

22/03/2012

ASS. REC. BY:

REF:

CS/GAU18018252 / Klsbez

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person):

Rachel Tan

of

GAR

Date/Time:

08/10/2018 2:10pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 8313C

Insured:

SLQ 1794D

at Workshop m/s

Comfort Delgro

Tel:

of

59 Luyang Drive

Policy No:

Claim No:

CUMOMVP000000873

Sum Insured:

Excess:

Make of Veh:

D.O.A.

06-10-2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SH 8313C - CCB/ALH170U5S56/Hipw3g2 DTA: 220317
	SLQ 1794D - NBA/GAU18018135/Y DTA: 06-10-2018
10/10/18	@ 15:20 p.m. revised RA to Rachel Tan via email.

(08/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd 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 Report: _____ 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: SH 8313 C Yr Regn: "Feb 2014"

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 64.9919 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB41440404363X

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 / R/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Waller

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 6/10/8 D.O.I. 8/10/8Survey held at CDHE (Loyang)

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

N/S Front

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

Date / Time	Action / Instruction
11/10/18	Laboured up \$1500 / 2 days
12/10/18	Confirmed Ls \$1,500/- @ 2 days with Kalvin
	(\$1,249.80 Red - 45%)

RECEIVED 12 OCT 2018

Date/Time, File Pass to?

1) 12/10/18

Typist

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / I.B.I: (\$ 1,500/- 4/5)☐ : Prel. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

250250

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305222935

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

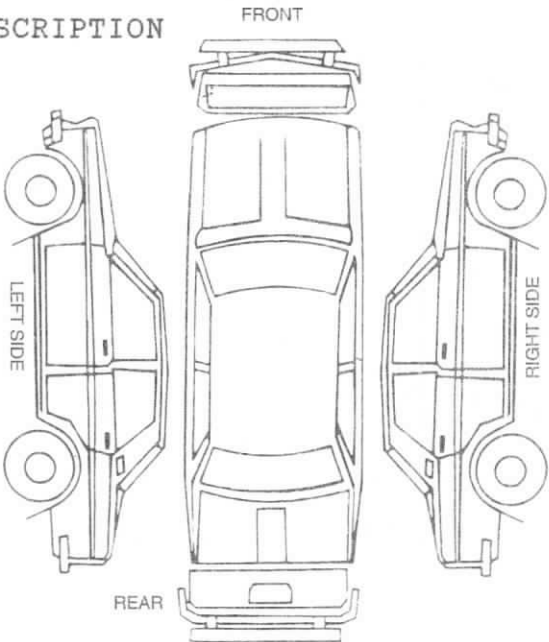
REGN NO.: SH 8313C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 07.10.2018 09:40
YR OF MANU 11.02.2014	TARGET DATE
CHASSIS CODE KMHLB41UMDU043634	COMPLETION DATE/TIME:

JNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.10.2018
NATURE: 3P 06.10.18/C

3/NO LABOR CODE DESCRIPTION



JO & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ement Slip

SH 8313C

LIMITS

Exit Pass

Vehicle No.:

SH 8313C

vice Advisor

Signature/Date

Name of Service Advisor

Date

ed to Service Reception upon collection

To be kept by Security Guard

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Wednesday, 10 October 2018 3:20 PM
To: 'Tan, Rachel'
Cc: SUR; Admin-D (LKKAuto); assignments
Subject: RE: Accident involving SH 8313C & your insured SLQ1794D dated 06.10.18/ CLMOMVP000000873
Attachments: SH 8313C - Preli Advise.pdf

Dear Rachel,

Enclosed preliminary revised of vehicle SH 8313C.

Thank you.

Best Regards,

Shirley Hiew | 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: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Tuesday, 9 October 2018 2:16 PM
To: 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: Accident involving SH 8313C & your insured SLQ1794D dated 06.10.18/ CLMOMVP000000873

Dear Rachel,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Tan, Rachel [mailto:Rachel.Tan@sg.gaig.com]
Sent: Tuesday, 9 October, 2018 2:02 PM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>
Subject: FW: Accident involving SH 8313C & your insured SLQ1794D dated 06.10.18/ CLMOMVP000000873

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Tan, Rachel
Sent: Monday, October 8, 2018 2:10 PM

Catherine Chong (LKK Auto)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Tuesday, 9 October, 2018 2:02 PM
To: 'assignments@lkkauto.com'
Subject: FW: Accident involving SH 8313C & your insured SLQ1794D dated 06.10.18/ CLMOMVP000000873

Regards
Rachel Tan
Executive, Motor Claims, Great American Insurance Company
Tel: 6804 7846

From: Tan, Rachel
Sent: Monday, October 8, 2018 2:10 PM
To: 'Lim Tien Siong' <limts@cdge.com.sg>
Subject: RE: Accident involving SH 8313C & your insured SLQ1794D dated 06.10.18/ CLMOMVP000000873

WP

Dear Sir
Noted on your TP claim request, we will arrange for LKK to conduct PRS. Please let us know if otherwise.

