

ASS. REC. BY:

REF: CS / ASM18016867 / Gqbez

Special Instruction:

Surveyor:

GD

ASSIGNMENT (Office)

Smart Claim
From (Person):

Yvonne Ang

of ASM

Date/Time: 17/09/2018 11:45am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLW 3312S

Insured:

at Workshop m/s

Toh Painting

Tel:

6763 1065

of

Blk 3 Yew Tee Ind Est #391C

Policy No:

P2069065

Claim No:

SSM00V2T

Sum Insured:

Excess:

NIL

Make of Veh:

(Client's Record)

D.O.A.

07092018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

17/09/2018 1:14pm

Person Contacted:

Jennifer

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLW 3312S - X
18/9/18 @ 4.23pm	request to Yvonne Ang via Smart Claims.
19/9/18 @ 9.25am	Yvonne Ang informed C/A via Smart Claims.
19/9/18 @ 10.12am	informed Jennifer C/A B EX= NIL by email.

Xarl.

REF:

AXA

8218A

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Toh Painting

of _____

Insured: SMG24274

Policy No. _____

Claims No. _____

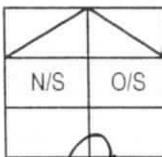
Sum Insured: _____ Excess: Nil

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$68K

IDAC Accident Rpt.: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLW33129 Yr Regn: 07 Feb 2018

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

Truck / Trailer or

Make: Hyundai Elantra c.c 1591

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

Sp. Reading: 13783 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0841CMJU629548

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Op / Jammed / Leaked / Burnt or

Brake: In Op / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40ZR18

R: 11

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

TOYO / YOKO or westlake

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 17-09-18

Survey held at w/s 5:30pm

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

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

Date / Time	Action / Instruction
1/2	Finalized \$4650 with Xunhui (Red 11507.97, 71%)

RECEIVED 14 FEB 2019

Date/Time, File Pass to? : Preli. Report

1) 14/2 14/2 : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 6

Resurvey No. of Trip: _____

Survey Fee: 250

Transportation: _____

Add Fee: : Site Insp (\$ _____)) S+RS, _____

: Interview (\$ _____)) Photos

: Tech. Invs (\$ _____)) Others

: Weekend (\$ _____))

TOTAL

250

Report Format : MEE-OD

Lump Sum / I.B.I. (\$) 4650

◀ Service Request Details

Claim

S8M00V2T

Reference

None 

Loss Date

September 7, 2018

Request Date

September 17, 2018

Due Date

September 24, 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 #

SLW3312S

Make

HYUNDAI

Model

ELANTRA AD 1.6 GLS AT

Service Address

...

Primary Contact/Insured

PEH HOE KIAT (BAI HEJIE)
BLK 17 BEACH ROAD, #13-4709, 190017, Singapore
82007058

Claim Handler

ANG Yvonne
6568804461
yvonne.ang@axa.com.sg

Additional Instructions
EXCESS NIL PEND ESTIMATE

[Messages](#) [Invoices](#) [History](#) [Documents](#) [Assessment](#) [Metrics](#) [Notes](#)

[New Message](#)

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 19 September 2018 10:12 AM
To: Toh Painting & Services Pte Ltd
Cc: SUR
Subject: RE: SLW 3312S LUMP SUM REPAIR LETTER

Dear Jennifer,

As instructed by our client, please proceed to repair the insured vehicle **SLW 3312S (Excess NIL)**.

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,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Toh Painting & Services Pte Ltd <toh_painting@yahoo.com.sg>
Sent: Tuesday, 18 September 2018 5:02 PM
To: Shiau Chan (LKKAUTO) <siewsc@lkkauto.com>
Subject: Re: SLW 3312S LUMP SUM REPAIR LETTER

Dear Shiau,

As requested, kindly approve for repair asap, thks

Kind Regards,

Jennifer

Toh Painting & Services Pte Ltd

Blk 3 #391C Woodlands Road Yew Tee Industrial Estate Singapore 677966

Tel: 6763 1055 / 6760 7542 Fax: 6763 6151

GST Registration No:200311427D

"This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you."

