

LAKSHI

INS. CASE OWNER:

CC 3/10/1801 8772, 821639

LKK:

IDAC:

Surveyor:

Kallun

DOI:

ASSIGNMENT

15/10/18

Date / Time:

15/10/18

Registered in Merimen:

Pre-assign / CCU / FTE

SGH 916H



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$5

D.O.A.:

14/10/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(VA: YES / NO)

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

Insured Liability:

Final ? Yes / No

SHE 60076

INSRS:
WSP:
Tel:
Liability:
RMKS:

Premier

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

Date/ Time

2/10/18
8:00

SHE 60076 - X

SGH 916H - F

- submit independent report

OI NOT UNDER CTI
SUBMIT IND. REPORT
TO PREMIER.

RECEIVED 04 DEC 2018

STAGE

DATE / PIC

Non-Reporting hr (1st)

Non-Reporting hr (2nd)

Non-Reporting hr (Final)

Notification hr (if non-pickup):

Call OI:

After call hr to OI:

Documentation Check List: Handler Typist

Notification hr (if non-pickup):

After call hr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$5

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

\$5

Loss of Rental (LOR):

\$5

(days)

Loss of Use (LOU):

\$5

(5 x days)

Loss of Income (LOI):

\$5

(5 x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search:

\$5

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/ Independent)

Legal Cost:

\$5

Total:

\$5

Global Sum \$5:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

Name 1:

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

COPY SENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:



Auto
Consultants
Pte Ltd

Company Registration No: 199607198R

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

Your ref: To Be Advised
Our ref: CC3/CTI18018772/K1jb3

Date: 16.10.2018

The Motor Claims Department
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHC6007G

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 15.10.2018 at the premises of M/s Premier Automotive Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	2,535.90
Revised Estimate Amount	: S\$	1,185.20
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
N/S Front Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 3 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

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 15/10/2018 11:12
Date Of Accident 14/10/2018 19:40
Exact Location Of Accident TEMPLE ST
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC6007G
Insured/Policyholder
Name Of Registered Owner PREMIER TAXIS PTE LTD
Co Reg No 200304975H
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-62148880

Vehicle Particulars

Manufacturer KIA
Model OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident HIRED & REWARDS
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY
Fleet Policy YES
Policy Number 5095103893
Cover Note Number

Driver

Name of Driver ANG SOON KHENG
NRIC No S7302749G
Date Of Birth 07/01/1973
Occupation OUTDOOR
Date Of Driving Pass 20/04/1993
Driving Experience 25 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-82991269
Fax Number
Contact Number
Email Address NOEMAIL

Address	BLK 45 #04-629 CIRCUIT ROAD
Postcode	370045
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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

VEH. A - NO PAX VEH. B - 2-3 PAX

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	SGH916H
Vehicle Make/Model/Colour	KIA PICANTO / WHITE
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	DARREN LOH KAR WAI
NRIC/Passport Number	S9518975Z
Contact Number	96422300
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT RIGHT PORTION
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG SOON KHENG - DRIVER OF VEH.A
------	----------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

WILL SEEK FOR MEDICAL TREATMENT SOON.

SHC6007G

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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



[Signature]

15 OCT 2019

[Signature]

Policyholder's Signature
Date & Time:

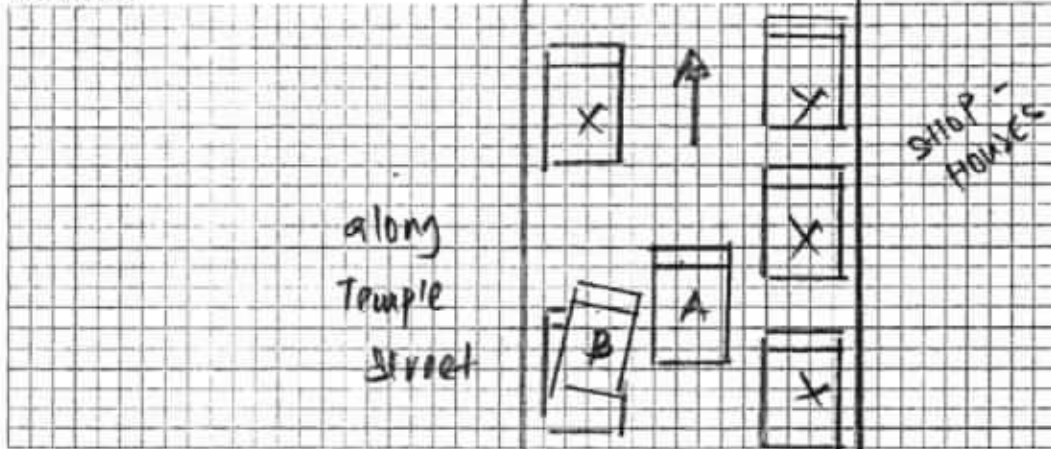
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/PAK SketchPlanForm_v1.1

