

22/03/2002

ASS. REC. BY:

REF:

CS/EGZ18010220/Kirber

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Yee Pei Li of EGZ Date/Time: 05062018 350pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SHB 8837U Insured: SKA 5465Z

at Workshop m/s Premier Tel: 6544 6671

of 23 Changi South Ave 2 #01-02

Policy No: \_\_\_\_\_ Claim No: DSMPC1801107

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 04062018

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp1 H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 05062018 4pm Person Contacted: Gary Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 8837U -X
	SKA 5465Z -X
	Report thru email.

108/11/13

Q Insur: Kavin

REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD ITP/WS/ITP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop no/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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / .REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHB 88374 Yr Regn: 28 Jan, 2014

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

Truck / Trailer or

Make: KIA Optima c.c: 1685

Colour: Silver A/C: Insured / Std / Nil / NA

Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: KNAHM 414 ME 545 1249

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/65R16

R: \_\_\_\_\_

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

TOYO / YOKO or Michelin

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 4/6/8 D.O.I. 6/6/8

Survey held at Premier

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

o/p front

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Vehicle no &amp; Reg.</u>
	<u>Cond'n L/S \$1000, 2 days</u>
	<u>Red # (740-30-64)</u>
	<u>Exp 4.</u>
	<u>RECEIVED 19 JUN 2018</u>

Date/Time, File Pass to?

: Prell. Report

1) Report

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: TP

Lump Sum / L.B.I: (\$ 1000 )

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_ )

: Interview (\$ \_\_\_\_\_ )

: Tech. Invs (\$ \_\_\_\_\_ )

: Weekend (\$ \_\_\_\_\_ )

Survey Fee:	<u>250</u>
Transportation:	_____
Photos	_____
Others	_____
TOTAL	<u>250</u>

**Catherine Chong (LKK Auto)**

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**From:** Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>  
**Sent:** Tuesday, 5 June, 2018 3:50 PM  
**To:** 'admin-d@lkkauto.com'  
**Cc:** ASSIGNMENTS@LKKAUTO.COM  
**Subject:** OI : SKA5465Z / TP : SHB8837U/LKK / DOA : 04/06/2018  
**Attachments:** SHB8837U - SAS.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".

ADDRESS : 23 CHANGI SOUTH AVE 2  
#01-02  
SINGAPORE 486443

PERSON TO CONTACT : GARY SHI @ 6544 6671 / 6214 8880 EXT 69

ERGO OFFICER-IN-CHARGE : STEVE LIM

***Note: To survey on without prejudice basis. Please note that our insured/insured driver has yet to e-file their SAS for this accident. Please advise the consistency of damages to third party vehicle. Obtain estimate from workshop and inform the repairer in writing, 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](mailto:Survey.Report@ergo.com.sg).

Attached is 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](http://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.

Your Ref: TBA  
Our Ref: CS/EGII8010220/K1rb

The Motor Claims Department  
SOMPO Insurance Pte Ltd

*Without Prejudice*

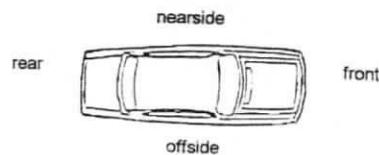
Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO. SHB 8837U .**

Please be informed that we had conducted the inspection of the above mentioned vehicle on 06/06/2018 at the premises of M/s PREMIER AUTOMOTIVE SERVICE PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ <u>2,740.30</u> .
Revised Estimate Amount	: S\$ <u>1,289.60</u> .
“Check” Items Amount	: S\$ <u>          </u> .
Market Value	: S\$ <u>          </u> .
LTA Reimbursement Value	: S\$ <u>          </u> .
Nett Value	: S\$ <u>          </u> .

Description of Damage:  
The vehicle sustained damages  
at the o/s front portion.



Comments/ Present Status:  
Damages Consistent.

