

23932100

ASS. REC. BY

REF: CS3/EGI18011289/Lv6-1

serial instruction

Paper Survey

Surveyor

ASSIGNMENT (Office)

From (Person)

Steve Lim

of

EGI

Date/Time

10-10-2018

Estimated Cost

Bill to

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

To Inspect Vehicle No

XD 2918 J

Insured

GBF 5814E

at Workshop m/s

Shingda Group

Tel

9621 1398

of

10 Krunji Crescent

Policy No

Claim No

OSMCV 1801177

Sum Insured

Excess

Make of Veh

(Client's Record)

D.O.A.

19/06/2018

CA / REV / REP. / REV 24 HRS

wp

22/06/2018

H.O.D. Endorsement

Date/Time

3-40pm @ 21/6/18

Person Contacted

Mr. MOK

Vehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate

XD 2918 J - 293 / EGI 18011289 / Vehicle

Out: 09062018 / 2018

GBF 5814E + X

19/10/18

Submit \$3,5000 (Red 16,360, 320), > days

RECEIVED 19 OCT 2018

REF: EGI

## ASSIGNMENT

From

Date

27/06/2018

Veh No

XD 2918J

Yr Regn

2006/ Sept

Estimated Cost

Type: M/Car / M/Cycle / Bus / Van / Motor / Taxi / Prime Mover /

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

Truck / Trailer or

To inspect Vehicle No

GBF 5814E

Make

CC 15681

at Workshop on

Shingda Group

Colour

Yellow

A/C

Insured / Std / NI / NA

at

10 Krunji Crescent

Sp Reading

377425

T/Radio

Insured / Std / NI / NA

Insured

Eng/No

Policy No

C/No

JALCY Z52L87000C75

Claims No

Gen Cond Good / Fair / Poor / Burnt

Sum Insured

Excess

Steering In Order / Jammed / Leaked / Burnt or

(Client's Record)

Look for Mr. Mok @ 9621 / 398

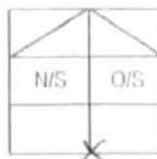
Brake: In Order / Jammed / Leaked / Burnt or

Make of Veh

Kindly call him once reach / before

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

(Policy Condition)



Remark: The veh had commenced its repair at the time of inspection.

Tyre Size:

F: 295/80 R22.5

R: 295/80 R22.5

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

TOYO / YOKO or

AUFINE

Est. or Market Value

Front

Rear

If Acc. Accident Report

Consistent? : Yes or No

R/Bal

6

mm

R/Bal

5

mm

G/A / PR. Seen

Consistent? : Yes or No

L/Bal

5

mm

L/Bal

6

mm

Est. Repair

days

Res

Yes or No

D.O.A.

19/6/2018

D.O.A.

27/6/2018 @ 03:28

Lump Sum

%

3 Val

Yes or No

Survey held at

Shingda Group

CA / REV / REP. / 24 HRS

lup

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

Date

Person Contacted

Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

\* Repair Estimate : S\$ 5000 - 10,000

\* 3 days

29/6/18 Submit PRS Report

Return: File Pass to

☐

: Prel. Report

at

☐

: Final Report

Return: File Return to

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

1. 3 x 100 = 300

2. 1000

3. 1000

4. 1000

5. 1000

Report Format:

Lump Sum / L.B. / L.S.

Add Fee:

☐

Site Insp. (\$)

☐

Interview (\$)

☐

Tech. trip (\$)

☐

Mod. rep. (\$)

90

90

## Catherine Chong (LKK Auto)

---

**From:** Reports (LKKAuto) <report@lkkauto.com>  
**Sent:** Wednesday, 10 October, 2018 1:57 PM  
**To:** assignments  
**Subject:** FW: GBF5814E/ XD2918J/ LKK-DOA: 19/06/2018 / Your Ref: XD2918/SL/pl (Ref: DSMCV1801177)  
**Attachments:** 10102018125052-0001.pdf; 10102018125033-0001.pdf