2 ST3027491G
& SHC 6007G

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6007G

B: SGH 916H

DECLARATION

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

15 OCT 2013

Policyholder's Signature
Date & Time:



Q:\APM\Sigplan\form 1/1

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

2

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

3

Describe Circumstance of the Accident.

ON 14/10/2018 AT ABOUT 1950HRS, I WAS DRIVING MY TAXI (SHC 6007 G) TRAVELLING ALONG TEMPLE STREET – ON A SINGLE LANE OF ONE WAY ROUTE.

THERE WERE VEHICLES PARKED ALONG THE RIGHT & THE LEFT SIDE OF THE ROAD.

WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY I FELT AN IMPACT FROM THE LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SGH 916 H – KIA PICANTO/WHITE) WHICH WAS INITIALLY STATIONARY/PARKED ALONG THE LEFT SIDE OF THE ROAD – HAD COLLIDED ONTO THE LEFT PORTION OF TAXI WHILE HE WAS MOVING OFF AHEAD.

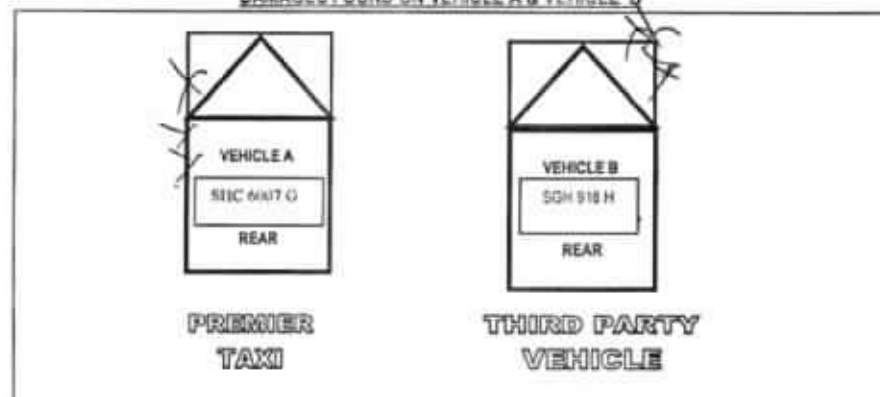
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT PORTION AND VEHICLE B HAD DAMAGES ON THE RIGHT PORTION.

AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD 2-3 PASSENGERS ONBOARD.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Driver's Signature & NRIC Number
@ 11:24:42 AM

8730274916

(attended by)

PREMIER TAXIS	HIRER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC 6007G
CONTACT NO	8299 1289
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7302749G



Name: **ANG SOON KHENG**
洪 順 庚
Race: **CHINESE**
Date of Birth: **07-01-1973** Sex: **M**
Country of Birth: **SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: **S7302749G**



Name: **ANG SOON KHENG (HONG SHUNCING)**
Birth Date: **07 Jan 1973**
Issue Date: **05 May 2003**