Yours faithfully

KALVIN  
Automotive Assessor

## Janice Lee (LKKAuto)

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**From:** Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>  
**Sent:** Monday, June 18, 2018 4:50 PM  
**To:** Janice Lee (LKKAuto)  
**Cc:** SUR  
**Subject:** RE: SKA5465Z / TP : SHB8837U/LKK / DOA : 04/06/2018

Claim no. DSMPC1801107

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**From:** Janice Lee (LKKAuto) [mailto:JaniceLee@lkkauto.com]  
**Sent:** Monday, 18 June, 2018 3:48 PM  
**To:** Survey Report (ERGO Insurance Pte. Ltd.)  
**Cc:** SUR  
**Subject:** RE: SKA5465Z / TP : SHB8837U/LKK / DOA : 04/06/2018

Dear Sir/ Madam,

Kindly provide us the claim reference.

Thank you.

Best Regards,

**Jannice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** Janice Lee (LKKAuto)  
**Sent:** Monday, June 18, 2018 3:33 PM  
**To:** 'Survey Report (ERGO Insurance Pte. Ltd.)' <Survey.Report@ergo.com.sg>  
**Cc:** assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>  
**Subject:** RE: SKA5465Z / TP : SHB8837U/LKK / DOA : 04/06/2018

Dear Sir/ Madam,

Enclosed preliminary revised **SHB 8837U**.

Thank you.

Best Regards,

**Jannice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

## 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	05/06/2018 13:03
Date Of Accident	04/06/2018 18:00
Exact Location Of Accident	CAVENAGH ROAD - IN FRONT OF WATERSCAPE CONDOMINIUM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8837U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

### Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

### Driver

Name of Driver	ASSAN MOHAMED S/O P A MOHAMED JAMAL
NRIC No	S1617357F
Date Of Birth	07/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1995
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84460028
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 244 #05-1121 ANG MO KIO AVE 3
Postcode	560244
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 - CROSS JUNCTION
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: : PAX IN THE REAR SEAT - FOREIGNER 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

VEH. A - 1 PAX VEH. B - NO PAX

#### 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	SKA5465Z
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 1

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.



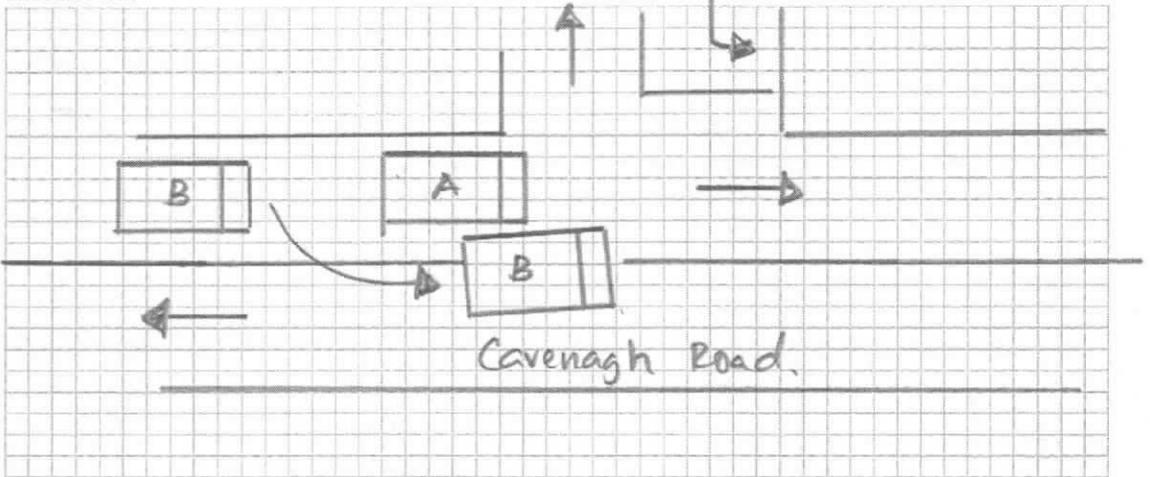
Policyholder's Signature  
Date & Time:

SHB 8837U  
 1617357F 05 JUN 2018

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 88 374

B: SKA 5465Z

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:

*[Signature]* 1617357F

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

*[Signature]*

05 JUN 2018

Describe Circumstance of the Accident.

