u>5</u>
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Auto  
Consultants  
Pte Ltd

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

**Remarks:**

*DAMAGE CONSISTENT, REPAIR COST ECONOMICAL.  
PENDING AMENDED RELATIONSHIP WITH INSURED ON GIA  
REPORT*

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	3130B
<b>Vehicle Details</b>	
Vehicle No.:	SJS3661D
Vehicle to be Exported:	No
Intended De-registration Date:	31 May 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E 300
Primary Colour:	Brown
Manufacturing Year:	2009
Engine No.:	27295231282938
Chassis No.:	WDD2120542A054986
Maximum Power Output:	170.0 kW (227 bhp)
Open Market Value:	\$60,999.00
Original Registration Date:	13 Aug 2009
First Registration Date:	13 Aug 2009
Transfer Count:	3
Actual ARF Paid:	\$60,999.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Aug 2019
PARF Rebate Amount:	\$33,549.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	12 Aug 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$18,890.00
COE Rebate Amount:	\$2,264.00
<b>Total Rebate Amount:</b>	<b>\$35,813.00</b>

The information contained herein is correct as at 24 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	23/05/2018 12:51
Date Of Accident	22/05/2018 18:50
Exact Location Of Accident	PIE EXIT 2 CHANGI AIRPORT TOWARDS LOYANG AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3661D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANDRIAN YEO ANYI
NRIC No	S8853130B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92398408
Alternative Phone No	OTHERS-92398408

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 300
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA225131/1
Cover Note Number	

### Driver

Name of Driver	YAN CANIE
NRIC No	S8834679C
Date Of Birth	14/09/1988
Occupation	INDOOR
Date Of Driving Pass	28/01/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82886515
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 4 DOVER ROAD #12-396
Postcode	130004
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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

KINDLY REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD2242K
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOI WAH SENG
NRIC/Passport Number	S1371262Z
Contact Number	96333381
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.

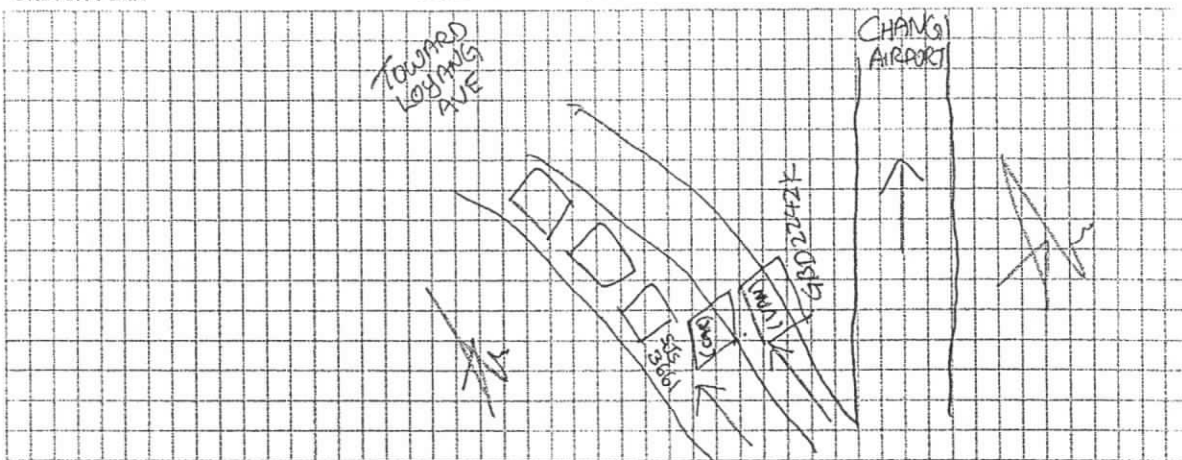
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/TIN No:

## SKETCH PLAN

LOCATION PIE EXIT 2 LOYANG AVE



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 1850 ON 22 MAY, DRIVER, YAN CANIE, S8834679C, HAVE SIGNAL RIGHT

AFTER ALL THE VEHICALS HAD PASSED. SUDDENLY THE LORRY AND CAR COLLIDED.

THIS LORRY WAS DRIVEN BY LOI WAH SENG, (IC NO.: S1371262Z), CONTACT NO. 96333301.

LORRY PLATE - GBD 2242K, NISSAN BRAND.

THIS INCIDENT HAPPENED AT PIE EXIT 2 CHANGI AIRPORT, TOWARD LOYANG AVE.

**Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

✓

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

## DECLARATION

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

Policyholder's signature  
Date & Time

Driver's Signature  
(if driver not the policyholder)

Date & Time  
23 MAY 18  
13 00

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.

# 孫亞弟汽車燒焊私人有限公司 SNG AH TEE MOTOR & PANEL SERVICE PTE LTD

Blk 3, Pioneer Road North, #01-18 Singapore 628457

Tel: 6268 6183 (4 Lines) Fax: 6268 1429

Email: sngahtee@singnet.com.sg

Website: www.sngahtee.com

RCB. Reg. / GST Reg. No: 200810440N

AXA Ref: S8M00IKA

Date : 28/5/2018

ATTN: THE MOTOR CLAIMS DEPT

AXA INSURANCE PTE LTD

78 SHENTON WAY #B1-01

AXA TOWER SINGAPORE 068811

## ESTIMATE COST OF REPAIR

Vehicle Reg No.	SJS3661D	Model / Year	MER.E300
Date of Accident	22-May-18	Policy No.	GA225131/1
Type of Claim	Own Damage	Prepared By	JOYCE
Chassis	WDD2120542A054986		