100440087A

3372183



3372183

Address: **APT BLK 45 CIRCUIT ROAD #04-B21 SINGAPORE 370045**

NRIC No: **S7302749G** Date: **05/10/2011** No: **0508213**

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 4 Heavy M weight at which unladen exceeds 2500 kilograms

weight of 2500 kilograms

PASS DATE: **20 Apr 1993**


15 Nov 1997

NP425A

Link use No: **S7302749G**

Land Transport Authority

VOCATIONAL LICENCE



Licence No: **S7302749G**
Name: **ANG SOON KHENG**
Issue Date: **22/5/2007**

Please visit www.lta.gov.sg to check the status of this vocational licence

Accident Photo



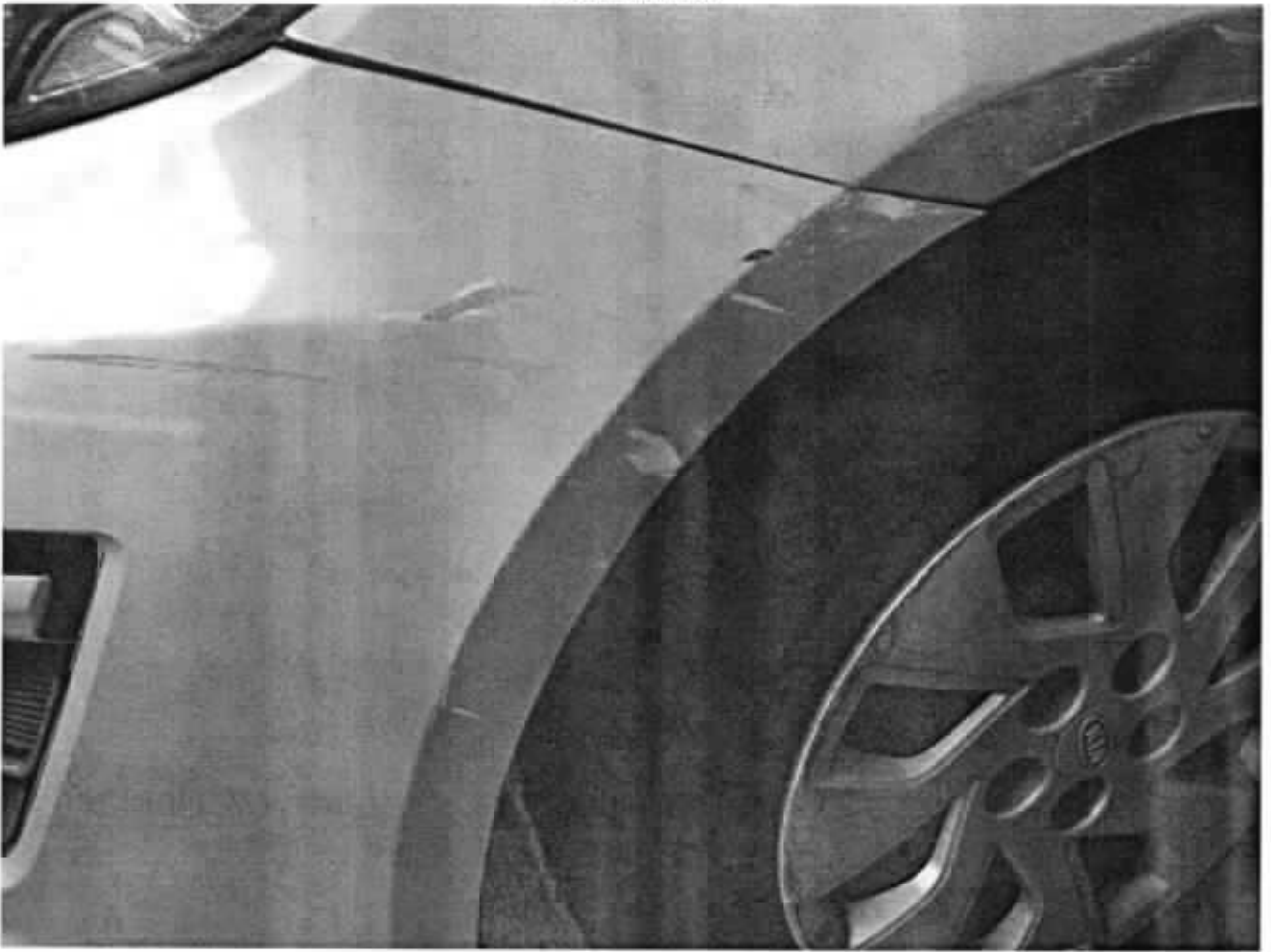
Accident Photo



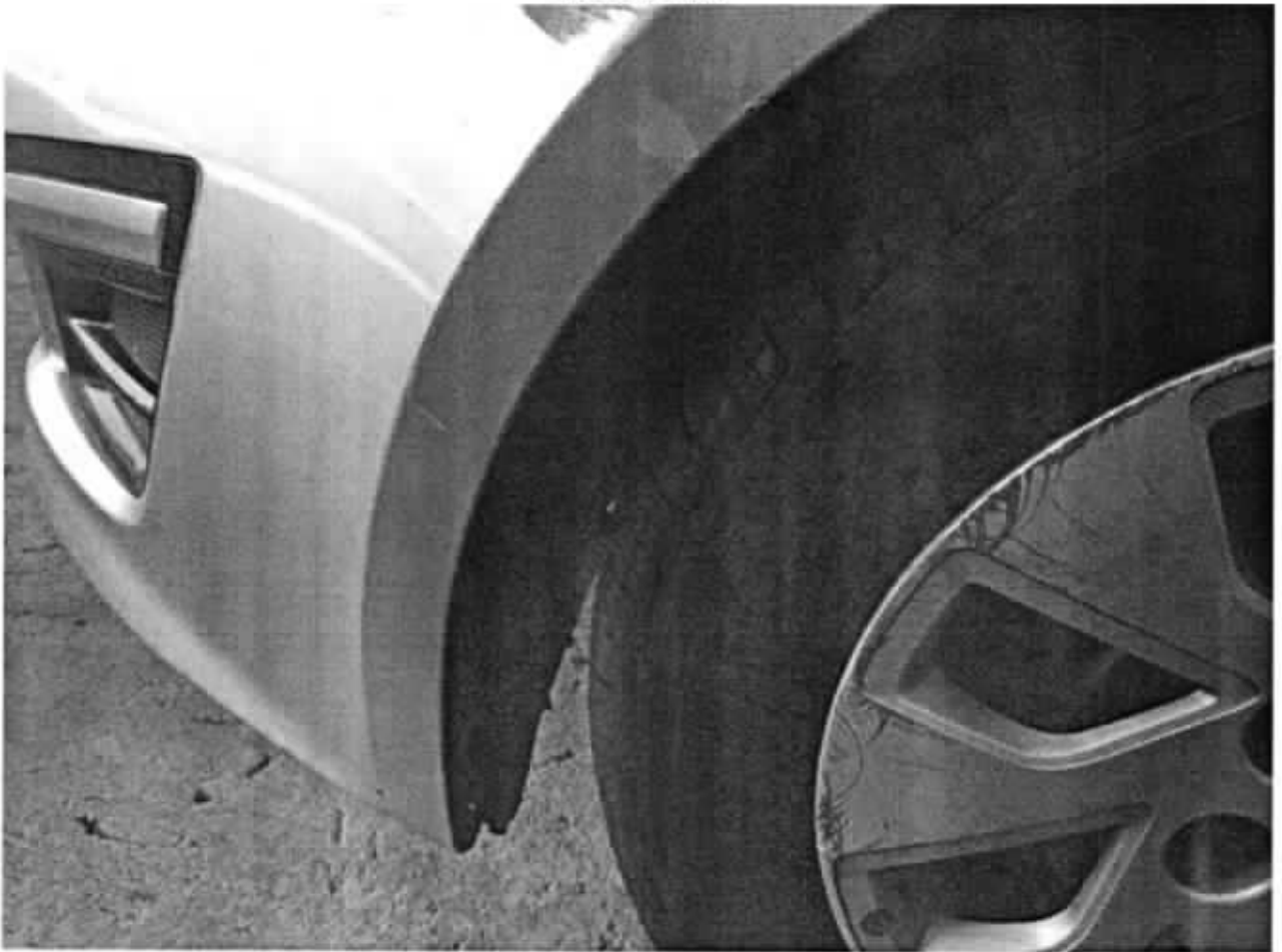
Accident Photo



Accident Photo



