

22/03/2002

ASS. REC. BY:

REF:

C9 / SPF 18018836 / Atbez

Special Instruction:

Surveyor

Adrian

ASSIGNMENT (Office)

From (Person):

Frankie Thay

of

SPF

Date/Time:

17-10-2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLH 881P

Insured:

TP 989 B

at Workshop m/s

MG Solution

Tel:

6243 1373

of

Bk 23 Kaki Bukit Ave 4 #02-03B

Policy No:

Claim No:

AEMD / 105 / 009 / 2018 / 143

Sum Insured:

Excess:

Make of Veh:

D.O.A.

15-10-2018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

17-10-2018 11am

Person Contacted:

Hung

Vehicle

IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLH 881P - x

TP 989B - x

lump sum \$4000 - cred. 6848.281, 63%

Range 3500 - 4500/-

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect 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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLH881P Yr Regn: 2016, Oct
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Toyota WishC.C. 1787Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 36212

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2GE206032245Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 195/65R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. _____

D.O.I. 17/10/18Survey held at MG solution

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

Rear N/S.

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

Date / Time Action / Instruction

TP SPF

RECEIVED 02 NOV 2018

RECEIVED 12 NOV 2018

Date/Time. File Pass to?

1) 2/11 Typist

Date/Time. File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 6Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

) S + RS. \$ _____

) Photos _____

) Others _____

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: TPLump Sum / I.B.I. (\$) 4000/-

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SINGAPORE POLICE FORCE

SPF Accidents Claims Section
Automotive Engg & Mgmt Div
Police Logistics Department
No. 1 Mount Pleasant Road
Block 8 Old Police Academy
#02-12 Singapore 298333

Your Ref : SLH881P

Our Ref : AEMD/105/009/2018/143

Tel: 64784841
Fax: 64784848

Date : 17 Oct 2018

LKK Auto Consultants Pte Ltd
Paya Ubi Industrial Park
51 Ubi Avenue 1 # 01/02-25
Singapore 408933

Via Fax only: 62564315

Dear Sir,

ACCIDENT INVOLVING GOVERNMENT VEHICLE TP989B AND OTHER VEHICLE SLH881P ON 15/10/2018

We refer to the above matter.

- 2 Kindly arrange for a Pre-Repair Inspection for Vehicle SLH881P at MG Solution Pte Ltd 23, Kaki Bukit Ave 4 (South Wing) #02-03B, Vicom Inspection Centre, Singapore 415933
- 3 Please contact M/s Heng at Tel: 62431373 for appointment.
- 4 Thank you.

Yours faithfully,

2/
4.

Frankie Thay
Safe Driving Manager
for ASST DIRECTOR

A FORCE FOR THE NATION

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	16/10/2018 15:31
Date Of Accident	15/10/2018 17:50
Exact Location Of Accident	BARTLEY RD TWDS BRADDELL RD B/F SERANGOON AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH881P
Insured/Policyholder	
Name Of Registered Owner	ERIC CHOY WENG HONG
NRIC No	S1694644C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96680050
Alternative Phone No	OFFICE-96680050

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28843034QMY
Cover Note Number	

Driver

Name of Driver	CHOY WEI LING JOCELYN
NRIC No	S9614784H
Date Of Birth	25/04/1996
Occupation	INDOOR
Date Of Driving Pass	04/04/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96680050
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	25 TOH TUCK WALK
Postcode	S596604
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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

REFER TO ATTACHED SKETCH PLAN (ATTENDED BY IFAH)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TP989B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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/are 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.