Dear LKK
Please accept appointment. Attach document for reference.

Thank you

Regards
Rachel Tan
Executive, Motor Claims, Great American Insurance Company
Tel: 6804 7846

From: Lim Tien Siong <limts@cdge.com.sg>
Sent: Monday, October 8, 2018 12:40 PM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Cc: General Claims <GeneralClaims@sg.gaig.com>
Subject: [External] Accident involving SH 8313C & your insured SLQ1794D dated 06.10.18/ CLMOMVP000000873

Hi Rachel,

Best Regards,
Lim Tien Siong
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148398 / Fax:65468156

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.

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SBS Transit Ltd [Registration No. 199206653M]

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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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

Your Ref: CLMOMVP000000873

Date: 10 October 2018

Our Ref: CS/GAI18018252/K1sb

The Motor Claims Department
Great American Insurance Company

Dear Sir/Madam,

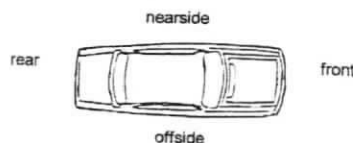
INITIAL INSPECTION REPORT OF VEHICLE NO. SH 8313C .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 08/10/2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ 2,157.88 .
Revised Estimate Amount	: S\$ 1,448.04 .
"Check" Items Amount	: S\$ 159.60 .
Market Value	: S\$.
LTA Reimbursement Value	: S\$.
Nett Value	: S\$.

Description of Damage:

The vehicle sustained damages at the n/s front portion.



Remarks:

Some parts items pending parts prices.

Comments/ Present Status:

Damages Consistent.

Repair days: 2 Days

Yours faithfully,

Kalvin Ang

Automotive Assessor

Outlook

Search Mail and People

New | Delete | Archive | Junk | Sweep | Move to | Categories | ...

Folders

Favorites

Deleted Items

Lim Tien Siong

Inbox 7

Drafts 5

Sent Items

Deleted Items

Archive

Conversation His

Junk Email 48

Migrated_Emails

Deleted Items

Drafts

Inbox

Journal

Junk Email

Notes

Outbox

Sent Items

Unfiled

Notes

Unfiled

Groups

Here are some
groups you might
want to join:

CDGE TM & E

CDC SMM

CDC Manager

Accident involving SH 8313C & your insured SLQ1794D dated 06.10.18/ CLMOMVP

TR

Tan, Rachel <Rachel.Tan@sg.gaig.com>

Mon 8/10/2018 2:10 PM

To: Lim Tien Siong

img-X08123030-0001.pdf
187 KB

Download Save to OneDrive - ComfortDelGro Corporation Limited

WP

Dear Sir

Noted on your TP claim request, we will arrange for LKK to conduct PRS. Please let us know if otherwise.

Dear LKK

Please accept appointment. Attach document for reference.

Thank you

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Lim Tien Siong <limits@cdge.com.sg>**Sent:** Monday, October 8, 2018 12:40 PM**To:** Tan, Rachel <Rachel.Tan@sg.gaig.com>**Cc:** General Claims <GeneralClaims@sg.gaig.com>**Subject:** [External] Accident involving SH 8313C & your insured SLQ1794D dated 06.10.18/ CLMOMVP000000873

Hi Rachel,

Best Regards,

Lim Tien Siong

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156

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SBS Transit Ltd [Registration No. 199206653M]

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to protect the environment.