Accident Photo



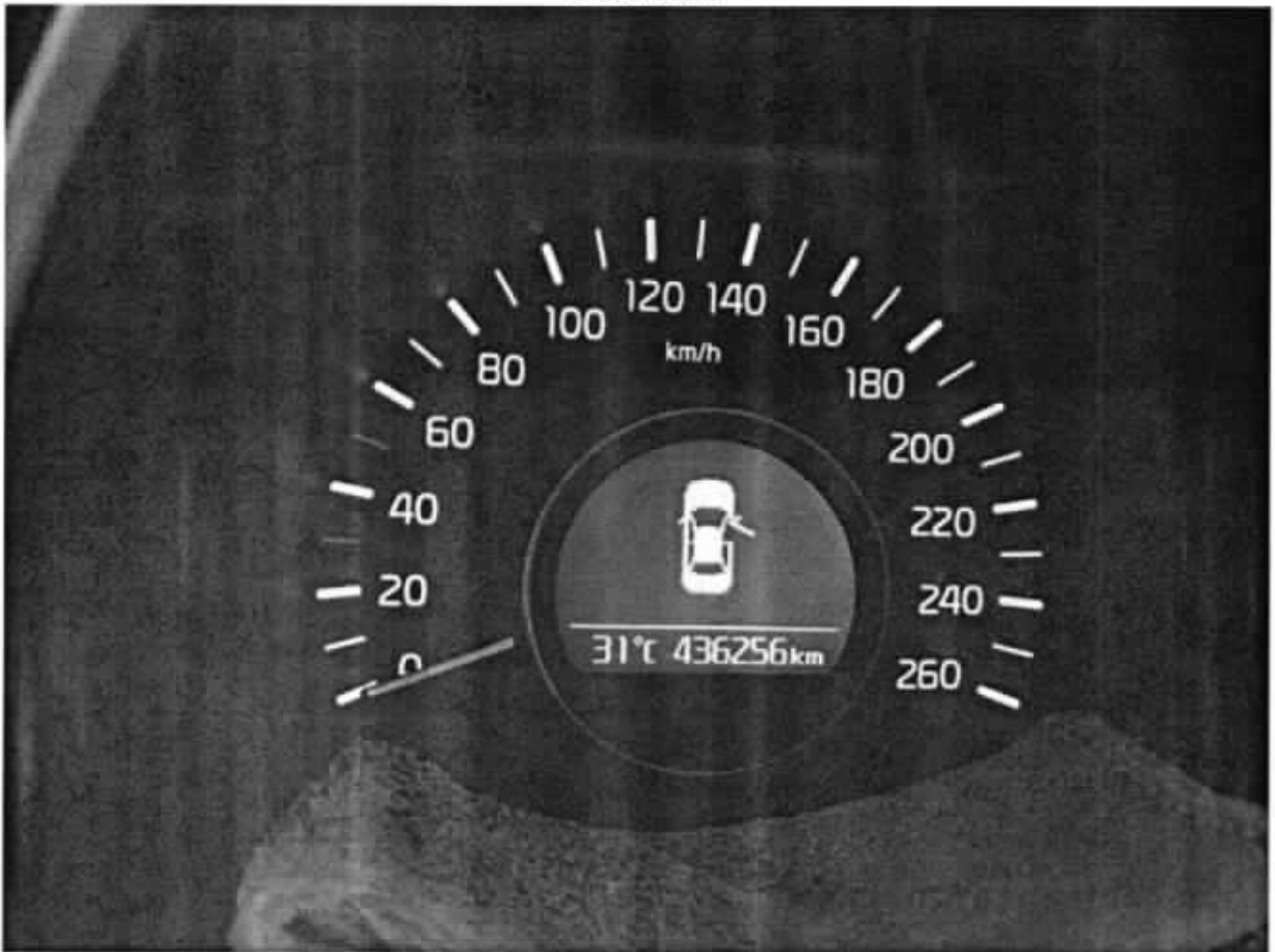
Accident Photo



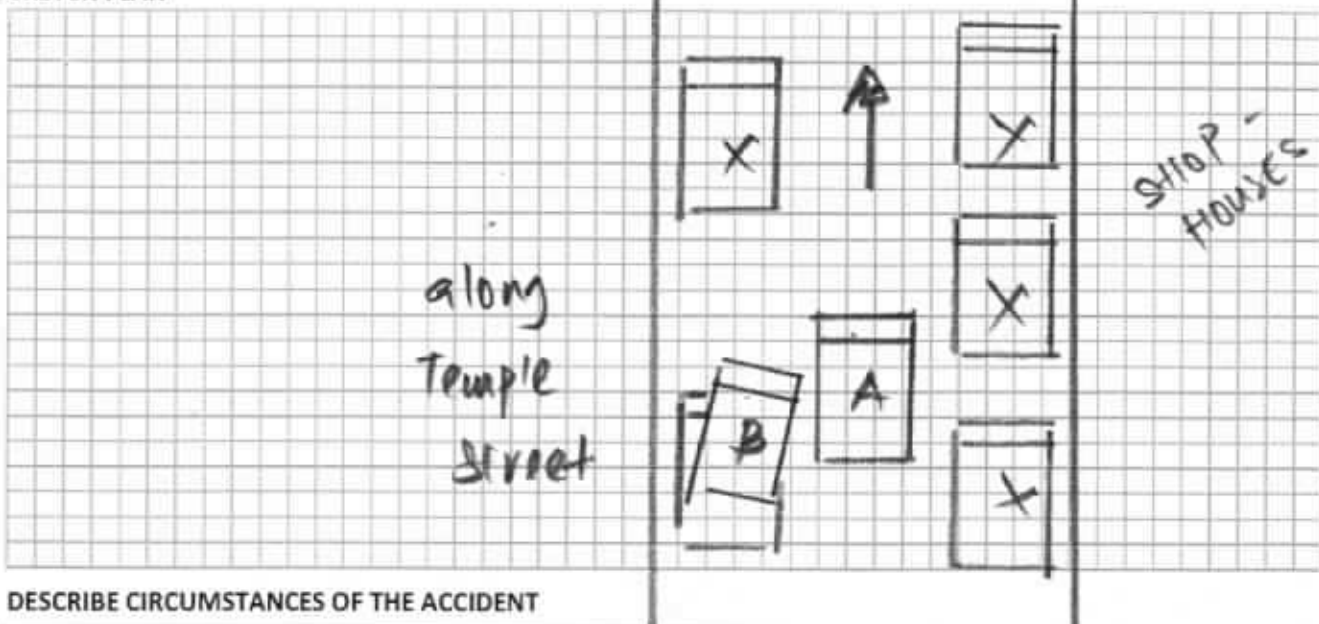
Accident Photo



Accident Photo



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 60076

B: SGH 916H

DECLARATION

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

15 OCT 2013

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

2

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Describe Circumstance of the Accident.

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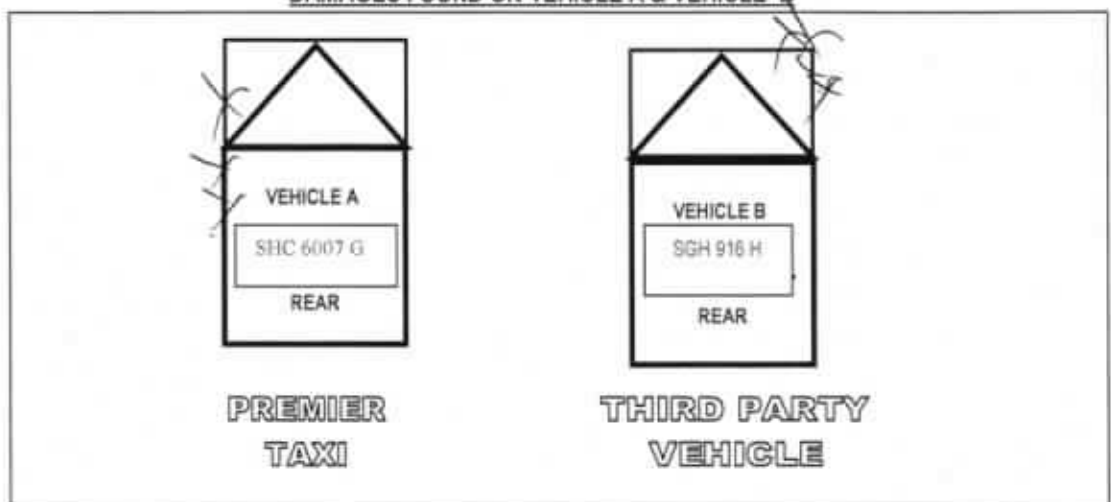
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NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD 2-3 PASSENGERS
ONBOARD.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN

DAMAGES FOUND ON VEHICLE A & VEHICLE B



[Signature]
Driver's Signature & NRIC Number
@ 11:24:42 AM

873027491G

(attended by *[Signature]*)

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.:	200304975H
Owner ID Type:	Company
Owner Name:	PREMIER TAXIS PTE. LTD.
Registered Address:	23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address:	-
Birth Date:	-

Vehicle Particulars

Vehicle No.:	SHC6007G
Previous Vehicle No.:	-
Effective Date of Ownership:	06 Jun 2014
Original Regn Date:	06 Jun 2014
Registration Date:	06 Jun 2014
Year of Manufacture:	2013
Vehicle Type:	Public Transport Taxi (Motor Car)

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.:	200304975H
Owner ID Type:	Company
Owner Name:	PREMIER TAXIS PTE. LTD.
Registered Address:	23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address:	-
Birth Date:	-

Vehicle Particulars

Vehicle No.:	SHC6007G
Previous Vehicle No.:	-
Effective Date of Ownership:	06 Jun 2014
Original Regn Date:	06 Jun 2014
Registration Date:	06 Jun 2014
Year of Manufacture:	2013
Vehicle Type:	Public Transport Taxi (Motor Car)

Vehicle Scheme:	Taxi (Company)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Primary Colour:	Silver
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	KNAGM414ME5463412
Engine No.:	D4FDDH308357
Engine Capacity / Power Rating:	1685 cc / -
Maximum Power Output:	100.0 kW (134 bhp)
Propellant:	Diesel
Max Unladen Weight:	1584 kg
Maximum Laden Weight:	2050 kg
Open Market Value:	\$20,028.00
PARF Eligibility:	Yes

PARF Eligibility Expiry Date:	05 Jun 2022
Minimum PARF Benefit:	\$7,524.00
No. of Transfers:	0
IU Label No.:	1050540400
COE No.:	2014060601001153E
COE Expiry Date:	05 Jun 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Registration Category:	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium:	- / \$71,672.00
PQP Paid:	\$57,338.00
QP (Regn Cat):	--
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$0.00
Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$28.00 (140%)
Actual ARF Paid:	\$12,540.00
Vehicle Lifespan Expiry Date:	05 Jun 2022
CO2 Emission:	158.00 (g/km)

CEV/VES Rebate Utilised Amount: \$7,500.00

CO Emission: -

HC Emission: -

NOx Emission: -

PM Emission: -

Message:

The vehicle will be de-registered upon expiry of its 8-year COE on 05 Jun 2022. No further renewal will be allowed. This is a public service vehicle.

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

15-Oct-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6007 G

1 pc	Front bumper emblem <i>* / Acc</i>	\$	44.00
1 pc	Front bumper <i>X repair</i>	\$	531.00
1 pc	Front bumper n/s side retainer <i>X / SU</i>	\$	16.00
1 pc	Front n/s fender <i>— / SU</i>	\$	384.00
1 pc	Front n/s fender inner shield <i>X / SU</i>	\$	120.00
1 pc	Front n/s wheel cover <i>X repair</i>	\$	116.00
		\$	1,211.00
	Less 10%	\$	121.10
		\$	1,089.90

S/NETT

1 set	Front n/s fender inner shield clips <i>X 11</i>	\$	28.00
1 set	Front bumper clips <i>X 11</i>	\$	48.00
1 pc	Front n/s fender sticker <i>X 11</i>	\$	30.00

Sundry

To check wheel alignment

To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs

To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten repair, reshape and adjust of the same, etc

To putty and spray painting on front bumper, front n/s fender

To apply rustproofing on the repaired and replaced panels.

