

15/9/2010

INS. CASE OWNER:

Richard | CCL / AXA1801 7828, K1pbh52

LKK: IDAC:

Surveyor: Kalvin

DOI: 2/10/18

Date / Time: 2/10/18

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No.: GBF 5818U
Name of Insured: W L FOOD SUPPLY
Insured Tel No.: _____ HP: _____
Excess Sec II :SS _____ D.O.A: 2/10/18
Is driver the owner? (YES / NO) Nature of Accident: _____

Claim No.: SRMOUXQK1 73028
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

CHB 3383U



INSRS: _____
WSP: WGE W
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/Time	STAGE	DATE/PIC
<u>2/10/18</u>	Non-Reporting ltr (1st):	
<u>2/10/18</u>	Non-Reporting ltr (2nd):	
<u>2/10/18</u>	Non-Reporting ltr (Final):	
<u>2/10/18</u>	Notification ltr (if non-pickup):	
<u>2/10/18</u>	Call OI:	<u>2/10/18</u>
<u>2/10/18</u>	After call ltr to OI:	<u>2/10/18</u>
<u>2/10/18</u>	Documentation Check List:	Handler Typist
<u>2/10/18</u>	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
<u>2/10/18</u>	After call ltr to OI:	<input checked="" type="checkbox"/>
<u>2/10/18</u>	Authorisation To Act:	<input checked="" type="checkbox"/>
<u>2/10/18</u>	Release Voucher:	<input checked="" type="checkbox"/>
<u>2/10/18</u>	Final Repair Bill:	<input checked="" type="checkbox"/>
<u>2/10/18</u>	Car Rental Invoice:	<input checked="" type="checkbox"/>
<u>2/10/18</u>	Towing Invoice:	<input checked="" type="checkbox"/>
<u>2/10/18</u>	LTA / GIA :	<input checked="" type="checkbox"/>
<u>2/10/18</u>	Medical Bill:	<input type="checkbox"/>
<u>2/10/18</u>	PIR:	<input type="checkbox"/>
<u>2/10/18</u>	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
<u>2/10/18</u>	LOI:	<input checked="" type="checkbox"/>
<u>2/10/18</u>	Payment Breakdown Form:	<input type="checkbox"/>
<u>2/10/18</u>	Post-Repair Photos:	<input type="checkbox"/>
<u>2/10/18</u>	Others: <u>Income Tax</u>	<input checked="" type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

FINAL SETTLEMENT Date/Time: 11/2/19 Confirm with: William Email: Call:

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 15

Repair Cost: W/LWT \$S 9844.00

Loss of Rental (LOR): \$S 225.32 (6.5 days) x \$ 119.28

Loss of Use (LOU): \$S - (5 x - days)

Loss of Income (LOI): \$S 325.00 (50 x 6.5 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$S 7.49

Medical: \$S -

Disbursement: \$S - (e.g. Tow/ Independent)

Legal Cost \$S -

Total: \$S 10951.81 Global Sum \$S: 10950.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email: Call:

Payee 1: \$S 10950.00 Name 1: CompuDesign Engineering Pte Ltd

Payee 2: (Strike if N.A.) \$S _____ Name 2: _____

Payee 3: (Strike if N.A.) \$S _____ Name 3: _____

COPY SENT

1) Claim status: Normal/Reject/Private Settle
2) Report Format: CP
3) Survey fee: \$350.00

08/11/13

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 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: SHB 33834 Yr Regn: 15 Jan 2015

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

Truck / Trailer or

Make: Honda 240 cc 1685

Colour: Yellow A/C: Ins / Std / NI / NA

Sp. Reading: 729728 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMH1B414AF4064719

Gen. Cond: Good / F / Poor / Burnt

Steering: In order / J / Jammed / Leaked / Burnt or

Brake: In order / J / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 60R16

R: _____

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

TOYO / YOKO or Westlake

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 2/10/15 D.O.I. 2/10/15

Survey held at CDHE (Layang)

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

o/s Frow.