On Tuesday, 18 September 2018, 3:05:23 PM GMT+8, Shiau Chan (LKKAUTO) <siewsc@lkkauto.com> wrote:



AUTHORIZE

Type

🔗 Question

Message

Please proceed to authorize if consistent and within the economical limit

Reply



LETTER OF UNDERTAKING/ AUTHORIZATION FOR LUMP SUM REPAIR

1. I, [Name] [NRIC] Peh Hoe Kiat, the owner/ authorized driver of vehicle [Registration No.] SLW32125 ("Vehicle") do hereby authorize the [Workshop/Insurer] to repair the Vehicle on a lump sum basis instead of part by part.
2. The [Workshop/Insurer] has explained to me the difference between lump sum repair and part by part repair and the consequences of my authorization for lump sum repair for the Vehicle.
3. I understand that with lump sum repair, the Workshop may use a mixture of genuine parts, original equipment manufacturer (OEM) parts, reconditioned and second hand parts to carry out the repair and I note that the [Workshop/Insurer] will not be furnishing a detailed breakdown of parts or price for such lump sum repair.
4. I am aware that AXA Insurance Pte Ltd ("AXA Insurance") does not encourage lump sum repair as AXA Insurance strongly recommends repairs for vehicles on a part by part basis for transparency reasons. I confirm that I will hold AXA Insurance harmless from any claims arising from the lump sum repair of the Vehicle which I have authorized.
5. * To be applicable where person authorizing is the authorized driver.
I confirm that I have the authority from the owner of the Vehicle to authorize the lump sum repairs and that I have duly notified the owner of the Vehicle of the contents of this Letter of Authorization.

Signed and acknowledged by:

x

Signature of policyholder/ authorized driver* and company stamp (where applicable)

Date:



Name and signature of workshop personnel including workshop stamp

Date:

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.



IA OF VEHICLE SLW 3312S UPLOADED

Type

🔔 Question

Message

Dear Yvonne, please be informed that the IA of vehicle SLW 3312S uploaded. Damages consistent. repair cost economical. pending lump sum repair letter from repairer. - Shiau Chan

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: 18/09/18

Survey Details:

Date of loss	7-Sep-18
Date of appointment	17-Sep-18
Date of survey	17-Sep-18
Location of survey	TOH PAINTING

Vehicle Details:

Claim Type:	Own Damage
Vehicle number	SLW 3312S
Make and Model	HYUNDAI ELANTRA AD 1.6 GLS AT (AMS)
Date of registration	7/2/2018
Excess	-
Market Value	\$ 68,000.00
Parf Rebate	\$ 43,316.00
Nett Loss	\$ 24,684.00

Repair details:

Initial Estimate	\$ 16,152.97
------------------	--------------

Proposed/Revised repair cost:

Parts	\$ 5,911.10
Check items (estimate)	\$ 1,678.52
Labour	\$ 1,890.00
Total	\$ 9,479.62
Lump Sum(if applicable)	\$ 7,550.00

Number of days for repair	<u>6</u>
----------------------------------	-----------------



Remarks:

DAMAGES CONSISTENT. REPAIR COST ECONOMICAL.
PENDING LUMP SUM REPAIR LETTER FROM REPAIRER.

Mandate:

Liability(TP)		%
Proposed repair cost		\$
Loss of use		\$ no. of days
Loss of rental		\$ no. of days
Loss of income		\$ no. of days
LTA search fees		\$
Others		\$
Proposed Total		#VALUE!

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8218A
Vehicle Details	
Vehicle No.:	SLW3312S
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Sep 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	G4FGJU135866
Chassis No.:	KMHD841CMJU629548
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$11,591.00
Original Registration Date:	07 Feb 2018
First Registration Date:	07 Feb 2018
Transfer Count:	0
Actual ARF Paid:	\$11,591.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Feb 2028
PARF Rebate Amount:	\$8,693.00
Intended COE Rebate Details	
COE Expiry Date:	06 Feb 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$36,890.00
COE Rebate Amount:	\$34,623.00
Total Rebate Amount:	\$43,316.00

The information contained herein is correct as at 18 Sep 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	11/09/2018 09:06
Date Of Accident	07/09/2018 12:30
Exact Location Of Accident	JLN MUZAFFAR SHAH MENGHALA KE BANDAR MELAKA
Country/State of Loss	MALAYSIA/MELAKA

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3312S
Insured/Policyholder	
Name Of Registered Owner	PEH HOE KIAT (BAI HEJIE)
NRIC No	S7728218A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82007058
Alternative Phone No	OFFICE-82007058

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	VPA/P2069065
Cover Note Number	