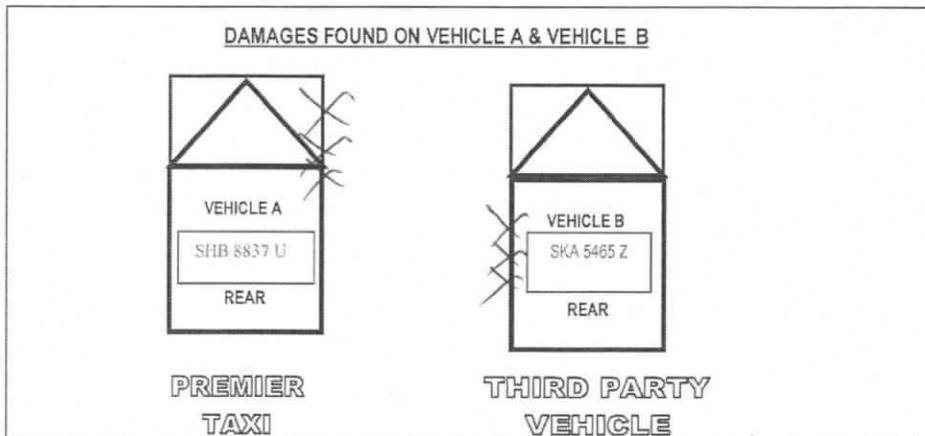
ON 04/06/2018 @ 1800 HRS, I WAS IN MY TAXI ( SHB 8837 U ) STATIONARY ALONG CAVENAGH ROAD ( IN FRONT OF WATER SCAPE CONDOMINIUM ) – ALONG A SINGLE LANE OF DUAL CARRIAGE WAY, WITH A PASSENGER ONBOARD.

WHILE STATIONARY – COLLECTING TAXI FARES FROM MY PASSENGER, SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SKA 5465 Z – MAZDA / WHITE ) WHICH WAS OVERTAKING MY TAXI ON MY RIGHT – FAILED TO KEEP FOR PROPER LOOK OUT, HAD COLLIDED ONTO THE RIGHT FRONT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT FRONT PORTION. VEHICLE B HAD DAMAGES ON THE LEFT PORTION.

NO INJURY INVOLVED.  
NO PASSENGERS ONBOARD VEHICLE B.



 s1617357F

Driver's Signature & NRIC Number  
Tuesday, June 05, 2018 @ 1:11:23 PM

  
( attended by )

Text size + -

### Enquire Transaction History

#### Transaction History Details

Log Date/Time:	28 Jan 2014 / 09:40:57	Receipt No.:	AACCK001-AX239-140128-000015
Asset Type:	Vehicle	Transaction Amount:	\$73,160.00
Asset ID:	SHB8837U	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140128094057305337		

Vehicle No.:	SHB8837U
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)

First Registration Date: 28 Jan 2014

Original Registration Date: 28 Jan 2014

Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5451749
Engine No.:	D4FDDH308738

Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel

Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-

Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver

Secondary Color:	-
Manufacturing Year:	2013

Open Market Value:	\$19,632.00
Minimum PARF Benefit:	\$7,279.00
PARF Eligibility:	Y

No. of Transfer: 0

Effective Ownership Date/Time: 28 Jan 2014 09:40:57

COE No.: 2014012801000953M

COE Expiry Date: 27 Jan 2022

COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$60,888.00

Lifespan Expiry Date: 27 Jan 2022

Owner ID Type: Company

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02  
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511  
CO. REG:200707743D GST REG:200707743D

