

ASS. REC. BY:

REF:

CS/UOL18016662/Rlvb⁰⁷

Special Instruction:

Survivor:

Rami

ASSIGNMENT (Office)

From (Person):

Jenny Lew

of

UOL

Date/Time: 12/09/2018 4:59pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLD 3539E

Insured:

EL 16D

at Workshop m/s

MDVA

Tel:

8299 8912 Bo Bo

of

Bik 1008 Bukit Merah Linc 3 #01-04

Policy No:

Claim No:

M11D05051809

Sum Insured:

Excess:

Make of Veh:

D.O.A

10/09/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS wpr

18/09/2018 @ morning

H.O.D. Endorsement:

Date/Time:

12/09/2018 5:14pm

Person Contacted:

Nithu

Vehicle-IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLD

11/10/18

Final fig \$ 2171.60 confirmed by email (Red 328.80, 13/9)

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SLJ 3539E

at Workshop m/s MOVA

of 1008 BM LN 3 # 01-04

Insured: uoi/np

Policy No:

Claims No:

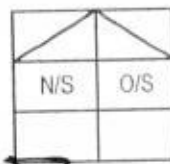
Sum Insured: Excess:

(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: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLJ 3539E Yr Regn: 2012 / MK

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

Truck / Trailer or

Make: FORD Focus 1.6 TITANIUM c.c 1596

Colour: Green A/C: Insured / Std / NI / NA

Sp. Reading: 066922 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WFOMXXGCBMCC26765

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/50R17

R: -

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

TOYO / YOKO or NEXON

Front

Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A. 10/09/18 D.O.I. 18/05/18

Survey held at MOVA

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

Rear n/s

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

Date / Time Action / Instruction

RECEIVED 12 OCT 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 12/10- typist

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

TOTAL

180

60

80

30

350

Report Format: TP

Lump Sum / I.B.I: (\$) 2171.60

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Thursday, 11 October 2018 4:01 PM
To: Rasul (LKKAUTO); 'ongbobo@mova.com.sg'
Cc: SUR
Subject: RE: SLD3539E FINALISATION

Dear Bo Bo,

WITHOUT PREJUDICE

Confirm finalise at \$2171.60 with 3 repair days

Kindly send Final invoice and all supporting documents to UNITED OVERSEAS INSURANCE LTD.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Bobo Ong [mailto:ongbobo@mova.com.sg]
Sent: Saturday, 29 September, 2018 12:51 PM
To: Rasul (LKKAUTO)
Subject: SLD3539E FINALISATION

Dear Rasul

Please see attach for above mentioned finalisation and after repair photos.

Please advise if we can finalise at \$2171.60 with 3 repair days ?

Best Regards,

Bo Bo

Estimator

Mova Automotive Pte Ltd

Tel: 6272 3892 Fax: 6270 8314



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Veron Chen (LKKAUTO)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Wednesday, 19 September 2018 2:32 PM
To: Admin-D (LKKAUTO)
Cc: SUR; assignments
Subject: RE: TP CLAIMS - SLD3539E AGAINST EL26D DOA 10/09/18 AT ALONG ORCHARD ROAD

Dear Catherine,

Claim No. M11D05051809

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: Catherine Chong (LKK Auto) [<mailto:admin-d@lkkauto.com>]
Sent: Wednesday, 19 September, 2018 2:13 PM
To: LEW JENNY <jennylew@uoi.com.sg>
Cc: 'SUR' <sur@lkkauto.com>; 'assignments' <assignments@lkkauto.com>
Subject: RE: TP CLAIMS - SLD3539E AGAINST EL26D DOA 10/09/18 AT ALONG ORCHARD ROAD

Dear Jenny,

Kindly provide us the claim number.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Catherine Chong (LKK Auto) [<mailto:admin-d@lkkauto.com>]
Sent: Wednesday, 12 September, 2018 5:16 PM
To: 'LEW JENNY' <jennylew@uoi.com.sg>; 'SUR' <sur@lkkauto.com>; 'assignments' <assignments@lkkauto.com>
Subject: RE: TP CLAIMS - SLD3539E AGAINST EL26D DOA 10/09/18 AT ALONG ORCHARD ROAD

Dear Jenny,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: LEW JENNY [<mailto:jennylew@uoi.com.sg>]

Sent: Wednesday, 12 September, 2018 4:39 PM

To: nitha <nitha@nova.com.sg>; SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>

Cc: crystal@nova.com.sg

Subject: RE: TP CLAIMS - SLD3539E AGAINST EL26D DOA 10/09/18 AT ALONG ORCHARD ROAD

WITHOUT PREJUDICE

Dear Catherine/Shiau Chan,

Please arrange to survey the vehicle at Nova Automotive.
Password: uoi123

Thank You.

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909

Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: nitha [<mailto:nitha@nova.com.sg>]

Sent: Wednesday, 12 September, 2018 2:51 PM

To: LEW JENNY <jennylew@uoi.com.sg>

Cc: crystal@nova.com.sg

Subject: RE: TP CLAIMS - SLD3539E AGAINST EL26D DOA 10/09/18 AT ALONG ORCHARD ROAD

Dear Jenny,

Please assign LKK Auto Consultants Pte Ltd.

