

SS. REC. BY:

REF:

CS / AGU8016971 / Dvbn2

Special Instruction:

Surveyor

Bryon

## ASSIGNMENT (Office)

From (Person):

Julie

of

AGL

Date/Time:

18092018 11:29am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 3889Y

Insured:

SGC 4091L

at Workshop m/s

Chunni motor

Tel:

6542 5119

of

Blk 10 AMK Ind Park 2A #03-19

Policy No:

Claim No:

C10003008 / AH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

15092018

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp'

H.O.D. Endorsement:

Date/Time:

18092018 11:53am

Person Contacted:

Lynn

Vehicle IN/OUT

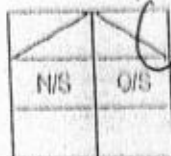
Date/Time	Action/Instruction (✓) Estimate
	SHC 3889Y - CC3 / AXA / 2021959 / AHf8c3
	SGC 4091L - X

DA: 10-11-12

# ASSIGNMENT

00E Feb 2023

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop no: \_\_\_\_\_  
 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.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Soon: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 68 days Res: Yes or No  
 Lum Sum: 20 % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC 3889Y Yr Regn: 2015 / Feb  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Truck / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai I40 or 1685  
 Colour: Blue ACC. Insured / Std / TH / HA  
 Sp. Description: 425345 Tiltado: Insured / Std / TH / HA  
 Engine No: D4FDEU473906  
 Chassis No: KMHLB41UMFU064547  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Good / Jammed / Leaked / Burnt or  
 Brake: Good / Jammed / Leaked / Burnt or  
 Mod: Hi / S/Rim / STD A/Rim or  
 Tyre Size: F: 205/60 R16  
 R: — " —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Westlake

Front		Rear
R/Bal. <u>5</u> mm		R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm		L/Bal. <u>5</u> mm
D.O.A. <u>15/09/2018</u>		D.O.A. <u>19/09/2018</u>
Survey held at <u>Chunni AMK</u>		

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

O/S Front

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

Date / Time Action / Instruction

16/10/18 AGI 86C4091L  
Juniper 4/S 73501 - with 8 days of repair (Red 5522.04, 439)

RECEIVED 16 OCT 2018

Date/Time, File Pass 607

☐ : Preli. Report  
☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: 2

Survey Fee:

Transportation

) \$ + RS, 24

) Photos

) Other

350

Report Format :

TP

Lump Sum / I.D.E (\$) LS \$7350 1/2

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

**Catherine Chong (LKK Auto)**

---

**From:** Julie Mangubat <julie.m@budgetdirect.com.sg>  
**Sent:** Tuesday, 18 September, 2018 11:29 AM  
**To:** SUR; 'assignments'  
**Cc:** Albert Hong  
**Subject:** FW: Accident involving veh no: SHC 3889Y & SGC 4091L on 15.09.18 || Our ref: C10002008/AH  
**Attachments:** 17092018161758.pdf

On behalf of Albert

Hi Team

Please accept TPPD survey and survey on a without prejudice basis.  
TP workshop would like to appoint Bryan Ang to survey their client's vehicle.

Thank you,  
-Julie

**From:** Chunni Motor <chunnimotor@gmail.com>  
**Sent:** Tuesday, 18 September, 2018 10:56 AM  
**To:** Julie Mangubat <julie.m@budgetdirect.com.sg>  
**Subject:** Re: Accident involving veh no: SHC 3889Y & SGC 4091L on 15.09.18

Dear Sir,

We agree to appoint Bryan Ang LKK Auto Consultants P/L.

Thank you

Regards,  
Chunni Motor Work P/L

On Tue, Sep 18, 2018 at 9:19 AM, Julie Mangubat <julie.m@budgetdirect.com.sg> wrote:

Without Prejudice

Dear Sir

We propose to use of to use one of the motor surveyors named in the list below to conduct the pre-repair survey.