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

Date / Time	Action / Instruction
	<u>CS #920 check 29/1/15 300</u>
	<u>AAA</u>
	<u>4/5</u>

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

1) : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: _____

Lump Sum / L.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

_____ \$ + RS. _____ \$

Photos _____

Others _____

TOTAL _____

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition		
<p>1. Date: <u>2/10/18</u> Time Received: <u>0425</u></p> <p>2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis</p> <p>Name of Customer : <u>MR LEE</u></p> <p>Contact No. : <u>81007446</u></p> <p>Vehicle No. : <u>SHB 3383U</u></p> <p>Make / Model / Colour : <u>I 40 D</u></p> <p>Email : _____</p>	<p>3. Vehicle Type:</p> <p><input type="checkbox"/> Private</p> <p><input checked="" type="checkbox"/> Taxi (CTPL/CCPL)</p> <p><input type="checkbox"/> Fleet</p> <p><input type="checkbox"/> STK (Boon Lay)</p>	<p>4. Type of Towing:</p> <p><input checked="" type="checkbox"/> Normal Tow</p> <p><input type="checkbox"/> King Dolly</p> <p><input type="checkbox"/> Flat Bed</p> <p><input type="checkbox"/> Crane-up</p>
<p>7. Location: <u>349 Pasir Panjang</u></p>	<p>5. Nature of Service:</p> <p><input type="checkbox"/> Jumpstart</p> <p><input type="checkbox"/> Recovery</p> <p><input type="checkbox"/> Change Tyre / Battery</p>	
<p>9. Preferred Workshop:</p> <p><input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan</p> <p><input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi</p> <p><input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD)</p> <p><input type="checkbox"/> Others: _____</p>	<p>6. Parts Replaced/Remarks:</p> <p>_____</p> <p>_____</p>	
<p>10. Odometer Reading : _____</p> <p>Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E</p>	<p>8. Vehicle Tow - In Workshop:</p> <p><input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed</p> <p><input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty</p> <p><input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty</p> <p><input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power</p> <p><input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled</p> <p><input type="checkbox"/> Return Taxi</p>	<p>11. Radio / CD Player</p> <p><input checked="" type="checkbox"/> OK</p> <p><input type="checkbox"/> Faulty</p> <p><input type="checkbox"/> Not tested</p>
Job Attended		
<p>12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS</p> <p>Name of Driver : <u>Ping</u></p> <p>Vehicle No. : <u>Ym9148J</u></p> <p>Time Dispatch : <u>0425</u></p> <p>Time of Arrival : <u>0500</u></p> <p>Time Completed : <u>0600</u></p>	<p>TOWING</p>	<p># : Cracked X : Dented / : Scatched O : Missing</p>
Cash Invoice Details (if applicable)		
<p>13. Cash Invoice No. : _____</p>		
Customer Acknowledgement		
<p>a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.</p> <p>b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.</p> <p>c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.</p>		
<p><u>2/10/18</u></p> <p>_____</p> <p>Date</p>	<p><u>0500</u></p> <p>_____</p> <p>Time</p>	<p>_____</p> <p>Signature of Customer</p>
14. WORKSHOP		
<p>_____</p> <p>Name of Attending Staff/Guard</p>	<p>_____</p> <p>Date & Time of Arrival</p>	<p>_____</p> <p>Signature of Attending Staff/Guard</p>

Workshops

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305220541

OMER
IS CITYCAB PTE LTD
OMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

REGN NO.: SHB3383U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 02.10.2018 03:50
YR OF MANU. 15.01.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU064719	COMPLETION DATE/TIME

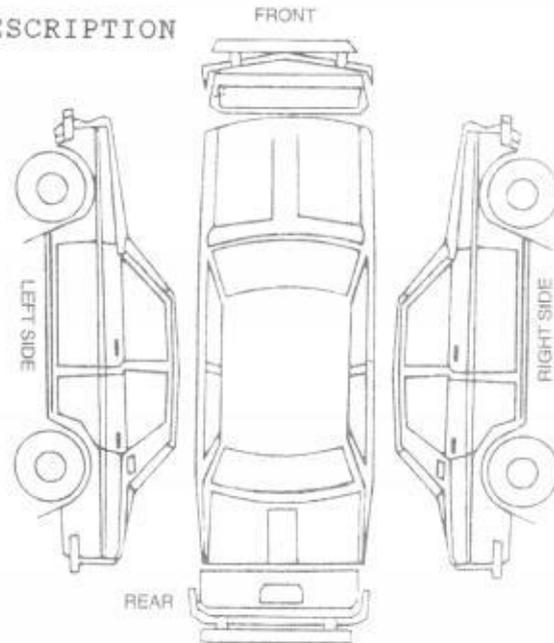
UNIT CARD NO.

JOB DESCRIPTION

Accident Date: 02.10.2018
NATURE: 3P 02.10.18

S/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: **SHB3383U** **LIMITS**

Vehicle No.: **SHB3383U**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 3383U

DATE 2/10/2018

MAKE :

MODEL : HYUNDAI i40

AXA-45

TS

1130

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet ✓			\$ 2,265.90
	Front Bumper Cover ✓			\$ 1,052.20
	Front Bumper Sponge ✓			\$ 99.20
	Front Bumper Reinforcement ✓			\$ 402.10
	Front Bumper Grille (RH) ✓			\$ 41.60
	Front Bumper Centre Grille Top Garnish ?			\$ 80.00
	Front Bumper Bracket Top (RH) ✓			\$ 22.40
	Front Bumper Bracket (RH) ✓			\$ 24.60
	Headlamp Support Panel Assy ✓			\$ 907.40
	Headlamp (RH) ✓			\$ 1,388.00
	Front Fender (RH) ✓			\$ 566.30
	Front Fender Apron Panel (RH) ✓			\$ 637.00
	Front Fender Shield (RH) ✓			\$ 175.90
	Front Fender Retainer ✓			\$ 24.60
	Wiper Container ?			\$ 61.90
	Wiper Container Motor ?			\$ 75.00
	Front Wheel Rim (RH) ?			\$ 325.30
	Front Wheel Hub Cap (RH) ✓			\$ 107.10
	SUB TOTAL			\$ 8,256.50
	LESS 20%			\$ 1,651.30
	DISCOUNTED TOTAL			\$ 6,605.20
	Frt Fender Advertisement Logo (RH) ✓			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 660.00 400
	Spray Painting Charge			\$ 880.00 800
	Wiring			\$ 30.00 20
	Tuff Kote			\$ 50.00 20
	FRT Wheel Alignment			\$ 80.00 60
	Remove/Refix Aircon & Refill Gas			\$ 150.00 80
	TOW Charge			60 net
	TOTAL LABOUR			\$ 1,850.00
	ESTIMATE TOTAL			\$ 8,555.20

LKK Auto Consultants hereby notify the Repairer of the following:

- To survey before repair/painting
- To display damaged parts during survey
- Parts prices are subject to change
- Third party survey is on a "no liability" basis
- No illegal modifications
- Supplies are not guaranteed and is subject to local supply from the same Company

Signature: _____
Date: _____

Ka Hin (Ken)
2/10/18 1550h.

Alle Repair photo

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.

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No : 305220541

Date : 09/10/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHB3383U

Date of Accident : 02-Oct-18

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: AXA --- GBF5818U

2. The finalized amount shall be:

(a) Spare Parts after List discount _____

(b) Labour Charges _____

Total for Part-By-Part Repair Cost _____

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost _____

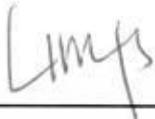
\$ 9200

3. Estimated normal period for repairs: 5 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 9/10/18

Fax : 65468156

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Final Amount Subject to Insurance Approval

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 3383U

DATE 2/10/2018

MAKE :

MODEL : HYUNDAI i40

AXA-45 TS

1130

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet <i>Det</i>			\$ 2,265.90
	Front Bumper Cover <i>on</i>			\$ 1,052.20
	Front Bumper Sponge <i>on</i>			\$ 99.20
	Front Bumper Reinforcement <i>Det</i>			\$ 402.10
	Front Bumper Grille (RH) <i>on</i>			\$ 41.60
	Front Bumper Centre Grille Top Garnish <i>X on</i>			\$ 80.00
	Front Bumper Bracket Top (RH) <i>on</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>on</i>			\$ 24.60
	Headlamp Support Panel Assy <i>on</i>			\$ 907.40
	Headlamp (RH) <i>on</i>			\$ 1,388.00
	Front Fender (RH) <i>Det</i>			\$ 566.30
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	Front Fender Shield (RH) <i>on</i>			\$ 175.90
	Front Fender Retainer <i>on</i>			\$ 24.60
	Wiper Container <i>X on</i>			\$ 61.90
	Wiper Container Motor <i>X on</i>			\$ 75.00
	Front Wheel Rim (RH) <i>Det</i>			\$ 325.30
	Front Wheel Hub Cap (RH) <i>on</i>			\$ 107.10
	SUB TOTAL			\$ 8,256.50
	LESS 20%			\$ 1,651.30
	DISCOUNTED TOTAL			\$ 6,605.20
	Frnt Fender Advertisement Logo (RH) <i>on</i>			\$ 100.00
				\$ 100.00
	Labour Charge			400
	Panel Beating			\$ 660.00
	Spray Painting Charge			\$ 880.00 800
	Wiring			\$ 30.00 20
	Tuff Kote			\$ 50.00 20
	FRT Wheel Alignment			\$ 80.00 60
	Remove/Refix Aircon & Refill Gas			\$ 150.00 80
	TOW Charge			60 net
	TOTAL LABOUR			\$ 1,850.00
	ESTIMATE TOTAL			\$ 8,555.20

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 to be on a "no-haggle" basis
- Third party supply of parts on a "no-haggle" basis
- No illegal modifications to be carried out and
- Supplier's terms and conditions apply and is subject to the Motor Vehicle Insurance Company

Approved by Repairer
Signature: *Ka Lui (LKK)*
Date: *2/10/18*

1550h.
1+4 Pgs
45
After Repair photo

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.

12657.16

COMFORTDELGRO ENGINEERING

VEHICLE : SHB3383U TYPE OF CLAIM : TP
 MODEL : HYUNDAI I40 SURVEY BY : LKK-KALVIN
 JOB NO : 305220541 DATE : 02/10/18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	FRT STABILIZER LINK RH <i>Done</i>	1	81.70	✓
2	FRT SHOCK ABSORBER RH <i>Done</i>	1	342.20	✓
3	FRT SHOCK ABSORBER MTG RH <i>Done</i>	1	108.80	✓
4	FRT LOWER ARM RH <i>Done</i>	1	715.10	✓
5	TIE-ROD END RH <i>Done</i>	1	94.70	✓
6	FRT WINDSCREEN GLASS <i>OK</i>	1	882.70	✓
7	FRT W/SCREEN MOULDING <i>OK</i>	1	23.70	✓
8	FRT DOOR COMFORTDELGRO RH <i>OK</i>	1	75.00	nett ✓
9	ERP STICKER <i>OK</i>	1	26.00	nett ✓
10	FRT W/SCREEN SEALANT <i>OK</i>	1	46.00	nett ✓
11	FRT WHEEL HUB RH <i>Done</i>	1	153.60	✓
12	FRT KUNCKLE ARM RH <i>Done</i>	1	552.00	✓
13	DRIVE-SHAFT RH <i>Done</i>	1	1030.80	✓ <i>Part 1/2</i>
14	FRT WHEEL BEARING RH <i>Done</i>	1	150.90	✓
15	FRT WESTLAKE TYRE RH <i>Comp</i>	1	216.00	nett ✓ <i>50%</i>
* Last Entry *				
1	R/I FRT SUSPENSION RH	1	220.00 150	<i>Labour</i>
2	R/I FRT WINDSCREEN GLASS	1	150.00 100	<i>Labour</i>
* Last Entry *				

4561.20

108

◀ Service Request Details

Claim
S8M00XQH

Reference
None ✎

Loss Date
October 2, 2018

Kalm

Request Date
October 2, 2018

Due Date
October 9, 2018

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss
Third Party Vehicle Damage

Services
Pending verification - Direct Settlement

Actions

Next Step
Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #
SHB3383U

Make
TPVD HYUNDAI

Model

143

Service Address

...

Primary Contact/Insured

L & L FOOD SUPPLY

No. 15 JALAN TEPONG, #06-04 JURONG FOOD HUB, 619336, Singapore

62621669

llfoodsupply@yahoo.com.sg

Claim Handler

ANG Richard

richard.angbs@axa.com.sg

Additional Instructions

INSD GIA NOT REPORTED

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message



Auto
Consultants
Pte Ltd

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

03 Oct 2018

L & L FOOD SUPPLY
No. 15 JALAN TEPONG, #06-04 JURONG FOOD HUB,
Singapore 619336

Dear Sir,

OUR REF : CC4/ASM18017828/K1pb3
YOUR REF : GBF 5818U

**ACCIDENT INVOLVING GBF 5818U & SHB 3383U ALONG PASIR PANJANG
ROAD OF SCIENCE PARK ROAD ON 02/10/2018**

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 chewht@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 6742 3197 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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: S4B 3382U
 Name (as shown in NRIC) : LEE TIAN TION NRIC/FIN/Passport No : S8140049J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 48 STRATHMORE AVENUE #13-223 Singapore (140048)
 Contact (Tel) : _____ Mobile No. : 81007446
 Email Address : _____
 Date of Accident : 2 OCT 2018 Time of Accident : 03.50 HRS
 Place of Accident : PASIR PANJANG RD OF SCIENCE PARK RD
 Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ON 21.0/2018 @ 03.50 hrs. I VEH A was travelling
along Pasir Panjang Rd of Science Park Rd. with no
Passenger on board. I VEH A WAS ON THE EXTREME
left lane, while travelling straight suddenly VEH B
on my right side cut into my lane, and hit on
VEH A front right portion.