Driver

Name of Driver	PEH HOE KIAT (BAI HEJIE)
NRIC No	S7728218A
Date Of Birth	10/10/1977
Occupation	INDOOR
Date Of Driving Pass	07/06/1996
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82007058
Fax Number	
Contact Number	OFFICE-82007058
Email Address	NOEMAIL

Address 17 BEACH ROAD #13-4709
 Postcode 190017
 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 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) 5

Passenger 1 NAME: : UNKNOWN
 GENDER: : FEMALE
 Passenger 2 NAME: : UNKNOWN
 GENDER: : FEMALE
 Passenger 3 NAME: : UNKNOWN
 GENDER: : MALE
 Passenger 4 NAME: : UNKNOWN
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
 Police Station Address ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT
 COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2240000 - FAX NO 62200877
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: A/20180 0/7008. CENTRAL POLICE DIVISIONAL HQ.

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

Vehicle Registration Number WA4114N

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

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 regulate 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 work(s) 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 the disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelope/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/are 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:

10/9/18

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



A/20180910/7008

1 of 2

POLICE REPORT (NP299)

Report No. A/20180910/7008

Police Station Of Origin
Central Police Divisional HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No: 1800-2240000

Date/Time Report Made 10/09/2018 11:03	Video Report No.	Station Diary No.
Name Of Informant PEH HOE KIAT	Address APT BLK 17 BEACH ROAD #13-4709 SINGAPORE 190017	
ID Type / ID No. NRIC NO / S7726218A	Contact No. Home/Office:	Mobile: 87 007058
Nationality SINGAPORE CITIZEN	Email Address felixpeh77@yahoo.com	
Occupation Management executive	Sex Male	Age 40
Institution/School Name	Date of Birth 07/10/1977	Race Chinese
Date/Time Of Incident 07/09/2018 12:30	Language English	
	Location Of Incident JALAN MUZAFFAR SHAH MENGHALA KE BANDAR MELAKA	

Brief details.

ON 7/9/18 @ ABOUT 1230 H R, I WAS TRAVELLING ALONG JALAN MUZAFFAR SHAH MENGHALA KE BANDAR MELAKA. IN MY VEHICLE SLW 3312S. I WAS ON EXTREME LEFT LANE. VEHICLE AHEAD STOPPED DUE TO RED TRAFFIC LIGHT. HENCE I STOPPED AT SAFE DISTANCE. SUDDENLY I FELT AN IMPACT & REALISED VEHICLE WA 4114N COLLIDED ONTO MY VEHICLE'S REAR PORTION. NO INJURIES. I HAVE 5 PASSENGERS ON BOARD MY VEHICLE.

Signature Of Officer Recording The Report Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/09/2018 11:03
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



A/20180910/7008

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20180910/7008

Subjects Involved				
Victim				
Person Name	PEH HOE KIAT			
ID Type	NRIC NO	ID No	7728218A	
Gender	Male	Age	40	
Race	Chinese	Language	English	
Occupation	Management executive	Address Type		
Address	APT BLK 17 BEACH ROAD #13-4709 SINGAPORE 190017		Mobile No	82007058
Is Informant A Victim?	Yes			
Person Name	PEH HOE KIAT			
ID Type	PASSPORT	ID No	E986252K	
Gender	Male	Age	41	
Race	Chinese	Language	English	
Occupation	Management executive	Address	17 BEACH ROAD #13-4709 BEACH ROAD SINGAPORE 190017	
Home/Office No	82007058	Mobile No	82007058	
Relation To Informant	OWNER			
Person Name	PEH HOE KIAT (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/09/2018 11:03
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

3312 1 / 3

TOH PAINTING & SERVICES PTE LTD
 Blk 3C Woodlands Road 391C/G Yew Tee Industrial Estate Singapore 677966
 Tel: 6763 1055 / 6760 7542 Fax: 67636151
 Email: toh_painting@yahoo.com.sg
 GST Registration: 20-0311427-D