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	08/10/2018 09:45
Date Of Accident	06/10/2018 20:50
Exact Location Of Accident	LORONG 1 TOA PAYOH TWDS LOR 6 TURNING TO LOR 1A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8313C
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAN YEW HOCK
NRIC No	S0035116D
Date Of Birth	24/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	08/02/1974
Driving Experience	44 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88683938
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 442 ANG MO KIO AVENUE 10 #12-1205
Postcode	560442
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?	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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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	SLQ1794D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOKE CHAN ENG
NRIC/Passport Number	S1519180E
Contact Number	
Address	
Postcode	
Insurance Company Name	GREAT AMERICAN INSURANCE COMPANY
Nature Of Damage	RIGHT FRT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

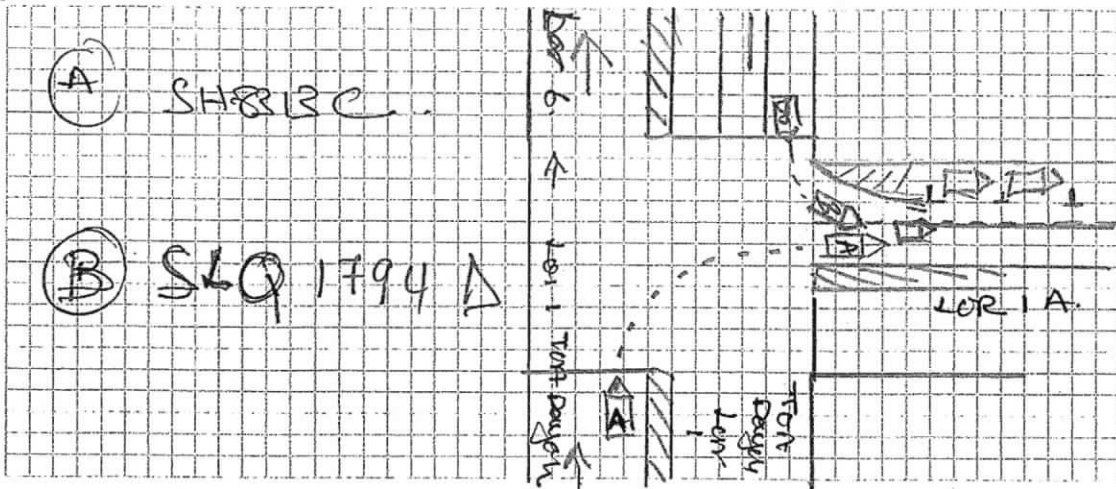
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/RC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 6 Oct. 2018 @ 20:50 hr I VEH
 (A) was turning along the above location.
 I VEH (A) gave way to 1st vehicle
 and followed behind. Suddenly VEH B
 from my left hit VEH A left front
 VEH B also turning. at the point
 of accident NO PAX on VEH A.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 193003321R

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.:

REPAIR ESTIMATE*

(refer email)

DATE 8/10/2018

LKK - Kalvin

MODEL : HYUNDAI i40

[illegible]

COMFORT DELGRO ENGINEERING

VEHICLE : SH 8313C TYPE OF CLAIM : TP

MODEL : I40 SURVEY BY : LKK-KALVIN

JOB NO : 305222935 DATE : 06/10/18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	FRT WHEEL CAP LH <i>-20%</i>	1	107.10	<i>✓</i>
1	FRT WESTLAKE TYRE LH	1	216.00	nett <i>50% 108</i>
	* Last Entry *			
	X item – Replaced			
1	FRT WHEEL RIM LH <i>-20%</i>	1	325.30	<i>✓</i>
	* Last Entry *			

*missing
cut*

Rest

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305222935

Date : 11/10/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 8313C

Date of Accident : 06-Oct-18

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

1. The repair job shall bill to: Great American Ins Co --- SLQ1794D

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

\$1500.00

3. Estimated normal period for repairs: 2 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 : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 11/10/18

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:




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				
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI18018252/K1sbe2		
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 23-10-2018		
		Code : GAI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLQ 1794D	Veh. Inspected	SH 8313C	
Policy No.		Coverage (\$)	0.00	
Claim No.	CLMOMVP000000873	Excess (\$)	0.00	
Assign From	RACHEL TAN	Assign Date	08/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMDU043634	Colour	BLUE	
Odometer	649919	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/10/2018	Inspection Date	08/10/2018	
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:		2 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8313C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT FENDER (LH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	174.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT WHEEL CAP (LH)(ADDITIONAL)	MISSING	107.10	107.10
1	FRONT DOOR (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	FRT WHEEL RIM LH (ADDITIONAL)	BENT	325.30	325.30
	LESS 20% DISCOUNT		-239.64	-199.74
			958.56	798.96
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
1	FRONT DOOR COMFORT LOGO (LH)(SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
1	FRT WESTLAKE TYRE LH (ADDITIONAL)(50%)(SN)	CUT	216.00	108.00
			491.00	383.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT DOOR (LH).		440.00	300.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,010.00	720.00
GRAND TOTAL			2,459.56	1,901.96
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,500.00

Report Ref No. CS/GAI18018252/K1sbe2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING**B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI**

Licensed Appraiser

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