LKK Auto Consultants hereby certify the Repairer of the following:

- To resurvey damaged parts & using resurvey
- To display damaged parts to the insurance
- Parts prices are subject to the insurance
- This party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary labour must be resurveyed and approved by the insurance company

Acknowledged by Repairer

\$	50.00 20
\$	80.00 X 11
\$	180.00 X 11
\$	550.00 400
\$	400.00 360
\$	80.00 20
\$	2,535.90

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

25/10/18
total 45,950 / 2077

Kahar 10/18
15/10/18 13.30 h
2 3 Days
LTS
After Repair

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

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			Less 10%	\$ 121.10
			\$	1,089.90

S/NETT

1 set	Front n/s fender inner shield clips	X	\$	28.00
1 set	Front bumper clips	X	\$	48.00
1 pc	Front n/s fender sticker	X	\$	30.00
Sundry			\$	50.00 20
To check wheel alignment			\$	80.00 X
To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.			\$	180.00 X
To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the same, etc			\$	550.00 400
To putty and spray painting on front bumper, front n/s fender			\$	400.00 360
To apply rustproofing on the repaired and replaced panels.			\$	80.00 20
			\$	2,535.90

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

LKK Auto Consumers' Handbook
the Repairer of the Vehicle
• To resurvey and adjust the repair
• To display cancelled policies
• Parts prices are determined on a 'best price' basis
• Third party survey is on a 'best price' basis
• No illegal modification of the vehicle
• Supplementary parts must be resurveyed and
acknowledged by the Repairer

Kalvin 10/10/18
15/10/18 1330 hrs
3 days
4/5
After Repair



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				
PREMIER AUTOMOTIVE SERVICES PTE LTD		Ref : CC3/TP18018772/K1jb3q2		
23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		Date : 07-12-2018		
		Code : TP451		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHC 6007G	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		15/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	KIA OPTIMA	c.c	0	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KNAGM414ME5463412	Colour	SILVER	
Odometer	436256	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/65 R16	ACHILLES	7 mm	
L/H Front Tyre	205/65 R16	ACHILLES	7 mm	
R/H Rear Tyre	205/65 R16	ACHILLES	7 mm	
L/H Rear Tyre	205/65 R16	ACHILLES	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/10/2018	Inspection Date	15/10/2018	
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443			
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. SHC 6007G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER EMBLEM	NECESSARY	44.00	44.00
1	FRONT BUMPER	TO REPAIR SEE LABOUR	531.00	-
1	FRONT BUMPER N/S SIDE RETAINER	SERVICEABLE	16.00	-
1	FRONT N/S FENDER	DENTED	384.00	384.00
1	FRONT N/S FENDER INNER SHIELD	SERVICEABLE	120.00	-
1	FRONT N/S WHEEL COVER	TO REPAIR SEE LABOUR	116.00	-
	LESS 10% DISCOUNT		-121.10	-42.80
			1,089.90	385.20
SPECIAL NETT ITEMS				
1	SET FRONT N/S FENDER INNER SHIELD CLIPS (SN)	NOT NECESSARY	28.00	-
1	SET FRONT BUMPER CLIPS (SN)	NOT NECESSARY	48.00	-
1	FRONT N/S FENDER STICKER (SN)	NOT NECESSARY	30.00	-
1	SUNDRY (SN)	NECESSARY	50.00	20.00
			156.00	20.00
LABOUR				
	TO CHECK WHEEL ALIGNMENT .	NOT NECESSARY	80.00	-
	TO DISMANTLE /REFIT THE INNER GARNISHES ,INNER LININGS ,INNER TRIMS ,CUSHION SEAT ,CARPET ,ETC TO FACILITATE REPAIRS.	NOT NECESSARY	180.00	-
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS ,INCLUDING KNOCK - OUT ,STRAIGHTEN ,REPAIR,RESHAPE AND ADJUST OF THE SAME ,ETC .INCLUSIVE OF THE REPAIR OF FRONT BUMPER AND FRONT N/S WHEEL COVER .		550.00	400.00
	TO PUTTY AND SPRAY PAINTING ON FRONT BUMPER ,FRONT N/S FENDER.		400.00	360.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.		80.00	20.00
			-	-
			-	-
			-	-
			1,290.00	780.00
GRAND TOTAL			2,535.90	1,185.20

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			950.00
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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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