J. J. Manoj
 Policyholder / Driver's Signature
 Date:

J. Manojam 21/10/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

Hsiao Tong (LKKAuto)

From: Catherine Koh Mui Gek <catherinekoh@cdge.com.sg>
Sent: Thursday, 24 January 2019 1:55 PM
To: Hsiao Tong (LKKAuto); William Tan Thoo Seng
Subject: Re: Your Ref: CC18100012/ SHB3383U/ WT(st) *Our Ref: CC4/ASM18017828/K1pb3 [ACCIDENT INVOLVING GBF 5818U(AXA) & SHB 3383U ON 02/10/2018]
Attachments: SHB3383U doa 2.10.18.mov

Dear Hsiao Tong

Attached video footage confirmed your principal's insured was the author of this accident. He made an illegal left turn and initiated the accident.

Kindly revert on our PD claim soonest.

Thank you.

Best Regards
Catherine Koh
Claims Department | ComfortDelgro Engineering Pte Ltd
Off : 62148733 | Fax : 62141843

From: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>
Sent: Wednesday, 23 January 2019 6:54 PM
To: William Tan Thoo Seng; Catherine Koh Mui Gek
Subject: Your Ref: CC18100012/ SHB3383U/ WT(st) *Our Ref: CC4/ASM18017828/K1pb3 [ACCIDENT INVOLVING GBF 5818U(AXA) & SHB 3383U ON 02/10/2018]

Your Ref: **CC18100012/ SHB3383U/ WT(st)**
Our Ref: CC4/ASM18017828/K1pb3

Without Prejudice

Dear Sirs/Madam,

ACCIDENT INVOLVING GBF 5818U(AXA) & SHB 3383U ON 02/10/2018

We refer to the above matter.

Please be informed that liability is unclear. Our insured driver reported that both parties moved into the same lane. Attached is a copy of report for your easy reference.

We would like to request a copy of your client's video footage as stated in his GIA report for our necessary action.

Appreciate an early reply.

Circumstances of Accident

ON 02.10.2018 @ 04.00AM, I WAS TRAVELLING FROM WEST COAST HIGHWAY TOWARDS SENTOSA (SCIENCE PARK ROAD) TRAFFIC LIGHT. I WAS IN THE FIRST LANE, SECOND LANE WAS UNDER CONSTRUCTION WORK AND BEEN BLOCKED BY THE WORKER WITH LIGHTS. I TURN ON LEFT SIGNAL LIGHT AND SLOWLY DRIVE MY VEHICLE "A" TOWARDS TO MY LEFT LANE, AND THERE WAS A VEHICLE "B" GO TOWARDS THE ROAD AND HIT ONTO MY VEHICLE FRONT LEFT. THERE IS NO INJURY.

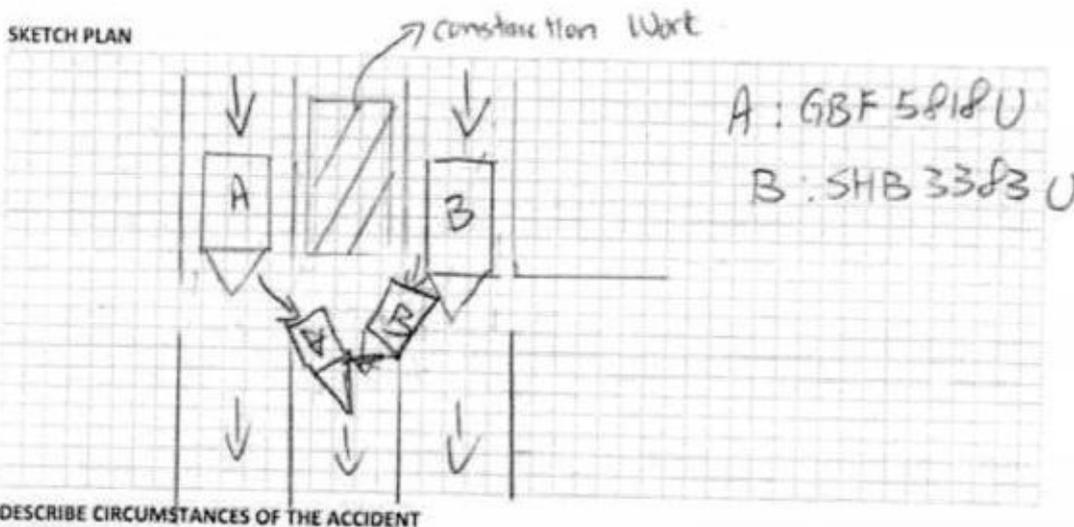
Attachment(s)

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 SHB3383U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver

Sketch Plan



"Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement."