1. Calvin Ang LKK Auto Consultant Pte Ltd
2. Bryan Ang LKK Auto Consultant Pte Ltd
3. Xing Guo Qiang LKK Auto Consultant Pte Ltd

4. Kenneth Kong LKK Auto Consultants Pte Ltd
5. Mohamad Taufihk LKK Auto Consultants Pte Ltd
6. Marcus Chua LKK Auto Consultants Pte Ltd
7. Pang Kiah Keen (Frankie) FormTeam Adjusters Pte Ltd
8. Chua Soo Teck (Benjamin) FormTeam Adjusters Pte Ltd
9. Lim Say Koon FormTeam Adjusters Pte Ltd
10. Ng You Han FormTeam Adjusters Pte Ltd
11. Soon HanXin (Gary) FormTeam Adjusters Pte Ltd
12. Kenji Tan FormTeam Adjusters Pte Ltd
13. Derrick Quok – In house Surveyor

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors.

Thank you,

-Julie

**From:** Chunni Motor <[chunnimotor@gmail.com](mailto:chunnimotor@gmail.com)>

**Sent:** Monday, 17 September, 2018 4:26 PM

**To:** Claims <[claims@budgetdirect.com.sg](mailto:claims@budgetdirect.com.sg)>

**Subject:** Accident involving veh no: SHC 3889Y & SGC 4091L on 15.09.18

Dear Sir/Mdm,

We refer the above mentioned matter.

We enclosed herewith the relevant documents for your necessary action.

In line with the new protocol, kindly provide us with the list of surveyors on your panel for assessment of the damaged accident taxi involved.

**Kindly arrange to survey in AMK Autopoint, Soon Hock Motor, #01-05/06, Tel : 6483 6016.**

Should you have any queries, please do not hesitate to contact Ms Lynn or Ms Irene at 65425119 or 6542 7162.

Thank you for your kind assistance.

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MCD618119978-01 / ComfortDelGro Engineering Pte Ltd - Loyal  
 ENTRY DATE & TIME: 17/09/2018 07:52  
 SUBMITTED BY: Catherine Por May Juan

## 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 17/09/2018 07:52  
 Date Of Accident 15/09/2018 23:10  
 Exact Location Of Accident T JUNCTION OF SENTOSA GATEWAY & TELOK BLANGAH RD  
 Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC3889Y  
 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 i40  
 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 LOK SENG HUAT  
 NRIC No S0011006Z  
 Date Of Birth 12/01/1955  
 Occupation OUTDOOR  
 Date Of Driving Pass 25/05/1979  
 Driving Experience 39 YEARS AND 3 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-92705618  
 Fax Number  
 Contact Number  
 EMail Address LOKSENGHUAT1201@YAHOO.COM

Address 501 01-634 HOUGANG AVE 8  
 Postcode 530501  
 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 SIDE SWIPE  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident  
 Was any body injured in the Accident? YES  
 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

SEE ATTACH.

#### 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 SGC4091L  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver MOK SWEE HOCK  
 NRIC/Passport Number S7114771A  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage FRT LEFT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	LOK SENG HUAT
Approximate Age	63
Injuries Sustain	CHEST , BACK
Injured person in which vehicle?	SHC3889Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



**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.
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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.