---

**From:** Steve Lim [mailto:steve.lim@ergo.com.sg]  
**Sent:** Wednesday, 10 October 2018 12:57 PM  
**To:** Elaine (LKK Auto); Survey Report (ERGO Insurance Pte. Ltd.)  
**Cc:** sur@lkkauto.com  
**Subject:** RE: GBF5814E/ XD2918J/ LKK-DOA: 19/06/2018 / Your Ref: XD2918/SL/pl (Ref: DSMCV1801177)

Hi Elaine,

We would like to seek your surveyor's opinion on the quoted price by TP surveyor on the replacement of TMA (\$51,360.00 – Inclusive of GST). Your report recommended an estimate of \$5K - \$10K on the repair.

Please find attached the report and color photos.

Steve Lim  
Manager - Claims

ERGO Insurance Pte. Ltd.

5 Temasek Boulevard, #04-01 Suntec Tower Five  
Singapore 038985  
DID: +65 6829 9197  
Fax: +65 6829 9247  
[steve.lim@ergo.com.sg](mailto:steve.lim@ergo.com.sg)

# ERGO

[www.ergo.com.sg](http://www.ergo.com.sg)

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

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---

**From:** Elaine (LKK Auto) [<mailto:report@lkkauto.com>]  
**Sent:** Tuesday, 3 July, 2018 4:23 PM  
**To:** Survey Report (ERGO Insurance Pte. Ltd.)  
**Cc:** [sur@lkkauto.com](mailto:sur@lkkauto.com)  
**Subject:** GBF5814E/ XD2918J/ LKK-DOA: 19/06/2018 / Your Ref: XD2918/SL/pl

Dear Sir / Madam,

Enclose PRS Survey Report of XD 2918J.

Thank you.

Best Regards,

**ELAINE** | Reports

**LKK Auto Consultants Pte.Ltd.**

Phone: 6256-3561 Ext.111 Fax: 6741-4108 email: [report@lkkauto.com](mailto:report@lkkauto.com)

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 Singapore 408933

[Back to OneMotoring](#)

## Enquire Transfer Fee

### Vehicle Details

Vehicle No.:	XD2918J
Vehicle Type:	B33 - Goods (Open) Tipper/Dumper Truck
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	ISUZU
Vehicle Model:	CYZ52L
Chassis No.:	JALCY52L87000079
Propellant:	Diesel
Engine No.:	6WG1408720
Engine Capacity:	15681 cc
Maximum Power Output:	-
Maximum Laden Weight:	28000 kg
Unladen Weight:	11480 kg
Year Of Manufacture:	2008
Original Registration Date:	01 Sep 2008
Lifespan Expiry Date:	31 Aug 2028
COE Category:	C - Goods Vehicle & Bus
Quota Premium:	\$12,659.00
COE Expiry Date:	31 Aug 2018
Road Tax Expiry Date:	31 Aug 2018
Inspection Due Date:	31 Aug 2018
Intended Transfer Date:	28 Jun 2018
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

### Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
<b>Total Amount Payable:</b>			<b>25.00</b>

### Message

This vehicle has a road tax Over Payment of \$95.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

You may print this page for reference.

OK

Print

## 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	20/06/2018 13:49
Date Of Accident	19/06/2018 23:00
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD2918J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHINGDA EQUIPMENT LEASING PTE. LTD.
Co Reg No	201723619M
Email Address	AVAN.YEO@SHINGDA.COM
Mobile Phone No	(LOCAL) +65-83186816
Alternative Phone No	OFFICE-63688936

### Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52L
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2017-V0098381-VCV-R001
Cover Note Number	

### Driver

Name of Driver	VEERAPANDIAN GUNASEKARAN
Passport No/FIN	G8065875W
Date Of Birth	05/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84245475
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address -  
 Postcode  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident 2  
 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

AS PER SKETCH PLAN

#### 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 GBF5814E  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver THIEN CHONG KIONG  
 NRIC/Passport Number S7766289H  
 Contact Number 94566964  
 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.



