

ASS. REC. BY:

REF:

CS/AWA18017534/Gvb22

Special Instruction:

Surveyor

GQ

ASSIGNMENT (Office)

From (Person):

Haw Lee Fong

of

AWA

Date/Time:

26/09/2018 357pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLN 2838 X

Insured:

SLT 840U

at Workshop m/s

Allswell Motor

Tel:

6679 1146

of

25 Defu Lane 9

Policy No:

AVPPS80550831700

Claim No:

SLT 840U / BT

Sum Insured:

Excess:

Make of Veh:

D.O.A.

26/09/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

26/09/2018 426pm

Person Contacted:

Verna Caiyi

Vehicle (IN) / OUT

Date/Time

Action/Instruction (✓) Estimate

SLN 2838X - X

SLT 840U - X

9/11/18

Final fig \$ 1744.78 confirmed by email (Ref 2938.82, 637)

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP AWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Allswell Motor

of _____

Insured: _____

Policy No. _____

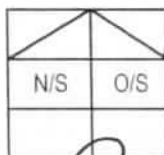
Claims No. _____

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 Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLN2838X

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

Truck / Trailer or

Make: Toyota Harrier

Colour: Black

Sp. Reading: 127698

Eng/No: _____

C/No: 85U600102160

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: 225/65R17

R: 11

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

Survey held at w/s

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

RECEIVED 09 NOV 2018

Date/Time, File Pass to?

☐
☐

: Preli. Report

: Final Report

Date/Time, File Return to?

2) 9/11 - typist

Report Format : TP

Lump Sum / I.B.I. (\$) 1744.78

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee:

☐
☐
☐
☐

: Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

150

150

Catherine Chong (LKK Auto)

From: Hew, LeeFong <LeeFong.Hew@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>
Sent: Wednesday, 26 September, 2018 3:57 PM
To: 'assignments'
Cc: 'SUR'; account5 leasing; 'OOI, Ben'
Subject: TP Survey assignment for SLN 2838X - DOA: 26/09/2018 Our ref: SLT 840U/BT

The above captioned accident refers.

Pursuant to the Practice Directions Amendment No. 1 of 2016 which was effective on 1 April 2016, we like to advise that the third party claimant and us **do** have consensus in the appointment of **Mr Xing Guo Qiang** as the Single Joint Expert to conduct the pre-repair survey of the third party claimant's vehicle.

Please conduct "THIRD PARTY" survey on without prejudice basis. The information as are follows:

3 rd Party Vehicle	:	SLN 2838 X
Insured Vehicle	:	SLT 840 U
Policy Number	:	AVPPSB0550831700
Name of Workshop	:	Allswell Motor Trading
Contact Number	:	6679 1146
Person to Contact	:	Verna
Estimated Cost of repairs	:	\$ NA

Regards,
Claims Division

Copy to Allswell Motor Trading via Email

Note -

- (x)
1. This is to keep you informed that we have appointed surveyors to conduct inspection to your client's damaged vehicle on a without prejudice basis.
 2. **Please keep our motor surveyor and us informed so as to enable the surveyor to conduct a post repair inspection once your client's vehicle has been repaired and before returning the repaired vehicle to your customer.**
 3. Please quantify your client's claim with all relevant supporting documents once your client's vehicle has been repaired.
 4. Please do not construe this appointment of surveyor and our above request as an admission of liability.

The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail

in error, please immediately notify the sender by reply e-mail and permanently delete the original e-mail (and any attachments hereto) and any copies or printouts thereof. Although this e-mail and any attachments hereto are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by Allied World Assurance Company Holdings, GmbH or its subsidiaries or affiliates, either jointly or severally, for any loss or damage arising in any way from its use.