11/9/2018

Insured: Peh Hoe Kiat
 Policy No. VPA / P2069065

Attn: AXA Insurance Pte Ltd / Motor Claims Dept

REG NO. SLW 3312S
 MAKE & MODEL: H / ELANTRA AD 1.6 GLS AT (AMS)
 CHASSIS NO. KMHD841CMJU029548

YR OF MANU: 2018

NO.	LIST ITEMS	QTY	AMOUNT
1	BOOTLID / BuL		\$1,250.92 /
2	BOOTLID LOCK / BT		\$195.10 116.2
3	BOOTLID LOCK CATCH X NN		\$169.12 X
4	BOOTLID HINGE X Repair	\$125.13 2 pcs	\$250.26 X
5	BOOTLID WEATHERSTRIP / Twi		\$205.44 80.6
6	BOOTLID RUBBER STOPPER X NN	\$32.50 2 pcs	\$65.00 X
7	BOOTLID INNER TRIM X NN		\$345.93 X
8	BOOTLID LAMP < LH X NN RH - CRA	\$193.23 2 pcs	\$386.46 168.8
9	BOOTLID EMBLEM LOGO /		\$65.00 28.8
10	BOOTLID EMBLEM ELANTRA /		\$65.40 38.5
11	BOOTLID LICENCE PLATE LAMP X NN	\$123.38 2 pcs	\$246.76 X
12	BOOTLID OPENING SWITCH WITH CAMERA X NN		\$750.00 X
13	TAILLAMP X / CRA.	\$665.64 2 pcs	\$1,331.28 764
14	TAILLAMP PANEL X Repair	\$153.29 2 pcs	\$306.58 X
15	REAR BUMPER / RL	489	\$1,303.75 489 (556.8)
16	REAR BUMPER REFLECTOR < LH - CRA RH X NN		\$89.30 38

17	REAR BUMPER DIFFUSER	/ MIS			\$243.87	/
18	REAR BUMPER RETAINER	/ ABC	\$85.59	2 pcs	\$171.18	80
19	REAR BUMPER REINFORCEMENT	/ BT			\$550.82	328
20	REAR BUMPER BRACKET	X NN	\$42.09	2 pcs	\$84.18	X
21	REAR BUMPER SIDE DUST COVER	X NN	\$102.29	2 pcs	\$204.58	X
22	REAR END PANEL	/ BUC		379	\$658.28	379 485
23	REAR END PANEL GARNISH	/ ee			\$177.56	105
24	REAR COMPARTMENT COVER	X			\$153.99	X
25	REAR COMPARTMENT PANEL	X			\$855.92	X
26	REAR FENDER INNER TRIM	X	\$283.99	2 pcs	\$567.98	X
27	REAR SMART SENSOR	/ DM			\$250.00	/
28	REAR UNDER COVER LH	X			\$198.20	X
29	REAR EXHAUST PIPE	X			\$839.92	X
30	REAR EXHAUST PIPE MOUNTING	X	\$98.90	2 pcs	\$197.80	X
31	REAR EXHAUST PIPE HEAT SHIELD	/ BT			\$182.39	115
						4225.69
List Total						\$12,362.97

NO.	SPECIAL NETT ITEMS	QTY	AMOUNT			
1	BOOTLID INNER TRIM CLIP	/ ABC	1 set	\$34.00	20	
2	REAR BUMPER CLIP	/	1 set	\$48.00	30	
3	REAR END PANEL GARNISH CLIP	/	1 set	\$24.00	/	
4	REAR FENDER INNER TRIM CLIP	/	2 sets	\$72.00	40	
5	REAR UNDER COVER CLIP LH	/	1 set	\$22.00	/	
6	REVERSE SENSOR	/ DM		\$280.00	200	
						336

7	REAR LICENCE PLATE X NN	\$50.00	
		SN Total	\$530.00

LABOUR & MISC.

1	REPAIR & REPLACE DAMAGED PARTS	\$1,400.00	800
2	SPRAY PAINT AFFECTED AREA	\$1,400.00	900
3	REMOVE & REFIX REAR TRIM BOARD & GARNISH	\$120.00	60
4	REMOVE & REFIX EXHAUST PIPE	\$100.00	X NN
5	CHECK REAR WIRING SYSTEM	\$60.00	30
6	REMOVE & RENEW REVERSE SENSOR	\$80.00	40
7	SPRAY ANTI RUST ON AFFECTED AREA	\$100.00	60
			1890
		Labour & Misc Total	\$3,260.00

Estimated 8 days of repair

TOTAL \$16,152.97

6 Days.

Unpsum repair

After repair photos.

Gmo Qiang - 82880282

17/9/18.

Excess: Nil Not Authorised.

[Signature]
19/9/18.

5806.55
~~5606.55~~
20%: ~~11450~~ 4650

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: