

15/5/2018

INS. CASE OWNER:

Lynthia | CC 4, HSN. 7442, T.W. 15/5/18

LKK:

IDAC:

Surveyor:

Taufik

DOI:

ASSIGNMENT

4/1/18

Date / Time:

25/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKH 8090P

Name of Insured:

Lynn Kai King Lynthia

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

16/1/18

Is driver the owner?

( YES / NO )

Nature of Accident:

Claim No.:

S8MODWAD / 31605

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLX 5455U

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:Trans  
EurokarsINSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time

SLX 5455U

SKH 8090P-X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

email.

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

( days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with: Stanley

Email

Call

Final Liability:

%

(Agreed / Assessed)

BOLA S/N No.:

22/24

If NO or B 28, Ass. Lia:

Repair Cost:

SS

12,200.82

Loss of Rental (LOR):

SS

481.50

( 3 days)

x 150 + GST.

Loss of Use (LOU):

SS

(S x days)

Loss of Income (LOI):

SS

(S x days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

SS

2.00

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

12706.32

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

12706.32

Name 1:

Trans Eurokars Pte Ltd.

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

Name 1:

Name 2:

Name 3:

Name 1:

Name 2:

Name 3:





# 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

AXA INSURANCE PTE LTD

Ref : CC4/ASM18017442/jb3

8 SHENTON WAY #24-01  
AXA TOWERS SINGAPORE 068811

Date : 25-09-2018



Code : ASM

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKH 8090P	Veh. Inspected	SLX 5455U
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	25/09/2018

## 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	16/09/2018	Inspection Date	
Survey held at	TRANS EUROKARS PTE LTD 12 SUNGEI KADUT AVE SINGAPORE 729648		

## 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
---

**TRANS EUROKARS PTE LTD**  
**27A TANJONG PENJURU, SINGAPORE 609042**  
**ESTIMATE COST OF REPAIRS**



<b>AXA INSURANCE PTE LTD</b> 8 SHENTON WAY #24-01 AXA TOWER SINGAPORE 068811 ATTN : MOTOR CLAIMS FAX :		<b>NAME : EUROKARS LEASING PTE LTD</b> <b>ADDRESS :</b> 12 SUNGEI KADUT AVE SINGAPORE 729648 <b>TEL :</b>		<b>WIP :</b> <b>EXCESS :</b> <b>DATE :</b> 20-Sep-18	
VEH NO :	SLX5455U	DATE IN :		CONTACT PERSON :	JOBI THOMAS 6331 0682
CHASSIS NO :	YV1UZ10ACJ1046662	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	VOLVO XC60 T5	DATE REG.:	29-Mar-18	POLICY NO. :	

**NATURE OF WORKS**

S/NO	Parts Description			REVISED	PRICES
	QTY				
1	FRONT BUMPER	1	39847066	de ✓	\$ 2,721.60
2	FRONT BUMPER CENTER GRILLE	1	31425175	suc ✗	\$ 872.60
3	FRONT BUMPER RETAINER RH	1	31425162	nc ✓	\$ 138.60
4	FRONT BUMPER CLIPS	12	30622628	de ✓	\$ 170.40
5	FRONT BUMPER GARNISH COVER RH	1	31425188	de ✓	\$ 63.60
6	FRONT BUMPER SENSOR RIGHT	1	31471005	suc ✗	\$ 350.40
7	HEADLAMP RH	1	3165667	one ✓	\$ 7,099.00
TOTAL PARTS					\$ 11,416.20
					\$ -
TOTAL PARTS COST					\$ 11,416.20
Labour Description					
1	TO REPLACE THE FRONT BUMPER AND GRILLE. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.			400	\$ 800.00
2	TO RESPRAY THE FRONT BUMPER.			400	\$ 600.00
3	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.			150	\$ 250.00
4	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.			250	\$ 350.00
5	SUNDRIES.			30	\$ 50.00

*Tanpin 97495749*  
*wp*  
*27/9/18 @ 1pm*  
*Resing before paint*  
*03 days*  
*sur @ 11k auto.com.*

TOTAL LABOUR	\$ -	\$ 2,050.00
TOTAL PARTS	\$ -	\$ 11,416.20
TOTAL	\$ -	\$ 13,466.20
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	\$ -
GST 7%	\$ -	\$ -
GRAND TOTAL	\$ -	\$ -

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT.

TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

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:

## ◀ Service Request Details

Claim

S8M00W9D

Reference

None ✎

Loss Date

September 16, 2018

Request Date

September 24, 2018

Due Date

October 1, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

25/09/2018 @ 10:29am  
Jabi veh not in  
6331 0682  
JTA Tanjung Perang.