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2541Z
Vehicle Details	
Vehicle No.:	SLN2838X
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Sep 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER ELEGANCE 2.0 A
Primary Colour:	Brown
Manufacturing Year:	2017
Engine No.:	3ZRB983734
Chassis No.:	ZSU600102160
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	\$30,715.00
Original Registration Date:	27 Apr 2017
First Registration Date:	27 Apr 2017
Transfer Count:	0
Actual ARF Paid:	\$30,001.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Apr 2027
PARF Rebate Amount:	\$22,500.00
Intended COE Rebate Details	
COE Expiry Date:	26 Apr 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$54,000.00
COE Rebate Amount:	\$46,348.00
Total Rebate Amount:	\$68,848.00

The information contained herein is correct as at 27 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	26/09/2018 09:59
Date Of Accident	26/09/2018 08:15
Exact Location Of Accident	KEPPEL ROAD VIADUCT TOWARDS TELOK BLANGAH VIADUCT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN2838X
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE LTD
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625405

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 ELEGANCE (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5087620250-01
Cover Note Number	

Driver

Name of Driver	MOHAMED AZRIZAL DISA NILA BIN MOHAMED SAID
NRIC No	S7505167J
Date Of Birth	25/02/1975
Occupation	OUTDOOR
Date Of Driving Pass	03/06/1999
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94655531
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 210 BOON LAY PLACE #01-93
Postcode	640210
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
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)	2
Passenger 1	NAME: : CHINESE PASSENGER GENDER: : FEMALE

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

ON 26.09.2018 @ 0815 HRS, I WAS DRIVING SLN2838X ON THE KEPPEL ROAD VIADUCT TOWARDS TELOK BLANGAH VIADUCT. THERE WAS SLOW MOVING HEAVY TRAFFIC. AS THE VEHICLE IN FRONT OF ME STOPPED, I SLOWED DOWN AND STOPPED. SUDDENLY, VEHICLES SLT840U COLLIDED ONTO THE REAR OF MY VEHICLE SLN2838X. I CHECKED MY PASSENGER IF SHE IS ALRIGHT, THEN CAME OUT OF SLN2838X AND CHECKED FOR DAMAGES AND EXCHANGED PARTICULARS OF THE DRIVER OF SLT840U. HE CLAIMED THAT HE COULD NOT STOP IN TIME. THAT'S ALL.

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	SLT840U
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TIONG GAN
NRIC/Passport Number	S7345531F
Contact Number	97974137
Address	BLK 295, PUNGGOL CENTRAL #03-521

Postcode

820295

Insurance Company Name

ALLIED WORLD ASSURANCE COMPANY, LTD

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 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:

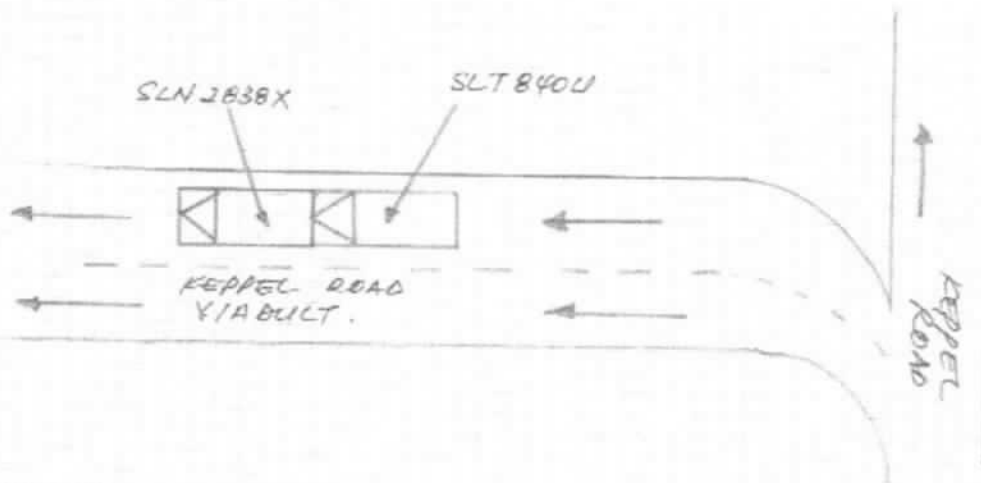


Driver's Signature
(If Driver is not the policyholder)
Date & Time: 26.09.2018

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26.09.2018 @ 0815HRS, I WAS DRIVING SLN 2838X ON THE KEPPEL ROAD VIADUCT TOWARDS TELUK BLANGAH VIADUCT. THERE WAS SLOW MOVING HEAVY TRAFFIC. AS THE VEHICLE IN FRONT OF ME STOPPED, I SLOWED DOWN AND STOPPED.

SUDDENLY, VEHICLE SLT 840U COLLIDED ONTO MY REAR OF MY VEHICLE SLN 2838X.

I CHECKED MY PASSENGER IF SHE IS ALRIGHT, THEN CAME OUT OF SLN 2838X AND CHECKED FOR DAMAGES AND EXCHANGED PARTICULARS OF THE DRIVER OF SLT 840U. HE CLAIMED THAT HE COULD NOT STOP IN TIME.

THAT'S ALL.

DECLARATION

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

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Allswell Motor Traders

25 Defu Lane 9, Singapore 539266

Tel : +65 6679 1146 email: ham@allswellmotor.com.sg

the Repairer of the following:

• To resurvey before/after spray painting

• To delay damaged parts 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

Estimate repair

Vehicle No. : SUN 2838X

Make & Model : Toyota Hiace

Chassis No. :

Date :

Date of survey :

3 Days.
part by part.
before part
photos.

Awied World Insured SUT840U 1

26/9/18

Guo Qiao.

Submitted by

COE expiry

Engine No.

Bm

26-04-2027

27/9/18

S/No	Part Description	Qty	Unit Price	Price	Disposition by
01	Rear top bumper / RL	01	#1,299.00		
02	Rear lower bumper (garnish)	01	#895.00		
03	End panel x repair	01	#591.40		*repair
04	Reinforcement bar	01	#529.50		
	Special net				
01	Clips for bumper x 4 @ #11.00	01	#44.00		
	Labour description				
01	Disassemble / Assembly of all affected parts.	01	#366.00	100	
02	Panel knocking on end panel	01	#260.00	100	
03	Panel knocking of reinforcement bar	01	#260.00	X	NN
04	Spray painting on all affected parts	01	#360.00	300	
			4598.90		

Note: If any of the quoted parts are recommended to be repaired, then an additional labour cost will be charged accordingly under supplementary.

Allswell Motor Traders

23 Defu Lane 9, Singapore 539266

Tel : +65 6679 1146

email: ben@allswellmotor.com.sg

25160010

3 Days

part by part

before part
photos.

(3rd party claim against Allied World Insured SU840U)

26/9/18

QuoQuo

Estimate repair

Vehicle No.

Make & Model

Chassis No.

Date of survey

SUN 8838X

Toyota Hawer

Submitted by

COE expiry

Engine No.

Ben

26-04-2027

S/No	Part Description	Qty	Unit Price	Price	Disposition by
01	Rear top bumper / RL	01	#1,299.00	/	
02	Rear lower bumper (garnish)	01	#895.00	/	236
03	Fend panel x repair	01	#591.40	X	x repair
04	Reinforcement bar x repair	01	#529.50	X	x repair
05	LH returner (cheap) / CoA	01	#84.70	/	
	Special nett				1619.7
					25% = 124.78
06	Clips for bumper x 4 @ #11.00 / Rec	01	#44.00	30	
	Labour description				
01	Disassembly / Assembly of all affected parts	01	#360.00	100	
02	Panel knocking on end panel	01	#260.00	100	
03	Panel knocking of reinforcement bar	01	#260.00	X	NN
04	Spray painting on all affected parts	01	#360.00	300	
				500	
				4683.60	
					1744.78

Note: If any of the quoted parts are recommended to be repaired, then an additional labour cost will be charged accordingly under supplementary.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Friday, 9 November 2018 12:36 PM
To: 'account5 leasing'; SUR
Subject: RE: SLN2838X - before paint pictures

Dear Chai Yee,

WITHOUT PREJUDICE

Confirm \$1744.78 @ 3 working days.

Kindly send Final invoice and all supporting documents to ALLIED WORLD ASSURANCE

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: account5 leasing <account5@allswellmotor.com.sg>
Sent: Friday, 9 November 2018 11:39 AM
To: SUR <sur@lkkauto.com>
Subject: Re: SLN2838X - before paint pictures

Hi,

Estimate finalised as attached.

Best regards,

Chai Yee

Allswell Motor Traders
25, Defu Lane 9 Singapore 539266
Office: +65 6679 1146
Email: account5@allswellmotor.com.sg

On Fri, Nov 9, 2018 at 11:37 AM, account5 leasing <account5@allswellmotor.com.sg> wrote:

Hi,

As spoken, for your requested.