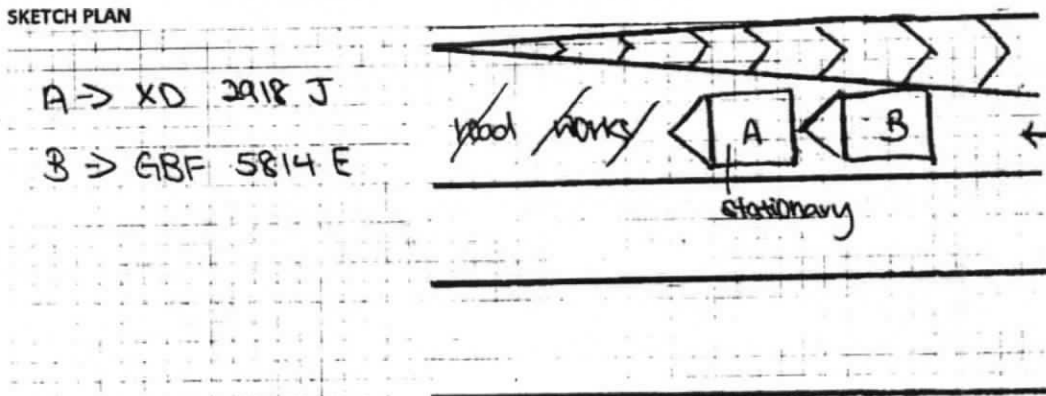
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 19 June 2018, 11 PM

Accident Location: Along PIE towards Changi Airport

My vehicle was stationary along the above mentioned. I was assigned to carry out road works. Suddenly, veh B came from the rear and collided onto my stationary vehicle. I have a TMA attached at the rear of my vehicle, which was also damaged by this collision.

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

DECLARATION

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

\* IMPORTANT NOTE:  
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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.:

Yvonne Toh

# Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters  
Blk 2 Rivervale Link, #09-02 Singapore 545040  
Tel/Fax: 6886 1106 Mobile: 9007 5234  
Email: constant\_as@yahoo.com.sg  
RCB No. 53138015K

## Automobile Inspection Report

To: Shingda Equipment Leasing Pte Ltd 10 Kranji Crescent Singapore 728660		Date : 10/07/2018	
		Reference No : CAS/18-07/031	
<b><u>General Information</u></b>			
Registration No.	: XD 2918J		
Accident Date	: 19/06/2018		
<b><u>Particulars of Damaged Vehicle</u></b>			
Colour	: White / Orange	Make & Model : Isuzu CYZ52L	
Engine Capacity	: 15681 cc	Pre-Accident Condition : Good	
Mileage (KM)	: 377425	Engine No. : 6WG1408720	
Chassis No.	: JALCYZ52L87000079	Steering : In Order	
Registration Date	: 01/09/2008	Brake : In Order	
<b><u>Tyre Condition</u></b>			
	Size	Make	Balance
R/H Front Tyre	295/80R22.5	AUFIN	80%
L/H Front Tyre	295/80R22.5	AUFIN	40%
R/H Rear Tyre	295/80R22.5 X 4	AUFIN	70%
L/H Rear Tyre	295/80R22.5 X 4	AUFIN	70%
<b><u>Inspection</u></b>			
Repairer	: Shingda Construction Pte Ltd 10 Kranji Crescent, Singapore 728660		
<b><u>Adjustment And Recommendation Cost Of Repair</u></b>			
Repairer's Estimate	: \$51,360.00		
Revised Amount	: \$51,360.00		
Less Excess	: -		
Nett Total	: \$51,360.00		
<b><u>Remarks</u></b>			
(A) Survey was done on 21/06/2018			
(B) Re-survey after repair was done on 06/07/2018			
(C) The survey was conducted entirely on WITHOUT PREJUDICE basis.			
(D) We have NOT given any instruction to authorize the repair of the vehicle.			

NOTE: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage/item in this survey, kindly notified the company within 7 (seven) days from the date hereof. Otherwise, the revised amount shall be deem to be valid.