16 OCT 2018

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4

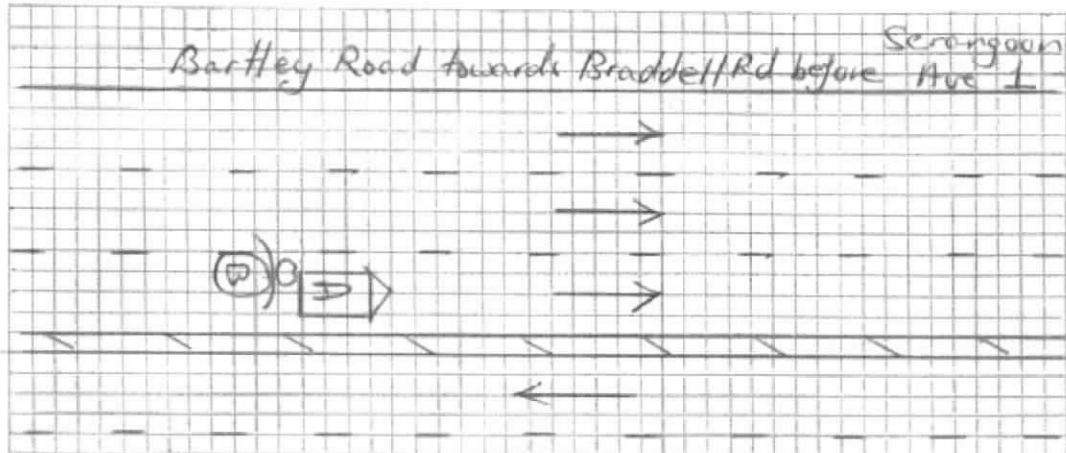
Reporting Centre Singapore #15933
Name: Tel: 67416697
NRIC/FIN No.: Fax: 67492305
Email: vackb@singnet.com.sg

Policyholder's Signature
Date & Time:

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/10/2018 at about 1749 hrs at along Bartley Road towards Braddell Road before Serangoon Ave 1. I was travelling on the extreme Right lane and when my front vehicle slow down and stop hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle.

(A) SLH 881 P

(B) TP 989 B

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

16 OCT 2018
IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

THREE PARTS ONLY USE

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

Email : mg3solution@gmail.com

TO	: SPF	DATE	: 17/10/2018
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT	:		
<u>VEHICLE DETAILS</u>			
VEHICLE NO	: SLH881P		Denise
MODEL	: TOYOTA WISH 1.8A		2GE206032245
CHASSIS NO			
<u>ACCIDENT DETAILS</u>		DATE	: 15-Oct-18
		TIME	: 17:50HRS
THIRD PARTY REQUESTOR / CONTACT		:	JACK LI

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	TAILGATE <i>Dented.</i>	1	\$ 1,520.30	\$ 1,520.30
2	TAIL GATE LOGO <i>New</i>	1	\$ 60.00	\$ 60.00
3	TAIL GATE EMBLEM 'VALVE MATIC' <i>New</i>	1	\$ 85.00	\$ 85.00
4	TAIL GATE TOP LOCK <i>New</i>	1	\$ 360.20	\$ 360.20
5	TAILGATE WEATHER STRIP <i>New</i>	1	\$ 366.20	\$ 366.20
6	TAILGATE REFLECTOR LH <i>Cracked</i>	1	\$ 320.20	\$ 320.20
7	TAILGATE WINDSCREEN WITH MOULDING <i>New</i>	1	\$ 1,050.30	\$ 1,050.30
8	REAR BUMPER <i>Distorted.</i>	1	\$ 590.30	\$ 590.30
9	REAR BUMPER SIDE RETAINER <i>New LH</i>	2	\$ 72.00	\$ 144.00
10	REAR BUMPER REFLECTOR LH <i>Cracked</i>	1	\$ 52.00	\$ 52.00
11	REAR BUMPER STAY LH <i>New</i>	1	\$ 74.50	\$ 74.50
12	REAR FENDER LH <i>Repair</i>	1	\$ 1,055.30	\$ 1,055.30
13	REAR FENDER INNER TRIM LH <i>New</i>	1	\$ 755.30	\$ 755.30
14	REAR FENDER AIR VENT LH <i>New</i>	1	\$ 120.00	\$ 120.00
15	REAR QUARTER GLASS WITH MOULDING <i>New</i>	1	\$ 580.30	\$ 580.30
16	TAILLAMP LH <i>Cracked</i>	1	\$ 360.20	\$ 360.20
17	TAILLAMP PANEL LH <i>Repair</i>	1	\$ 180.30	\$ 180.30
18	REAR END PANEL <i>Dented</i>	1	\$ 568.00	\$ 568.00