Thank You

Best Regards,

Nitha

Claims Officer

Nova Automotive Pte Ltd

Tel: 6272 3892 Fax: 6270 8314

From: LEW JENNY [<mailto:jennylew@uoi.com.sg>]

Sent: Wednesday, 12 September 2018 1:16 PM

To: nitha

Cc: crystal@nova.com.sg

Subject: RE: TP CLAIMS - SLD3539E AGAINST EL26D DOA 10/09/18 AT ALONG ORCHARD ROAD

WITHOUT PREJUDICE

Dear Nitha,

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case, we propose to appoint M/s LKK Auto Consultants Pte Ltd.

Please revert to the undersigned within **two (2) working days** whether you have any objections to the appointment of any of our Surveyors, failing which we shall proceed to carry out the survey of your client's vehicle by our appointed Surveyors.

We reserve all our rights in this matter.

Thank You.

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #26-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: nitha [<mailto:nitha@nova.com.sg>]

Sent: Wednesday, 12 September, 2018 1:25 PM

To: LEE KATIE <katielee@uoi.com.sg>; LEW JENNY <jennylew@uoi.com.sg>

Cc: crystal@nova.com.sg

Subject: TP CLAIMS - SLD3539E AGAINST EL26D DOA 10/09/18 AT ALONG ORCHARD ROAD

Dear All,

Kindly assist revert liability and assign surveyor for the above mention case.

Thank you.

Best Regards,

Nitha

Claims Officer
Nova Automotive Pte Ltd
Tel: 6272 3892 Fax: 6270 8314

Catherine Chong (LKK Auto)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Wednesday, 12 September, 2018 4:39 PM
To: nitha; SUR; assignments
Cc: crystal@movs.com.sg
Subject: RE: TP CLAIMS - SLD3539E AGAINST EL26D DOA 10/09/18 AT ALONG ORCHARD ROAD
Attachments: 3539.zip

WITHOUT PREJUDICE

Dear Catherine/Shiau Chan,

Please arrange to survey the vehicle at Movs Automotive.
Password: uoi123

Thank You.

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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Dear Jenny,

Please assign LKK Auto Consultants Pte Ltd.

Thank You

Best Regards,

Nitha

Claims Officer
Movs Automotive Pte Ltd
Tel: 6272 3892 Fax: 6270 8314

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To: LEE KATIE <katielee@uoi.com.sg>; LEW JENNY <jennylew@uoi.com.sg>

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Subject: TP CLAIMS - SLD3539E AGAINST EL26D DOA 10/09/18 AT ALONG ORCHARD ROAD

Dear All,

Kindly assist revert liability and assign surveyor for the above mention case.

Thank you.

Best Regards,

Nitha

Claims Officer

Mova Automotive Pte Ltd

Tel: 6272 3892 Fax: 6270 8314

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	10/09/2018 18:38
Date Of Accident	10/09/2018 09:40
Exact Location Of Accident	ALONG ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3539E
Insured/Policyholder	
Name Of Registered Owner	TEO OI MEI(ZHANG AIMEI)
NRIC No	S7408271H
Email Address	OIMEI_TEO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93693896
Alternative Phone No	OTHERS-93693896

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS 1.6 TITANIUM 4-DR C346
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	TEO OI MEI(ZHANG AIMEI)
NRIC No	S7408271H
Date Of Birth	13/03/1974
Occupation	INDOOR
Date Of Driving Pass	13/01/1994
Driving Experience	24 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93693896
Fax Number	
Contact Number	OTHERS-93693896
Email Address	OIMEI_TEO@YAHOO.COM.SG

Address	APT BLK 4 QUEEN'S ROAD #11-133
Postcode	260004
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	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

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?	
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

PLEASE REFER TO THE SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WILL BE SENT TO NTUC INSURANCE DIRECTLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EL26D
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)	

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.

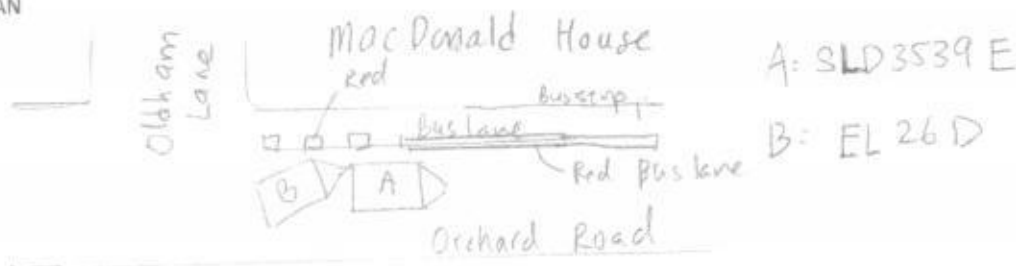

Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLD 3539 E	ACCIDENT DATE & TIME: 10/9/18 09:40
CONTACT NUMBER: 93693896	E-MAIL ADDRESS: oimeitao@yahoo.com.sg
LOCATION: Along Orchard Road outside MacDonald House near opposite Dhoby Ghaut	
<p>The My car was travelling along Orchard Road and the BMW car (EL26D) hit on the rear left of my car. The body Driver (Ms Grace Lee) was changing lane to the bus lane. As the car in front of me stopped, I had to stop. The BMW car (EL26D) then hit on my car. My rear bumper was dislodged and there were scratches on my bumper.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