**Constant Appraiser Services**

Vehicle No : XD 2918J

Our ref : CAS/18-07/031

**Adjustment On Repair Costs And Replacement Of Parts:**

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
1	1pc	<u>PARTS REPLACEMENT – SPECIAL NETT ITEMS</u>  To supply & install Safe-stop (TMA'S) 180 Truck mounted attenuators (passed NCHRP 350 test level 2 & 3-6 tests) c/w hydraulics lift up	Damaged	51,360.00	51,360.00
			Grand total	51,360.00	51,360.00

**Adjustment/Recommendations**

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at our adjusted amount of **\$51,360.00** corresponding to labour charge, spray painting and replacement of parts. Under normal circumstances, the repair period would be about 2 (Two) working days.

Yours faithfully,

**Constant Appraiser Services**



Lim Yong Tian (Sebastian)  
Licensed Appraiser  
Adv. Dip. In Mechanical Engineering (AUS)  
MSAAA

exchange rate sin to us  $\Rightarrow$  \$1 = \$0.73 us

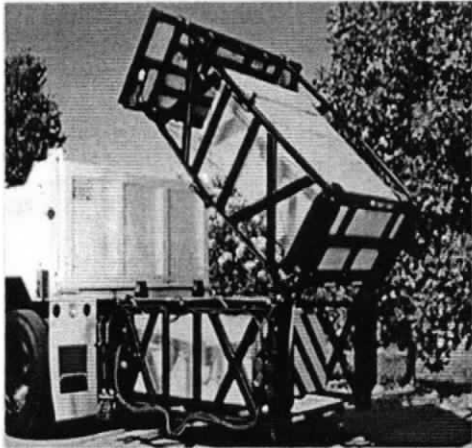
Login Register Your Cart - \$0.00

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National Capital Industries



## Safe-Stop 180 Truck Mounted Attenuator

\$23,491.80

Est \$ 32,180.55

The Safe-Stop TMA with the 180° Tilt feature provides maximum protection with minimal length, weight and height. The 180° Tilt feature makes this TMA the shortest height TMA when in its storage mode, which is ideal for garage storage and low underpasses. The Safe-Stop 180° TMA folds at the center, reducing the total system's height to just 2.08 m (6'10") in the storage mode. The two cartridge sections literally stack top of each other.

The Safe-Stop 180° TMA was successfully tested to NCHRP 350 TL-2 (70km/h – 43 mph) criteria when impacted in storage (folded) mode by a 2000 kg pickup truck.

### Tested To Be The Tough TMA

- Successfully passed NCHRP 350 TL-3 100km/h mandatory criteria.
- Successfully passed NCHRP 350 TL-3 100km/h optional criteria.
- Successfully tested to NCHRP 350 TL-2 70km/h heavy vehicle criteria in storage mode.
- Withstands nuisance impacts up to 10 km/h (6 mph) with little or no damage.
- Successfully passed vibration, corrosion and water resistance tests.



ADD TO CART

SKU: GT6235

Category: Traffic Barricades

Brands: Energy Absorption Systems.

Reviews (0)

## Reviews

There are no reviews yet.

Be the first to review "Safe-Stop 180 Truck Mounted Attenuator"

Your email address will not be published. Required fields are marked \*

Your rating

☐ ☆
 ☐ ☆☆
 ☐ ☆☆☆
 ☐ ☆☆☆☆
 ☐ ☆☆☆☆☆

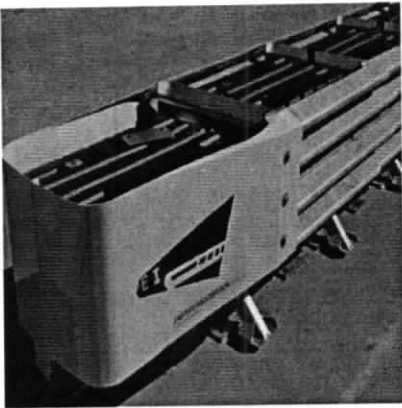
Your review \*

Name \*

Email \*

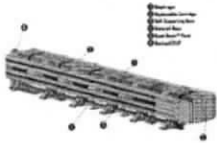
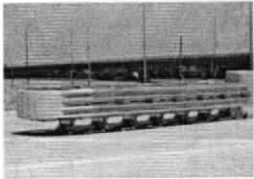
Submit