5-Jun-18

## ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8837 U

1 pc	Wheel cover <i>hand</i>	\$	116.00
1 pc	Front bumper <i>X repair</i>	\$	531.00
1 pc	Front bumper emblem <i>me</i>	\$	44.00
2 pcs	Front bumper n/s & o/s side retainer @\$16.00 <i>you</i>	\$	32.00
1 pc	Front o/s fender <i>dent</i>	\$	384.00
1 pc	Front o/s fender inner shield <i>X me</i>	\$	120.00
		\$	<u>1,227.00</u>
		Less 10%	\$ 122.70
		\$	<u>1,104.30</u>

### S/NETT

1 set	Front bumper clips <i>X "</i>	\$	48.00
1 set	Front o/s fender inner shield clips <i>X "</i>	\$	28.00
1 pc	Front o/s fender sticker <i>X "</i>	\$	30.00
Sundry		\$	<del>50.00</del> <i>20</i>
To check wheel alignment		\$	<del>80.00</del> <i>X "</i>
To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.		\$	<del>180.00</del> <i>X "</i>
To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of same, etc.		\$	<del>650.00</del> <i>400</i>
To putty and spray painting on front bumper, front o/s fender		\$	<del>450.00</del> <i>360</i>
To apply rustproofing on the repaired and replaced panels.		\$	<del>120.00</del> <i>20</i>
		\$	<u>2,740.30</u>

( ALL THE REPAIR COSTS ARE SUBJECTED TO GST )

**THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.**

*18/6/18*  
*shb ups \$1000 / 2000*  
*[Signature]*

*Ka Lu (LKK)*  
*[Signature]* 6/6/18 09:45 hrs  
*2 days.*  
*UPS*  
*After Repairing*

<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary items must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer Signature: Date:</p>
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## 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/EGI18010220/K1rbe2	
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVE SINGAPORE 038985		Date : 20-06-2018	
		Code : EGI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKA 5465Z	Veh. Inspected	SHB 8837U
Policy No.		Coverage (\$)	0.00
Claim No.	DSMPC1801107	Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	05/06/2018
2. Vehicle Particulars & Condition			
Make & Model	KIA OPTIMA	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KNAGM414ME5451749	Colour	SILVER
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/65 R16	ACHILLES	7 mm
L/H Front Tyre	205/65 R16	ACHILLES	7 mm
R/H Rear Tyre	205/65 R16	ACHILLES	7 mm
L/H Rear Tyre	205/65 R16	ACHILLES	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	04/06/2018	Inspection Date	06/06/2018
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		
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:		<b>2 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. SHB 8837U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	WHEEL COVER	GRAZED	116.00	116.00
1	FRONT BUMPER	TO REPAIR SEE LABOUR	531.00	-
1	FRONT BUMPER EMBLEM	NECESSARY	44.00	44.00
2	FRONT BUMPER N/S & O/S SIDE RETAINER @\$16.00	SERVICEABLE	32.00	-
1	FRONT O/S FENDER	DENTED	384.00	384.00
1	FRONT O/S FENDER INNER SHIELD	SERVICEABLE	120.00	-
	LESS 10% DISCOUNT		-122.70	-54.40
			1,104.30	489.60
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET FRONT BUMPER CLIPS (SN)	NOT NECESSARY	48.00	-
1	SET FRONT O/S FENDER INNER SHIELD CLIPS (SN)	NOT NECESSARY	28.00	-
1	FRONT O/S FENDER STICKER (SN)	NOT NECESSARY	30.00	-
1	SUNDRY (SN)	NECESSARY	50.00	20.00
			156.00	20.00
<b><u>LABOUR</u></b>				
	TO CHECK WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	TO DISMANTLE / REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS.	NOT NECESSARY	180.00	-
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF SAME, ETC. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		650.00	400.00
	TO PUTTY AND SPRAY PAINTING ON FRONT BUMPER, FRONT O/S FENDER.		450.00	360.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.		120.00	20.00
			1,480.00	780.00
<b>GRAND TOTAL</b>			<b>2,740.30</b>	<b>1,289.60</b>

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,000.00
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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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