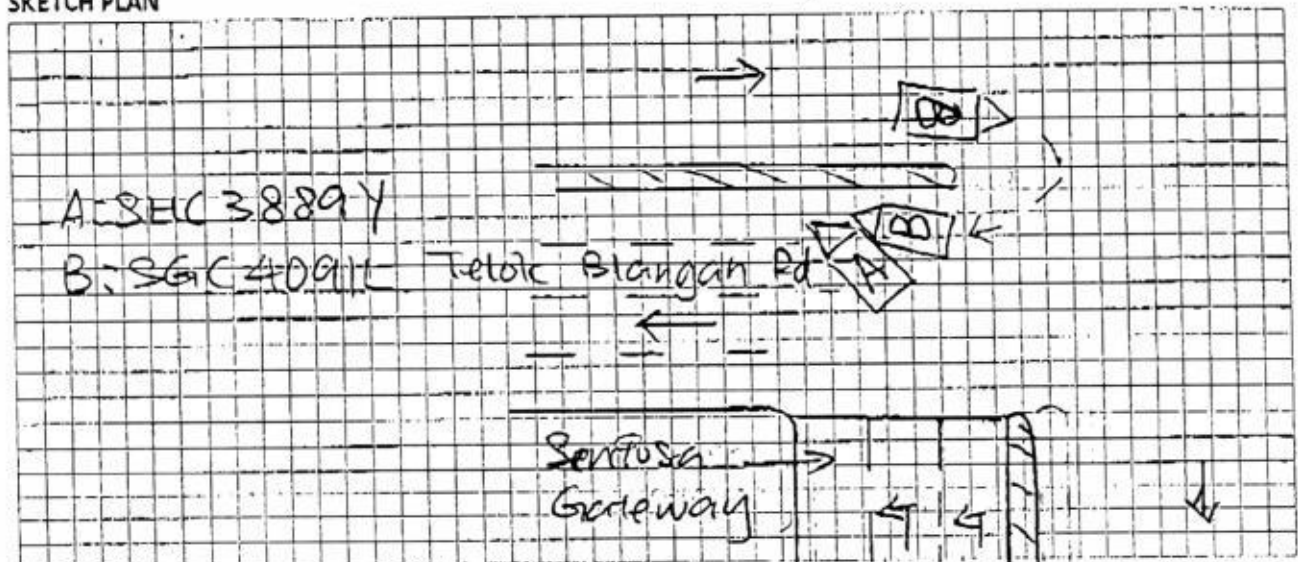
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

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

On 15/9/18 at about 23:10 hrs, I turning left from Sentosa Gateway to Telok Blangah Rd as traffic light at my favor.

When I was about enter other side junction, suddenly veh B coming from my right and collided onto the right front portion of my tax.

I'm curious where Veh B come from, but the veh B driver told me that he make a illegal U turn at above said location.

01 male passenger on board my taxi. I felt pain on right chest and back, doctor given 2 days MC.

## DECLARATION

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

Loke Wai Yeng

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.:

NAME  
ADDRESS

Home Tel.:

VIN:

Registration: SHC 3889 Y

Technician:

Mileage: 425345

Time Printed 19.9.18 11:30 AM

HYUNDAI I40

Front : Left

Actual	BEFORE	Specified Range
-0°27'		-3°00' 3°00'
3°53'		-0°19' 5°41'
-0°14'		-1°30' 1°30'
15°10'		
14°43'		

Camber  
Caster  
Toe  
SAI  
Included Angle  
Turning Angle Diff.

Actual
5°10'
4°07'
30°20'
10°09'
15°19'

Front : Right

BEFORE	Specified Range
	-3°00' 3°00'
	-0°19' 5°41'
	-1°30' 1°30'

Front

	Actual	BEFORE	Specified Range
Cross Camber	-5°37'		-3°00' 3°00'
Cross Caster	-0°14'		-3°00' 3°00'
Cross SAI	5°01'		-3°00' 3°00'
Total Toe	30°07'		-3°00' 3°00'
Cross Turn Diff.			

Rear : Left

Actual	BEFORE	Specified Range
-1°55'		-3°30' 2°30'
0°15'		-1°30' 1°30'

Camber  
Toe

Rear : Right

Actual	BEFORE	Specified Range
-1°36'		-3°30' 2°30'
0°21'		-1°30' 1°30'

Rear

	Actual	BEFORE	Specified Range
Cross Camber	-0°20'		-3°00' 3°00'
Total Toe	0°36'		-3°00' 3°00'
Thrust Angle	-0°03'		-3°00' 3°00'