Best regards,

Chai Yee

Allswell Motor Traders
25, Defu Lane 9 Singapore 539266
Office: +65 6679 1146
Email: account5@allswellmotor.com.sg

----- Forwarded message -----

From: OOI, Ben <ben@allswellmotor.com.sg>
Date: Sat, Oct 6, 2018 at 11:35 AM

Subject: Re: SLN2838X - before paint pictures
To: guoqiang@lkkauto.com
Cc: account5 leasing <account5@allswellmotor.com.sg>

GQ,

See attached.

Truly

OOI, Ben

Allswell Motor Traders
[25, Defu Lane 9](#)
[Singapore 539266](#)
Office: +65 6679 1146
Mobile: +65 9147 8545
Email: ben@allswellmotor.com.sg

On Sat, Oct 6, 2018 at 11:34 AM OOI, Ben <ben@allswellmotor.com.sg> wrote:

Dear GQ,

Attached are the after paint pictures and revised estimate with a LH rear retainer as a supplementary.

Thank you

Truly

OOI, Ben

Allswell Motor Traders
[25, Defu Lane 9](#)
[Singapore 539266](#)
Office: +65 6679 1146
Mobile: +65 9147 8545
Email: ben@allswellmotor.com.sg

On Wed, Oct 3, 2018 at 8:57 PM OOI, Ben <ben@allswellmotor.com.sg> wrote:

GQ,

Attached are the picture of before paint ..

Supplement - LH retainer replaced.

Truly

OOI, Ben

Allswell Motor Traders
[25, Defu Lane 9](#)
[Singapore 539266](#)
Office: +65 6679 1146



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

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA18017534/Gvbe2

(SINGAPORE BRANCH)
60 ANSON ROAD #08-01 (8th FLOOR)
MAPLETREE ANSON
SINGAPORE 079914

Date : 07-12-2018



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLT 840U	Veh. Inspected	SLN 2838X
Policy No.	AVPPSB0550831700	Coverage (\$)	0.00
Claim No.	SLT840U/BT	Excess (\$)	0.00
Assign From	HEW LEE FONG	Assign Date	26/09/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA HARRIER	c.c	1986
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	ZSU600102160	Colour	BLACK
Odometer	127698	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/65 R17	YOKOHAMA	6 mm
L/H Front Tyre	225/65 R17	YOKOHAMA	6 mm
R/H Rear Tyre	225/65 R17	YOKOHAMA	6 mm
L/H Rear Tyre	225/65 R17	YOKOHAMA	6 mm

4. Description of Damages

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

5. General Information

Accident Date	26/09/2018	Inspection Date	26/09/2018
Survey held at	25 DEFU LANE 9		
Repairer	ALLSWELL MOTOR TRADERS		

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
-------------------------------------	----------------



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. SLN 2838X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR TOP BUMPER	DEFORMED	1,299.00	1,299.00
1	REAR LOWER BUMPER (GARNISH)	DEFORMED	895.00	236.00
1	END PANEL	TO REPAIR SEE LABOUR	591.40	-
1	REINFORCEMENT BAR	TO REPAIR SEE LABOUR	529.50	-
1	LH RETAINER (REAR)	CRACKED	84.70	84.70
	LESS 25% DISCOUNT		-	-404.92
			3,399.60	1,214.78
	<u>SPECIAL NETT ITEMS</u>			
4	CLIPS FOR BUMPER@\$11.00 (SN)	NECESSARY	44.00	30.00
			44.00	30.00
	<u>LABOUR</u>			
	DISMANTLE / ASSEMBLY OF ALL AFFECTED PARTS. INCLUSIVE OF THE REPAIR OF END PANEL AND REINFORCEMENT BAR.		360.00	100.00
	PANEL KNOCKING ON END PANEL.		260.00	100.00
	PANEL KNOCKING OF REINFORCEMENT BAR.	NOT NECESSARY	260.00	-
	SPRAY PAINTING ON ALL AFFECTED PARTS.		360.00	300.00
			1,240.00	500.00
	GRAND TOTAL		4,683.60	1,744.78
	RECOMMENDED COST OF REPAIRS			1,744.78

Report Ref No. CS/AWA18017534/Gvbe2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.