Related Products



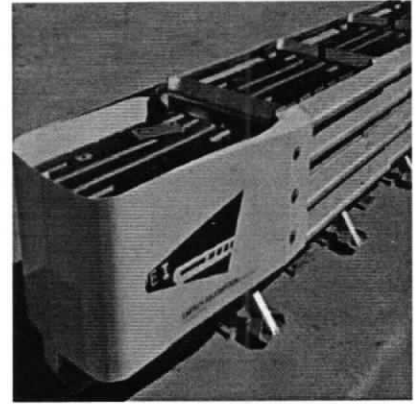
Quadguard II Nose Yellow

\$689.36



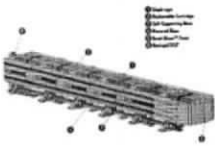
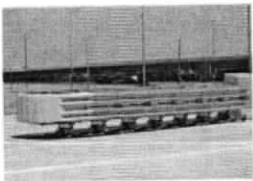
Quadguard II Shim Kit

\$58.91



Quadguard II Nose Yellow

\$689.36



Quadguard II Shim Kit

**\$58.91**

Washington Area

3420 Kenilworth Ave.  
PO Box 287  
Bladensburg, MD 20710

Baltimore Area

2801 West Patapsco Ave.  
Baltimore, MD 21230

Northern Virginia  
Area

8433A Backlick Rd.  
(Shirley Complex)

Delaware Area

38264 Snowgoose Lane Unit #2  
Selbyville, DE 19975



Phone: 301-864-4150  
Fax: 301-779-7644  
Fax: 301-985-3193  
Monday – Friday  
6:30 AM – 5:00 PM

Phone: 410-644-0300  
Fax: 410-644-1398  
Monday – Friday  
7:00 AM – 5:00 PM

Lorton, VA 22079

Phone: 703-339-0909  
Fax: 703-550-9111  
Monday – Friday  
7:00 AM – 5:00 PM

Phone: 302-200-0783  
Fax: 301-779-7644

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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

Affiliated to Federation Internationale Des Experts En Automobile			
ERGO INSURANCE PTE LTD		Ref : CS3/EGI18011289/Lvbe2-1	
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVE SINGAPORE 038985		Date : 24-10-2018	
		Code : EGI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GBF 5814E	Veh. Inspected	XD 2918J
Policy No.		Coverage (\$)	0.00
Claim No.	DSMCV1801177	Excess (\$)	0.00
Assign From	STEVE LIM	Assign Date	10/10/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	ISUZU CYZ52L	c.c	15681
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JALCYZ52L87000079	Colour	YELLOW
Odometer	377425	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	295/80 R22.5	AUFINE	6 mm
L/H Front Tyre	295/80 R22.5	AUFINE	6 mm
R/H Rear Tyre	295/80 R22.5	AUFINE	6 mm
L/H Rear Tyre	295/80 R22.5	AUFINE	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	19/06/2018	Inspection Date	27/06/2018
Survey held at	SHINGDA GROUP - 10 KRANJI CRESCENT		
Repairer	-		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>	



## LKK Auto Consultants Pte Ltd

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Reg. No: 199607198R GST Reg. No. 19-9607198-R

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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. XD 2918J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b> TO SUPPLY & INSTALL SAFE-STOP (TMA'S) 180 TRUCK MOUNTED ATTENUATORS (PASSED NCHRP 350 TEST LEVEL 2 & 3-6 TESTS) C/W HYDRAULICS LIFT UP.		51,360.00	35,000.00
			-	-
			51,360.00	35,000.00
<b>GRAND TOTAL</b>			<b>51,360.00</b>	<b>35,000.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>35,000.00</b>

Report Ref No. CS3/EG18011289/Lvbe2-1

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,  
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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