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

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

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]



<MANDATE IA> - S8M00XQH [ACCIDENT INVOLVING GBF 5818U(OI) & SHB 3383U(TP) ON 02/10/2018]

Type

🔍 Question

Message

Liability: 100%. Insured driver cut into third party lane and collided with third party. We had inform OI about third party claim, agreed to settle at best and aware NCD issue. We seek your mandate at \$11,712.31(all-in). Mandate IA had been uploaded in Smartclaims. Kindly let us have your approval/instruction. Hsiao Tong - 30 Jan 2019

Reply



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 30/01/2019

Survey Details:

Date of loss	2-Oct-18
Date of appointment	2-Oct-18
Date of survey	2-Oct-18
Location of survey	MFORTDELGRO ENGINEERING PTE LTD

Vehicle Details:

Claim Type:	Third party
Vehicle number	SHB 3383U
Make and Model	HYUNDAI I-40
Date of registration	15/1/2015
Excess	
Market Value	\$0
Parf Rebate	\$0
Nett Loss	\$0

Repair details:

Initial Estimate	\$ 13,116.40
------------------	--------------

Proposed/Revised repair cost:

Parts	\$ 6,531.68
Check items (estimate)	NIL
Labour	\$ 1,440.00
Supplementary	\$ 3,567.56
Total	\$ 11,539.24
Lump Sum(if applicable)	\$ 9,200.00

Number of days for repair	5
---------------------------	---



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Remarks:

Third party video shows that third party was driving straight on his own lane, insured driver cut into third party lane and resulted the collision.

FOR LOI, Third party had submitted 3 years income tax.

Mandate:

Liability(TP)		100%	
Proposed repair cost (w/GST)	\$	9,844.00	
Loss of use		NIL	
Loss of rental	\$	775.32	(6.5days x \$119.28)
Loss of income	\$	1,085.50	(6.5days x \$167.00)
LTA search fees	\$	7.49	
Others		NIL	
Proposed Total	\$	11,712.31	

Hsiao Tong (LKKAuto)

From: Shu Pei (LKKAuto)
Sent: Wednesday, 30 January 2019 7:12 PM
To: Hsiao Tong (LKKAuto)
Subject: RE: New message for service request 73028, vehicle number SHB3383U

Re:<MANDATE IA> - S8M00XQH [ACCIDENT INVOLVING GBF 5818U(OI) & SHB 3383U(TP) ON 02/10/2018]

Type

Question

Message

Pls proceed to offer global sum between \$10,950 up to \$11,100/- . TY.

Reply

Best Regards,
Shu Pei | Admin
LKK Auto Consultants Pte Ltd
Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: Admin-D (LKKAuto)
Sent: Wednesday, 30 January 2019 11:37 AM
To: Admin A <admin-a@lkkauto.com>
Subject: FW: New message for service request 73028, vehicle number SHB3383U

BEST REGARDS,
G.Nivitha | Admin
LKK Auto Consultants Pte Ltd
Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: richard.angbs@axa.com.sg [mailto:richard.angbs@axa.com.sg]
Sent: Wednesday, 30 January 2019 11:34 AM
To: admin-d@lkkauto.com
Subject: New message for service request 73028, vehicle number SHB3383U

AXA Insurance has sent you a message for claim number S8M00XQH.

Please click here <https://vp.smartclaims.axa.com.sg/claim-portal/> to view the message in Vendor Portal.

This message is confidential; its contents do not constitute a commitment by AXA except where provided for in a written agreement between you and AXA. Any unauthorized disclosure, use or dissemination, either whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.

This email has been checked for viruses by AVG.

<https://www.avg.com>



Re:<MANDATE IA> - S8M00XQH [ACCIDENT INVOLVING GBF 5818U(OI) & SHB 3383U(TP) ON 02/10/2018]

Type

🗉 Question

Message

Pls proceed to offer global sum between \$10,950 up to \$11,100/- , TY.

Reply

Hsiao Tong (LKKAuto)

From: Hsiao Tong (LKKAuto)
Sent: Saturday, 2 February 2019 11:04 AM
To: 'Catherine Koh Mui Gek'; William Tan Thoo Seng
Subject: RE: Your Ref: CC18100012/ SHB3383U/ WT(st) *Our Ref: CC4/ASM18017828/K1pb3 [ACCIDENT INVOLVING GBF 5818U(AXA) & SHB 3383U ON 02/10/2018]

Without Prejudice
(save as to costs)

Dear Sirs/ Mdm,

We refer to the above matter.