S/NO	Description	Qty	Unit Price	Amount
1	FRT BUMPER	1	\$ 860.00	\$ 860.00 <i>de</i>
2	FRT BUMPER SIDE RETAINER	2	\$ 16.00	\$ 32.00 <i>2H-X, RH-wei</i>
3	FRT FENDER	1	\$ 590.00	\$ 590.00 <i>36</i>
4	FRT FENDER INNERSHIELD(RH)	1	\$ 110.00	\$ 110.00 <i>?</i>
5	FRT FENDER CHROME(RH)	1	\$ 21.00	\$ 21.00 <i>del</i>
6	FRT HEADLAMP(HID)(RH)	1	\$ 1,900.00	\$ 1,900.00 <i>CRG</i>
7	FRT HEADLAMP LOWER BRACKER(RH)	1	\$ 29.00	\$ 29.00 <i>?</i>
8	FRT BONNET	1	\$ 1,350.00	\$ 1,350.00 <i>Ry</i>
9	FRT BONNET HINGE	2	\$ 80.00	\$ 160.00 <i>X nm</i>
10	FRT FOGLAMP(RH)	1	\$ 245.00	\$ 245.00 <i>X nm</i>
11	FRT FOGLAMP COVER(RH)	1	\$ 22.00	\$ 22.00 <i>X nm</i>
				<b>\$ 5,319.00</b>
21	TO CHECK WIRING	1	\$ 30.00	\$ 30.00 <i>✓</i>
22	TO RESET FAULT CODE	1	\$ 150.00	\$ 150.00 <i>100</i>
22	TO KNOCK, WELD, REMOVE & FIX ON ABOVE PARTS	1	\$ 800.00	\$ 800.00 <i>500</i>
23	TO PUTTY & RESPRAY PAINTING ON FRT BUMPER, FRT BONNET, FRT FENDER(RH)7 AFFECTED AREAS	1	\$ 800.00	\$ 800.00 <i>800 500</i>
<b>TOTAL</b>				<b>\$ 7,099.00</b>

**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 signature is required.
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

*[Signature]*  
6/6/18

To am

Tanfilin 92495749  
Ex \$1300  
Resurvey before paint  
See @ lkkauto.com  
5 days  
28/5/18 @ 1715  
Not Acknowledge

\* To amend driver's relationship with insured





# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
AXA INSURANCE PTE LTD			Ref : CS/ASM18009628/T1td3e2	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN : PETER WANG			Date : 02-11-2018	
			Code : ASM	
<b>1. Policy Particulars :- OWN DAMAGE</b>				
Insured Veh.		Veh. Inspected		SJS 3661D
Policy No.	GA225131/1	Coverage (\$)	0.00	
Claim No.	S8M00IKA	Excess (\$)	1,300.00	
Assign From	PETER WANG	Assign Date	25/05/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MERCEDES BENZ E 300	c.c	2996	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	WDD2120542A054986	Colour	MAROON	
Odometer	108045	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	245/45 R17	ROADSTONE	6 mm	
L/H Front Tyre	245/45 R17	ROADSTONE	6 mm	
R/H Rear Tyre	245/45 R17	ROADSTONE	6 mm	
L/H Rear Tyre	245/45 R17	ROADSTONE	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	22/05/2018	Inspection Date	28/05/2018	
Survey held at	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD BLK 3, PIONEER ROAD NORTH, #01-18 SINGAPORE 628457.			
<b>5a. Remarks</b>				
A)THE MARKET VALUE IS S\$47,000.00(EST. AVERAGE) B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>5 Working Days</b>		



# 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 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJS 3661D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRT BUMPER (CONSISTENT)	DEFORMED	860.00	860.00
2	FRT BUMPER SIDE RETAINER @\$16.00 (CONSISTENT)	N/S NOT NECESSARY / O/S NECESSARY	32.00	16.00
1	FRT FENDER (CONSISTENT)	BENT	590.00	590.00
1	FRT FENDER INNERSHIELD (RH) (CONSISTENT)	* CHECK	110.00	-
1	FRT FENDER CHROME (RH) (CONSISTENT)	NECESSARY	21.00	21.00
1	FRT HEADLAMP (HID) (RH) (CONSISTENT)	CRACKED	1,900.00	1,900.00
1	FRT HEADLAMP LOWER BRACKET (RH) (CONSISTENT)	* CHECK	29.00	-
1	FRT BONNET (CONSISTENT)	TO REPAIR SEE LABOUR	1,350.00	-
2	FRT BONNET HINGE @\$80.00 (CONSISTENT)	NOT NECESSARY	160.00	-
1	FRT FOGLAMP (RH) (CONSISTENT)	NOT NECESSARY	245.00	-
1	FRT FOGLAMP COVER (RH) (CONSISTENT)	NOT NECESSARY	22.00	-
			5,319.00	3,387.00
<b>LABOUR</b>				
	TO CHECK WIRING.		30.00	30.00
	TO RESET FAULT CODE.		150.00	100.00
	TO KNOCK, WELD, REMOVE & FIX ON ABOVE PARTS. INCLUSIVE OF THE REPAIR OF FRT BONNET.		800.00	500.00
	TO PUTTY & RESPRAY PAINTING ON FRT BUMPER, FRT BONNET, FRT FENDER (RH)7 AFFECTED AREAS.		800.00	500.00
			-	-
			-	-
			1,780.00	1,130.00
<b>GRAND TOTAL</b>			<b>7,099.00</b>	<b>4,517.00</b>
<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$139.00 NETT)</b>				<b>4,517.00</b>
<b>LESS EXCESS</b>				<b>-1,300.00</b>
<b>NETT LIABILITY</b>				<b>3,217.00</b>

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MOHAMAD TAUFIKH  
M.MATAI, AMSAE-A  
Automotive Assessor

ADRIAN LING WAI PING  
B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI  
Licensed Appraiser

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