19	REAR END PANEL TOP GARNISH <i>Not New</i>	1	\$ 255.30	\$ 255.30	<i>x</i>
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TOTAL PRICE \$ 8,497.70

LESS 25% \$ 2,124.43

SUB TOTAL PRICE \$ 6,373.28

3607.7
2705.77

SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT	
1	REAR NUMBER PLATE <i>Not New</i>	1	\$ 50.00	\$ 50.00	<i>x</i>
4	TAILGATE WINDSCREEN SEALANT <i>2 New</i>	1	\$ 60.00	\$ 60.00	<i>30</i>
5	TAILGATE WINDSCREEN INNER SEAL	1	\$ 60.00	\$ 60.00	<i>30</i>
7	REAR BUMPER CLIP (SET) <i>New</i>	1	\$ 30.00	\$ 30.00	<i>✓</i>
8	TAIL LAMP CLIP (SET) <i>New</i>	1	\$ 35.00	\$ 35.00	<i>10</i>
9	REAR FENDER INNER TRIM CLIPS (SET) <i>Not New</i>	1	\$ 30.00	\$ 30.00	<i>x</i>
10	REAR END PANEL TOP GARNISH CLIPS (SET) <i>New</i>	1	\$ 50.00	\$ 50.00	<i>x</i>
11	REAR END PANEL INSULATION SEAL <i>New</i>	1	\$ 150.00	\$ 150.00	<i>60</i>
14	REVERSE SENSOR <i>2 New</i>	1	\$ 220.00	\$ 220.00	<i>200</i>

360 TOTAL \$ 685.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

1	PANEL BEATING, REMOVING AND REPLACING PARTS	\$ 1,400.00	<i>80</i>	
2	SPRAY PAINTING TO AFFECTED AREA	\$ 1,200.00	<i>80</i>	
3	WIRING CHECK	\$ 150.00	<i>30</i>	
4	TUFF COAT	\$ 200.00	<i>60</i>	
5	REMOVE AND REFIX PETROL TANK TO FACILITATE REPAIR FENDER	\$ 180.00	<i>x</i>	
6	REMOVE AND REFIX UPHOLSTERY TO FACILITATE REPAIR	\$ 180.00	<i>60</i>	
7	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 180.00	<i>50</i>	
8	REMOVE AND REFIX TAILGATE WINDSCREEN	\$ 120.00	<i>100</i>	
9	TRANSFER TAILGATE MECHANISM	\$ 180.00	<i>80</i>	

TOTAL \$3,790.00

1980

ESTIMATE REPORT

TOTAL PARTS COST : \$ 7,058.28

TOTAL LABOUR COST : \$ 3,790.00

TOTAL REPAIR COST : \$ 10,848.28

APPROVED DETAILS

EXCESS :
NO. OF WORKING DAYS :
RE-SURVEY :
PART BY PART OR LUMP SUM :
DATE & TIME OF SURVEY :
SURVEYED BY :
CONTACT NUMBER :
FAX NUMBER :

Adrian King
r/s 17/10/18.

060mp

total: 5045.77.

L/S: AK.

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 subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed **and**
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



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

AUTOMOTIVE ENGINEERING & MGT DIVISION Ref : CS/SPF18018836/Atbe2

ACCIDENT CLAIM SECTION(SINGAPORE POLICE
FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD
POLICE ACADEMY SINGAPORE 298333

Date : 03-12-2018



ATTN : ABDUL RAHMAN

Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	TP 989B	Veh. Inspected	SLH 881P
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2018/143	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	17/10/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA WISH	c.c	1797
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	ZGE206032245	Colour	GREY
Odometer	36212	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	YOKOHAMA	6 mm
L/H Front Tyre	195/65 R15	YOKOHAMA	6 mm
R/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm
L/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	15/10/2018	Inspection Date	17/10/2018
Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933		