We have our principal instruction to offer at a global sum of \$10,950.00(all-in).

Please confirm acceptance.

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

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

From: Catherine Koh Mui Gek <catherinekoh@cdge.com.sg>
Sent: Thursday, 24 January 2019 1:55 PM
To: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>; William Tan Thoo Seng <williamtan@cdge.com.sg>
Subject: Re: Your Ref: CC18100012/ SHB3383U/ WT(st) *Our Ref: CC4/ASM18017828/K1pb3 [ACCIDENT INVOLVING GBF 5818U(AXA) & SHB 3383U ON 02/10/2018]

Dear Hsiao Tong

Attached video footage confirmed your principal's insured was the author of this accident. He made an illegal left turn and initiated the accident.

Kindly revert on our PD claim soonest.

Thank you.

Hsiao Tong (LKKAuto)

From: William Tan Thoo Seng <williamtan@cdge.com.sg>
Sent: Monday, 4 February 2019 8:16 AM
To: Hsiao Tong (LKKAuto)
Cc: Aileen Tan Lee Noi
Subject: Re: Your Ref: CC18100012/ SHB3383U/ WT(st) *Our Ref: CC4/ASM18017828/K1pb3 [ACCIDENT INVOLVING GBF 5818U(AXA) & SHB 3383U ON 02/10/2018]

Without Prejudice.

Dear Ms Hsiao Tong

We are glad to accept your global offer at \$10,950.00.

Kindly forward your D.V.

Thank you.

Best Regards
William Tan
Claims Department | ComfortDelgro Engineering Pte Ltd
Off : 62148737 | Fax : 62141843

From: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>
Sent: Saturday, 2 February 2019 11:04 AM
To: Catherine Koh Mui Gek; William Tan Thoo Seng
Subject: RE: Your Ref: CC18100012/ SHB3383U/ WT(st) *Our Ref: CC4/ASM18017828/K1pb3 [ACCIDENT INVOLVING GBF 5818U(AXA) & SHB 3383U ON 02/10/2018]

Without Prejudice (save as to costs)

Dear Sirs/ Mdm,

We refer to the above matter.

We have our principal instruction to offer at a global sum of \$10,950.00(all-in).

Please confirm acceptance.

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

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

**THIRD PARTY EXPRESS SETTLEMENT
(PAYMENT BREAKDOWN)**

Vehicle No:	GBF 5818U (Insd veh)	Model:	HYUNDAI I40
	SHB 3383U (TP veh)		
Date of Accident:	02/10/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Repair Estimate	:	\$	13,543.16	
Final Repair Cost	:	\$	9,844.00	
Loss of Token Sum	:	\$	325.00	6.5 days at \$50.00 per day
Rental (if any)	:	\$	775.32	6.5 days
LTA / GIA Search Fee	:	\$	7.49	

Others: : \$

: \$

Final Settlement Sum (GLOBAL SUM) : \$ 10,950.00

Is Third Party Workshop GIA Registered? YES NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability _____(%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: 15

BOLA Liability: 100 (%) Assessed Liability (*): _____(%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks _____

Payment Instruction: Payee's Breakdown		
1)	COMFORTDELGRO ENGINEERING PTE LTD	: \$ 10,950.00

NUR SHAQILAH BTE ABDOL
WAHAB

22/02/2019
Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))



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/ASM18017828/K1pb3s2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 22-02-2019



ATTN: RICHARD ANG

Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBF 5818U	Veh. Inspected	SHB 3383U
Policy No.	VCA/P1879911	Coverage (\$)	0.00
Claim No.	S8M00XQH	Excess (\$)	0.00
Assign From	RICHARD ANG	Assign Date	02/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU064719	Colour	YELLOW
Odometer	729728	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	WEST LAKE	7 mm
L/H Front Tyre	205/60R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60R16	WEST LAKE	7 mm

4. Description of Damages

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

5. General Information

Accident Date	02/10/2018	Inspection Date	02/10/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