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

SLX5455U

Make

TPVD VOLVO

## Model

XC60-2.0 T5 (A)

## Service Address

BLK 227, , 550227

## Primary Contact/Insured

CHAN LAI PING CYNTHIA

BLK 227, SERANGOON AVE 4, #03-09, 550227, Singapore

angel@champiomsgolf.com.sg

## Claim Handler

LOH Cynthia

6568804843

cynthia.loh@axa.com.sg

## Additional Instructions

NON REPORTED

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

## TYPE



## SENT

9/24/18 3:43 PM

## FROM

LOH Cynthia

## SUBJECT

OI NOT YET REPORTED

## BODY

Please obtain evidence





Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

25 Sep 2018

**CHAN LAI PING CYNTHIA**  
**BLK 227, SERANGOON AVE 4, #03-09,**  
**Singapore 550227**

Dear Sir,

**OUR REF : CC4/ASM18017442/jb3**  
**YOUR REF : SKH 8090P**

**ACCIDENT INVOLVING SKH 8090P & SLX 5455U ALONG GRANDSTAND TRUF  
CITY ON 16/09/2018**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)



- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to [Joylrene@lkkauto.com](mailto:Joylrene@lkkauto.com) or deliver it by hand to 51 Ubi Avenue 1, #01-25 Paya Ubi Ind. Park S(408933).

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition, your insurer shall have full discretion in the process and settlement of the said third party claim subject to the merits of the case and according to the rights afforded under the policy.

Your NCD (No Claim Discount) will be reduced by 30% (20% for motorcycle/commercial vehicles) if a claim is made under your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, your insurer reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact us at 6841 2409 if you have any further enquiries.

Yours sincerely,  
Claim department

This is a computer generated letter and no signature is required.

CC: AXA INSURANCE PTE LTD

### 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 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. 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	25/10/2018 17:05
Date Of Accident	16/09/2018 12:10
Exact Location Of Accident	ALONG GRANDSTAND TURF CITY CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH8090P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN LAI PING CYNTHIA
NRIC No	S1460304B
Email Address	CYNTHIA@CHAMPIONSGOLF.COM.SG
Mobile Phone No	(LOCAL) +65-96363994
Alternative Phone No	OTHERS-96363994

#### Vehicle Particulars

Manufacturer	PEUGEOT
Model	3008-1.6 TURBO ADVENTURE (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA117716
Cover Note Number	

#### Driver

Name of Driver	CHAN LAI PING CYNTHIA
NRIC No	S1460304B
Date Of Birth	08/10/1961
Occupation	INDOOR
Date Of Driving Pass	02/09/1992
Driving Experience	26 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96363994
Fax Number	
Contact Number	OTHERS-96363994
Email Address	CYNTHIA@CHAMPIONSGOLF.COM.SG

Address	10A SIXTH AVENUE
Postcode	275761
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	
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)	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

REFER TO THE SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX5455U
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:

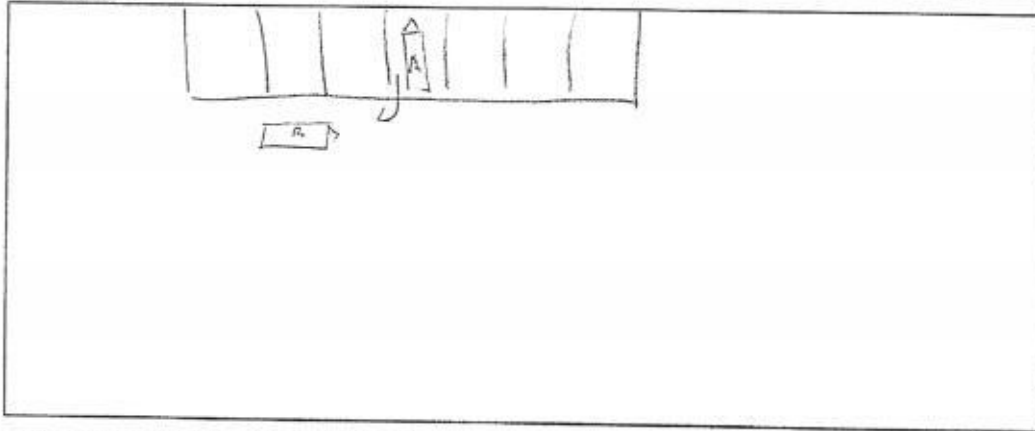


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan Pg. 2

Date of accident: 11/09/10 Time: 12:10pm Location: Along Grand Island Trail City College  
My Vehicle A: SKH 090P Vehicle B: SK 57511 Vehicle C: —  
SKETCH PLAN

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing. vehicle B is waiting for my lot, so I thought he was giving me way by reversing a bit, but stop short of. my rear got damaged.