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

Main Office:

Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel: (65) 6476 3333
Fax: (65) 6271 5891
www.mova.com.sg

Workshop Dept:

Block 100B,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722

Tel: (65) 6272 3892
Fax: (65) 6270 8314

Co. Reg. 198904033G
GST Reg. M2-0088864-2

Estimate

12/09/2018

UNITED OVERSEAS INSURANCE
3 ANSON ROAD
#28-01 SPRINGLEAF TOWER
SINGAPORE 079909

Attention :- **XA032**

Page # :- 1

Veh # :- SLD3539E

Veh Model :- FORD FOCUS

Estimate# :- CK417962

Claim # :-

ACC. Date :- 10/09/18

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	REAR BUMPER	1 PC	1,560.00	1,560.00
2.	REAR BUMPER BRACKET LH	1 PC	85.00	85.00
3.	REAR BUMPER RETAINER LH	1 PC	88.50	88.50
4.	REAR BUMPER LOWER GARNISH	1 PC	355.00	355.00
5.	REAR BUMPER REFLECTOR LH	1 PC	82.00	82.00
6.	REAR BUMPER CLIPS	10 PC	10.50	105.00
LIST TOTAL S\$				2,275.50
20% DISCOUNT S\$				-455.10
				1,820.40
SPECIAL NET ITEMS :				
1.	REVERSE SENSOR REAR LH - CHECK	1 PC		
SPECIAL NET TOTAL S\$				
LABOUR :				
TO REMOVE & REPLACE ACCIDENT DAMAGED PARTS AND REALIGN AFFECTED AREAS				
TO SPRAY PAINT ON ACCIDENT AFFECTED AREAS				
TO REMOVE AND REFIX REVERSE SENSOR				
LABOUR TOTAL S\$				680.00

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 approved and is subject to final approval from Insurance Company

Acknowledged by Repairer:

Signature:

Customer's Signature/Co. Stamp

Date:

E. & O.E



NON-TAX AMOUNT S

AMOUNT S\$ 2,500.40

GST @ 7 % 175.03

AMOUNT DUE S\$ 2,675.43

MOVA AUTOMOTIVE PTE LTD




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				
UNITED OVERSEAS INSURANCE LTD			Ref : CS/UOI18016662/R1vbn2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909			Date : 19-10-2018	
			Code : UOI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	EL 26D	Veh. Inspected	SLD 3539E	
Policy No.		Coverage (\$)	0.00	
Claim No.	M11D05051809	Excess (\$)	0.00	
Assign From	JENNY LEW	Assign Date	12/09/2018	
2. Vehicle Particulars & Condition				
Make & Model	FORD FOCUS 1.6 TITANIUM	c.c	1596	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	WF0MXXGCBMCC26765	Colour	GREY	
Odometer	66922	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/50 R17	NEXEN	6 mm	
L/H Front Tyre	215/50 R17	NEXEN	6 mm	
R/H Rear Tyre	215/50 R17	NEXEN	6 mm	
L/H Rear Tyre	215/50 R17	NEXEN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/09/2018	Inspection Date	18/09/2018	
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722			
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:		3 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLD 3539E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CRACKED	1,560.00	1,560.00
1	REAR BUMPER BRACKET LH	SERVICEABLE	85.00	-
1	REAR BUMPER RETAINER LH	SERVICEABLE	88.50	-
1	REAR BUMPER LOWER GARNISH	SCRATCHED	355.00	355.00
1	REAR BUMPER REFLECTOR LH	SCRATCHED	82.00	82.00
10	REAR BUMPER CLIPS @\$10.50	NECESSARY	105.00	105.00
	LESS 20% DISCOUNT		-455.10	-420.40
			1,820.40	1,681.60
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR REAR LH (NPA)(SN)	NOT NECESSARY	-	-
			-	-
<u>LABOUR</u>				
	TO REMOVE & REPLACE ACCIDENT DAMAGED PARTS AND REALIGN AFFECTED AREAS.		300.00	200.00
	TO SPRAY PAINT ON ACCIDENT AFFECTED AREAS.		300.00	250.00
	TO REMOVE AND REFIX REVERSE SENSOR.		80.00	40.00
			680.00	490.00
GRAND TOTAL			2,500.40	2,171.60
RECOMMENDED COST OF REPAIRS				2,171.60

Report Ref No. CS/UOI18016662/R1vbn2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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