

22/03/2002

ASS. REC. BY:

REF:

CS/GAI18014628/K1td3

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Rachel Tan

of

GAIDate/Time: 13/8/18 @ 2.13pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 5000S

Insured:

GBA 5951T

at Workshop m/s

Comfort Delgro

Tel:

62148398

of

59 laying drive

Policy No:

Claim No:

CLMOMVLC00003427

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

08/08/2018

CA / REV / REP. / REV 24 HRS

1up

H.O.D. Endorsement:

Date/Time:

2.25pm @ 13/8/18

Person Contacted:

Mr. LimVehicle: IN / OUT

Date/Time

Action/Instruction

(✓)

Estimate

SHA 5000S - CC3/AIG12017905/H/a2a32/DWA: 12/9/12GBA 5951T - x

(08/11/13)

Surveyor: Kavin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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.

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: SHA 5000 S Yr Regn: 23 Jun 2014

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

Truck / Trailer or

Make: Hyundai Sonata c.c. 1997Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 521958 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET 414 MBAB 11824

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 / R/Rim or

Tyre Size: F: 245 / 60 R16

R: _____

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

TOYO / YOKO or Han Kook.

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 8/8/18 D.O.I. 13/8/18Survey held at CDHE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
15/8/18	Checked 4/5 \$1050 / 24h. (Red. 1200 - 58%)
	HAZ
	42
	RECEIVED 28 AUG 2018

Date/Time, File Pass to?

☐ : Preli. Report

11/8/18 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

250

250

Report Format: TPLump Sum / I.B.I. (\$) 1050

Add Fee:

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

Nivitha (LKK Auto)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Monday, 13 August 2018 2:13 PM
To: LKK Assignments
Cc: limits@cdge.com.sg
Subject: FW: Accident involving SHA5000S & your insured GBA5951T (GA) dated 08.08.18
Attachments: img-813121318-0001.pdf

Without Prejudice

Dear Mr Lim

Our client has not reported accident.

We will appoint LKK to conduct survey on without prejudice basis. Please let us know immediately if otherwise

Dear LKK

Please accept TP Survey. Attached PRI request.

2.25pm
veh
1calvin.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Lim Tien Siong <limits@cdge.com.sg>

Sent: Monday, August 13, 2018 12:37 PM

To: Tan, Rachel <Rachel.Tan@sg.gaig.com>

Cc: General Claims <GeneralClaims@sg.gaig.com>

Subject: [External] Accident involving SHA5000S & your insured GBA5951T dated 08.08.18

Hi Rachel,

Best Regards,

Lim Tien Siong

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

Denise Tay (LKKAuto)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Tuesday, 28 August 2018 10:47 AM
To: Denise Tay (LKKAuto)
Subject: RE: Accident involving SHA5000S & your insured GBA5951T (GA) dated 08.08.18

CLMOMVC000003427

Regards
Rachel Tan
Executive, Motor Claims, Great American Insurance Company
Tel: 6804 7846

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Tuesday, August 28, 2018 10:29 AM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; Tan, Rachel <Rachel.Tan@sg.gaig.com>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: [External] RE: Accident involving SHA5000S & your insured GBA5951T (GA) dated 08.08.18

Dear Rachel,

Claim number please

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

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

From: Denise Tay (LKKAuto)
Sent: Friday, 17 August 2018 3:54 PM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: Accident involving SHA5000S & your insured GBA5951T (GA) dated 08.08.18

Dear Rachel,

Can provide Claim number

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

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	08/08/2018 16:15
Date Of Accident	08/08/2018 14:30
Exact Location Of Accident	TOA PAYOH LOR 2 TWDS SLIP RD PIE AIRPORT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5000S
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	YEO CHIN CHEW
NRIC No	S1367901J
Date Of Birth	12/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	07/08/1978
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92371934
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 611 WOODLANDS RING ROAD #08-217
Postcode	730611
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - 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

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA5951T
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PETER ARIFIN
NRIC/Passport Number	G5937769N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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.