☒ Claim OD/TP at Ah Lim Motor    ☐ Claim OD/TP at other workshop    ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address

cynthia@championsgolf.com.sg

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Wick

Policyholder's Signature  
Date & Time:

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

Reporting Person Name:

Reporting Officer's Signature  
Name:  
NRIC/FIN No.:

AN LIA MOTOR COMPANY



## Re:TP MANDATE IA-S8M00W9D

Type

🔍 Question

Message

APPROVE

Reply

**AXA INSURANCE SINGAPORE PTE LTD**  
8 Shenton Way  
#24-01 AXA Tower  
Singapore 068811

**ATTN : MOTOR CLAIMS DEPARTMENT**

**DATE : 15/03/2019**

**Your Ref : SKH8090P**

**Car Regn No : SLX5455U**

**Accident involving SLX5455U & SKH8090P on 16/09/2018**

**Direct Settlement Claim**

Dear Sirs

The repairs have been completed for **SLX5455U**. We submit the following documents for your perusal :

1) Invoice No: <b>92001982</b>	<b>\$ 12,222.82</b>
2) Car Rental Inv <b>17607</b>	<b>\$ 577.80</b>
3) GIA Search Fee	<b>\$ 2.00</b>
3) PRI (2 days x \$80.00)	<b>\$ 160.00</b>
4) Letter of Authority	
5) Discharge voucher signed by client	
<b>TOTAL</b>	<b>\$ 12,962.62</b>

Please pay **Trans Eurokars Pte Ltd** the sum of **\$12,224.82** and pay to **Eurokars Leasing Pte Ltd** the sum of **\$737.80** as soon as possible and mail your cheque to **12 Sungei Kadut Avenue Singapore 729648.**

Yours faithfully,

  
**Stanley Ngu**  
**Manager - Body & Paint Division**  
DID: 63602845  
FAX: 63602899  
e-mail: stanley@eurokars.com.sg



## 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

AXA INSURANCE PTE LTD

Ref : CC4/ASM18017442/T1wb3s2

8 SHENTON WAY #24-01  
AXA TOWERS SINGAPORE 068811

Date : 04-09-2019



ATTN: CYNTHIA LOH

Code : ASM

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKH 8090P	Veh. Inspected	SLX 5455U
Policy No.	GA117716	Coverage (\$)	0.00
Claim No.	S8M00W9D	Excess (\$)	0.00
Assign From	CYNTHIA LOH	Assign Date	25/09/2018

### 2. Vehicle Particulars & Condition

Make & Model	VOLVO XC60	c.c	1969
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	YV1UZ10ACJ1046662	Colour	GREY
Odometer	3656	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	235/60 R18	CONTINENTAL	6 mm
L/H Front Tyre	235/60 R18	CONTINENTAL	6 mm
R/H Rear Tyre	235/60 R18	CONTINENTAL	6 mm
L/H Rear Tyre	235/60 R18	CONTINENTAL	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	16/09/2018	Inspection Date	27/09/2018
Survey held at	27A TANJONG PENJURU		
Repairer	TRANS EUROKARS PTE LTD		

### 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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**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. SLX 5455U**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER (CONSISTENT)	DEFORMED	2,721.60	2,721.60
1	FRONT BUMPER CENTRE GRILLE (CONSISTENT)	SERVICEABLE	872.60	-
1	FRONT BUMPER RETAINER RH (CONSISTENT)	NECESSARY	138.60	138.60
12	FRONT BUMPER CLIPS (CONSISTENT)	NECESSARY	170.40	170.40
1	FRONT BUMPER GARNISH COVER RH (CONSISTENT)	DEFORMED	63.60	63.60
1	FRONT BUMPER SENSOR RIGHT (CONSISTENT)	SERVICEABLE	350.40	-
1	HEADLAMP RH (CONSISTENT)	CRACKED	7,099.00	7,099.00
			11,416.20	10,193.20
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SUNDRIES (SN) (CONSISTENT)	NECESSARY	50.00	30.00
			50.00	30.00
<b><u>LABOUR</u></b>				
	TO REPLACE THE FRONT BUMPER AND GRILLE. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.		800.00	400.00
	TO RESPRAY THE FRONT BUMPER.		600.00	400.00
	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		250.00	150.00
	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		350.00	250.00
			2,000.00	1,200.00
<b>GRAND TOTAL</b>			<b>13,466.20</b>	<b>11,423.20</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>11,423.20</b>

Report Ref No. CC4/ASM18017442/T1wb3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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