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:	6 Working Days
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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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLH 881P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	TAILGATE	DENTED	1,520.30	1,342.00
1	TAIL GATE LOGO	NECESSARY	60.00	60.00
1	TAIL GATE EMBLEM 'VALVE MATIC'	NECESSARY	85.00	85.00
1	TAIL GATE TOP LOCK	NOT NECESSARY	360.20	-
1	TAILGATE WEATHERSTRIP	NOT NECESSARY	366.20	-
1	TAILGATE REFLECTOR LH	CRACKED	320.20	320.20
1	TAILGATE WINDSCREEN WITH MOULDING	NECESSARY	1,050.30	158.00
1	REAR BUMPER	DISTORTED	590.30	590.30
2	REAR BUMPER SIDE RETAINER @\$72.00	N/S NECESSARY	144.00	72.00
1	REAR BUMPER REFLECTOR LH	CRACKED	52.00	52.00
1	REAR BUMPER STAY LH	NOT NECESSARY	74.50	-
1	REAR FENDER LH	TO REPAIR SEE LABOUR	1,055.30	-
1	REAR FENDER INNER TRIM LH	NOT NECESSARY	755.30	-
1	REAR FENDER AIR VENT LH	NOT NECESSARY	120.00	-
1	REAR QUARTER GLASS WITH MOULDING	NOT NECESSARY	580.30	-
1	TAILLAMP LH	CRACKED	360.20	360.20
1	TAILLAMP PANEL LH	TO REPAIR SEE LABOUR	180.30	-
1	REAR END PANEL	DENTED	568.00	568.00
1	REAR END PANEL TOP GARNISH	NOT NECESSARY	255.30	-
	LESS 25% DISCOUNT		-2,124.43	-901.93
			6,373.27	2,705.77
SPECIAL NETT ITEMS				
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	50.00	-
1	TAILGATE WINDSCREEN SEALANT (SN)	NECESSARY	60.00	30.00
1	TAILGATE WINDSCREEN INNER SEAL (SN)	NECESSARY	60.00	30.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	30.00	30.00
1	SET TAIL LAMP CLIP (SN)	NECESSARY	35.00	10.00
1	SET REAR FENDER INNER TRIM CLIPS (SN)	NOT NECESSARY	30.00	-
1	SET REAR END PANEL TOP GARNISH CLIPS (SN)	NOT NECESSARY	50.00	-
1	REAR END PANEL INSULATION SEAL (SN)	NECESSARY	150.00	60.00
1	REVERSE SENSOR (SN)	DAMAGED	220.00	200.00
			685.00	360.00

Report Ref No. CS/SPF18018836/Atbe2



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 (\$)
	LABOUR			
	PANEL BEATING, REMOVING AND REPLACING PARTS. INCLUSIVE OF THE REPAIR OF REAR FENDER LH AND TAILLAMP PANEL LH.		1,400.00	800.00
	SPRAY PAINTING TO AFFECTED AREA.		1,200.00	800.00
	WIRING CHECK.		150.00	30.00
	TUFF COAT.		200.00	60.00
	REMOVE AND REFIX PETROL TANK TO FACILITATE REPAIR FENDER.	NOT NECESSARY	180.00	-
	REMOVE AND REFIX UPHOLSTERY TO FACILITATE REPAIR.		180.00	60.00
	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING.		180.00	50.00
	REMOVE AND REFIX TAILGATE WINDSCREEN.		120.00	100.00
	TRANSFER TAILGATE MECHANISM.		180.00	80.00
			3,790.00	1,980.00
	GRAND TOTAL		10,848.27	5,045.77

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,000.00
-----------------------------------------------------------------------------	--	--	-----------------

Report Ref No. CS/SPF18018836/Atbe2

NOTES : THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,500-\$4,500

ADRIAN LING WAI PING

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

Licensed Appraiser

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