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:	5 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3383U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BONNET (CONSISTENT)	DENTED	2,265.90	2,265.90
1	FRONT BUMPER COVER (CONSISTENT)	CRACKED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE (CONSISTENT)	TORN	99.20	99.20
1	FRONT BUMPER REINFORCEMENT (CONSISTENT)	BENT	402.10	402.10
1	FRONT BUMPER GRILLE (RH) (CONSISTENT)	CRACKED	41.60	41.60
1	FRONT BUMPER CENTRE GRILLE TOP GARNISH (CONSISTENT)	SERVICEABLE	80.00	-
1	FRONT BUMPER BRACKET TOP (RH) (CONSISTENT)	CRACKED	22.40	22.40
1	FRONT BUMPER BRACKET (RH) (CONSISTENT)	CRACKED	24.60	24.60
1	HEADLAMP SUPPORT PANEL ASSY (CONSISTENT)	CRACKED	907.40	907.40
1	HEADLAMP (RH) (CONSISTENT)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH) (CONSISTENT)	DENTED	566.30	566.30
1	FRONT FENDER APRON PANEL (RH) (CONSISTENT)	BENT	637.00	637.00
1	FRONT FENDER SHIELD (RH) (CONSISTENT)	TORN	175.90	175.90
1	FRONT FENDER RETAINER (CONSISTENT)	CRACKED	24.60	24.60
1	WIPER CONTAINER (CONSISTENT)	SERVICEABLE	61.90	-
1	WIPER CONTAINER MOTOR (CONSISTENT)	SERVICEABLE	75.00	-
1	FRONT WHEEL RIM (RH) (CONSISTENT)	BENT	325.30	325.30
1	FRONT WHEEL HUB CAP (RH) (CONSISTENT)	CRACKED	107.10	107.10
1	FRT STABILIZER LINK RH (CONSISTENT) (ADDITIONAL)	BENT	81.70	81.70
1	FRT SHOCK ABSORBER RH (CONSISTENT) (ADDITIONAL)	BENT	342.20	342.20
1	FRT SHOCK ABSORBER NTG RH (CONSISTENT) (ADDITIONAL)	BENT	108.80	108.80
1	FRT LOWER ARM RH (CONSISTENT) (ADDITIONAL)	BENT	715.10	715.10
1	TIE-ROD END RH (CONSISTENT) (ADDITIONAL)	BENT	94.70	94.70
1	FRT WINDSCREEN GLASS (CONSISTENT) (ADDITIONAL)	CRACKED	882.70	882.70
1	FRT W/SCREEN MOULDING (CONSISTENT) (ADDITIONAL)	NECESSARY	23.70	23.70
1	FRT WHEEL HUB RH (CONSISTENT) (ADDITIONAL)	BENT	153.60	153.60
1	FRT KNUCKLE ARM RH (CONSISTENT) (ADDITIONAL)	BENT	552.00	552.00
1	DRIVE-SHAFT RH (CONSISTENT) (ADDITIONAL)	DISLODGE	1,030.80	1,030.80

Report Ref No. CC4/ASM18017828/K1pb3s2



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 (\$)
1	FRT WHEEL BEARING RH (CONSISTENT) (ADDITIONAL)	BENT	150.90	150.90
	LESS 20% DISCOUNT		-2,478.54	-2,435.16
			9,914.16	9,740.64
	SPECIAL NETT ITEMS			
1	FRT FENDER ADVERTISEMENT LOGO (RH) (SN) (CONSISTENT)	NECESSARY	100.00	100.00
1	FRT DOOR COMFORTDELGRO RH (SN) (CONSISTENT) (ADDITIONAL)	NECESSARY	75.00	75.00
1	ERP STICKER (SN) (CONSISTENT) (ADDITIONAL)	NECESSARY	26.00	26.00
1	FRT W/SCREEN SEALANT (SN) (CONSISTENT) (ADDITIONAL)	NECESSARY	46.00	46.00
1	FRT WESTLAKE TYRE RH (50%) (SN) (CONSISTENT) (ADDITIONAL)	CUT	216.00	108.00
			463.00	355.00
	LABOUR			
	PANEL BEATING.		660.00	400.00
	SPRAY PAINTING CHARGE.		880.00	800.00
	WIRING.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.		80.00	60.00
	REMOVE / REFIX AIRCON & REFILL GAS.		150.00	80.00
	TOW CHARGE.		60.00	60.00
	R/I FRT SUSPENSION RH. (ADDITIONAL)		220.00	150.00
	R/I FRT WINDSCREEN GLASS. (ADDITIONAL)		150.00	100.00
			2,280.00	1,690.00
	GRAND TOTAL		12,657.16	11,785.64
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			9,200.00

Report Ref No. CC4/ASM18017828/K1pb3s2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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 relying on this Report, in whole or in part, does so at his or her own risk.