20 survey bus LKK

**Auto General**

Nett ✓  
Nett 108.00

SHC 3889Y

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	<b>Labour Charge</b>			
	Panel Beating			\$ 1,500.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 50.00
	Remove/Refix Undercarriage (FRT)			\$ 200.00
	FRT Wheel Alignment		1150.00	\$ 120.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	Diagnostic & Resetting To Erase Fault Code			\$ 480.00
	<b>TOTAL LABOUR</b>			\$ 3,350.00
	<b>ESTIMATE TOTAL</b>			\$ 12,872.24
	19/09/2018 e 0930hr			9187.52
	Not Author 8			4/5 7350/-
	2/5/2018 10 days			
	Ryan			
<div><div>LKK Auto Consultants hence notify the Repairer of the following:<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 item(s) must be resurveyed and is subject to final approval from Insurance Company</li></ul></div><div>Acknowledged by Repairer Signature: Date:</div></div>				
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 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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18016971/Dvbn2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRES SINGAPORE

239924

Date : 23-10-2018



Code : AGI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGC 4091L	Veh. Inspected	SHC 3889Y
Policy No.		Coverage (\$)	0.00
Claim No.	C10002008/AH	Excess (\$)	0.00
Assign From	JULIE	Assign Date	18/09/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU064547	Colour	BLUE
Odometer	425345	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	5 mm
L/H Front Tyre	205/60 R16	WEST LAKE	5 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	5 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	15/09/2018	Inspection Date	19/09/2018
Survey held at	CHUNNI MOTOR WORK PTE LTD BLK 10 ANG MO KIO IND. PARK 2A, #03-19 AMK AUTOPOINT SINGAPORE 568047.		

## 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	8 Working Days
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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

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3889Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER COVER	DISTORTED	544.50	544.50
1	FRONT BUMPER GRILLE (RH)	CUT	41.60	41.60
1	FRONT BUMPER BRACKET TOP (RH)	NOT NECESSARY	22.40	-
1	FRONT BUMPER BRACKET (RH)	NOT NECESSARY	24.60	-
1	HEADLAMP SUPPORT TOP COVER	NOT NECESSARY	222.60	-
1	HEADLAMP SUPPORT PANEL ASSY	BROKEN	907.40	907.40
1	HEADLAMP (RH)	BROKEN	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER APRON PANEL (RH)	NOT NECESSARY	637.00	-
1	FRONT FENDER SHIELD (RH)	DEFORMED	174.90	174.90
1	WIPER CONTAINER	NOT NECESSARY	61.90	-
1	WIPER CONTAINER MOTOR	NOT NECESSARY	75.00	-
1	FRONT WHEEL RIM (RH)	CUT	325.30	325.30
1	FRONT WHEEL HUB CAP (RH)	BENT	107.10	107.10
1	FRONT WHEEL BEARING	DAMAGED	150.90	150.90
1	FRONT SHOCK ABSORBER (ASSY)(RH)	DISTORTED	342.20	342.20
1	FRONT SHOCK ABSORBER MOUNTING (RH)	NOT NECESSARY	108.80	-
1	FRONT DRIVE SHAFT (RH)	DISTORTED	1,030.80	1,030.80
1	RACK & PINION ASSY	DISTORTED	969.60	969.60
1	STG TIE END	DISTORTED	62.60	62.60
1	FRONT SUSPENSION LOWER ARM (RH)	DISTORTED	529.30	529.30
1	KNUCKLE ARM (RH)	DISTORTED	552.00	552.00
1	ENGINE UNDER COVER	NOT NECESSARY	334.60	-
1	ENGINE CROSSMEMBER	DISTORTED	2,094.40	2,094.40
1	ABS SENSOR,RH	NOT NECESSARY	234.00	-
	LESS 20% DISCOUNT		-2,301.56	-1,957.38
			9,206.24	7,829.52
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	FRONT TYRE (RH)(50%)(SN)	PUNCTURE	216.00	108.00
			316.00	208.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		1,500.00	500.00

Report Ref No. CS/AGI18016971/Dvbn2



# 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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	SPRAY PAINTING CHARGE.		750.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	TOWING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX UNDERCARRIAGE (FRT).		200.00	150.00
	FRT WHEEL ALIGNMENT.		120.00	60.00
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE.	NOT NECESSARY	480.00	-
			3,350.00	1,150.00
	<b>GRAND TOTAL</b>		<b>12,872.24</b>	<b>9,187.52</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>7,350.00</b>

Report Ref No. CS/AGI18016971/Dvbn2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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