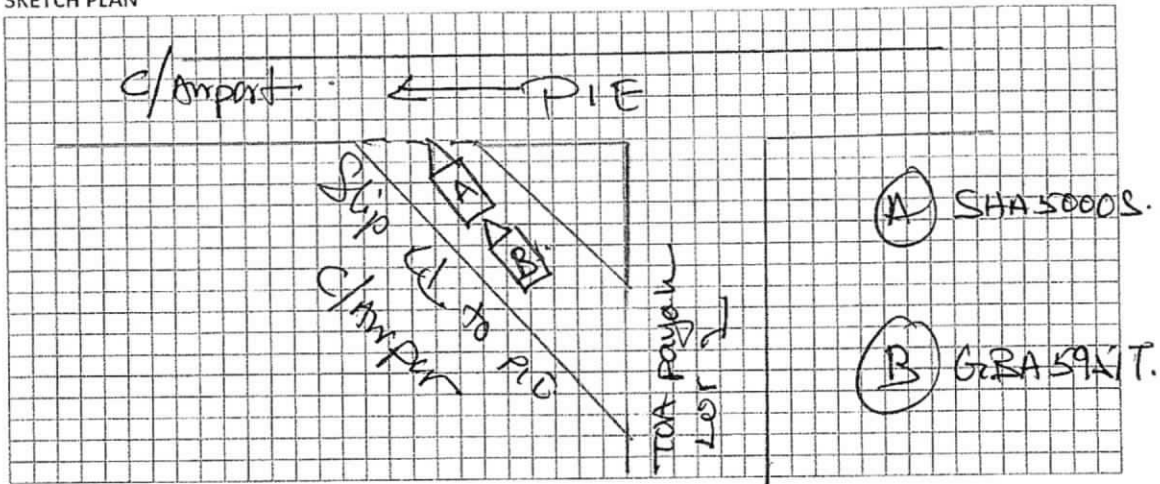
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I veh A was driving along the above location on 8/8/18 14:30hr. I veh A slow down and stop at the junction sign. Suddenly veh B hit veh A Rear. at the point of accident veh A ferry a male he was OK.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

COMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

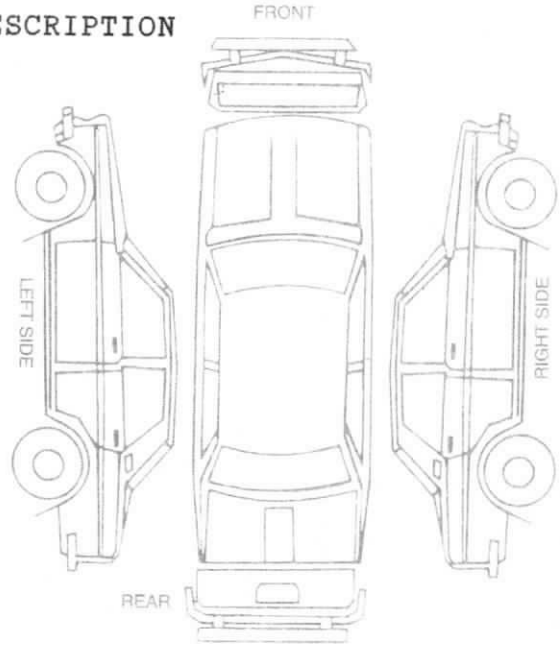
ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 726791
45 Pandan Road Singapore 609286 501 Yianuri Industrial Park A Singapore 768732
320 Ubi Road 3 Singapore 408698

Date/Time: 13.08.2018 09:59 Page : 1

Team: IN	ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305199018
MEMER				
	COMFORT TRANSPORTATION PTE LTD		REGN NO.: SHA5000S	MILEAGE
	7010045		MAKE: HYUNDAI	FUEL
MEMER NO.	383 SIN MING DRIVE		MODEL: SONATA	E.....1/2.....F
SS	Singapore SINGAPORE 575717		YR OF MANU: 23.06.2011	DATE/TIME IN: 13.08.2018 09:30
(P) 65508755	(O)		CHASSIS CODE: KMHET41VMB A811821	TARGET DATE
(P)				COMPLETION DATE/TIME:
UNT CARD NO.				

Accident Date: 08.08.2018
NATURE: 3P 08.08.18

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

ED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE

igement Slip	Exit Pass
SHA5000S	Vehicle No.: SHA5000S
LIMITS	
Service Advisor	Name of Service Advisor
Signature/Date	Date
ned to Service Reception upon collection	To be kept by Security Guard

 Reply |  Delete |  Junk | 

FW: Accident involving SHA5000S & your insured GBA5951T (GA) dated 08.08.18

TR

Tan, Rachel <Rachel.Tan@sg.gaig.com>

 Reply | 

Mon 13/8/2018 2:13 PM

To: LKK Assignments <assignments@lkkauto.com>

Cc:  Lim Tien Siong 

Inbox

img-813121318-0001.pdf 
187 KB

Download Save to OneDrive - ComfortDelGro Corporation Limited

Without Prejudice

Dear Mr Lim

Our client has not reported accident.

We will appoint LKK to conduct survey on without prejudice basis. Please let us know immediately if otherwise

Dear LKK

Please accept TP Survey. Attached PRI request.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Lim Tien Siong <limts@cde.com.sg>**Sent:** Monday, August 13, 2018 12:37 PM**To:** Tan, Rachel <Rachel.Tan@sg.gaig.com>**Cc:** General Claims <GeneralClaims@sg.gaig.com>**Subject:** [External] Accident involving SHA5000S & your insured GBA5951T dated 08.08.18

Hi Rachel,

Best Regards,

Lim Tien Siong

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156

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COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No : 305199018

Date : 15/08/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA5000S

Date of Accident : 08-Aug-18

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: Great American Ins Co --- GBA5951T

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$1,050.00

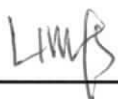
Final Lumpsum Repair cost \$1,050.00

3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 15/8/18

Fax : 65468156

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHA 5000S

DATE 8/13/2018

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Rebuilt</i>			\$ 578.40	
	Rear Bumper Reinforcement <i>Rein</i>			\$ 483.30	
	Rear Bumper Clip <i>Rein</i>			\$ 22.00	
	Rear Bumper Sponge <i>Rein</i>			\$ 137.40	
	Rear Bumper Under Cover <i>Rein</i>			\$ 185.80	
SUB TOTAL				\$ 1,406.90	
LESS 20%				\$ 281.38	
DISCOUNTED TOTAL				\$ 1,125.52	
	Rear Bumper Reverse Sensor <i>shd</i>			\$ 135.70	Nett
	Rear Bumper Advertisement Logo <i>Rein</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>Rein</i>	\$	100.00	\$ 200.00	Nett
TOTAL				\$ 385.70	
Labour Charge					
	Panel Beating			\$ 350.00	<i>200</i>
	Spray Painting Charge			\$ 250.00	<i>200</i>
	Wiring Charge			\$ 30.00	<i>20</i>
	Remove/Refix Reverse Sensor			\$ 120.00	<i>20</i>
TOTAL LABOUR				\$ 750.00	
ESTIMATE TOTAL				\$ 2,261.22	
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

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:

K9/12/10/1

13/8/18 1505

200

43

After Repair photo



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

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI18014628/K1td3e2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 06-09-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBA 5951T	Veh. Inspected	SHA 5000S
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000003427	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	13/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA811821	Colour	BLUE
Odometer	521958	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	HANKOOK	7 mm
L/H Front Tyre	215/60 R16	HANKOOK	7 mm
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	08/08/2018	Inspection Date	13/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

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:	2 Working Days
-------------------------------------	----------------

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 5000S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
1	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
	LESS 20% DISCOUNT		-281.38	-120.08
			1,125.52	480.32
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			385.70	385.70
	<u>LABOUR</u>			
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
			750.00	430.00
	GRAND TOTAL		2,261.22	1,296.02
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,050.00

Report Ref No. CS/GAI18014628/K1td3e2

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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