

22/03/2002

ASS. REC. BY:

REF:

CS140518019432/Ugd301

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Jenny Lew

of

UOI

Date/Time:

25/10/18 2:52pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBD 4162U

Insured:

GZ 8304B

at Workshop m/s

Liu's Brother

Tel:

G7411730

of

No. 1 Kaki Bkt Ave 6 # 01-01

Policy No:

Claim No:

M11D05551811

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23/10/2018

CA / REV / REP. / REV 24 HRS (up)

26/10/2018

H.O.D. Endorsement:

Date/Time:

3:55pm @ 25/10/18

Person Contacted:

jessie

Vehicle

IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	GBD 4162U - X
	GZ 8304B - X

REF: 401

ASSIGNMENT

From: Date: 26/10/2018

Estimated Cost:

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

To Inspect Vehicle No: GBD 4162 U

at Workshop m/s Liu's Brother

of No. 1 Kaki Bkt Ave 6 # 01-01

Insured:

Policy No.

Claims No.

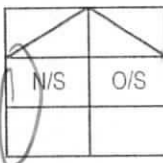
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GLA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up) LTA 19353

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBD 4162 U Yr Regn: 1014

Type: M.Car / M.Cycle / Bus (Van) / Lorry / Taxi / Prime Mover /

Truck / Trailer or CAI

Make: Nissan NV350 C.C. 2488

Colour: yellow A/C: Insured / Std / NI / NA

Sp. Reading: 62780 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN/MC2E2670003156

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195-215

R:

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

TOYO / YOKO or

Front

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 26/10/18

Survey held at

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

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

Date / Time	Action / Instruction
9/11/18	Conf. with L/S #3600 with S/S. (Red \$4466.60, 55%)

RECEIVED 12 NOV 2018

Date/Time, File Pass to?

1) 12/11/18

Date/Time, File Return to?

2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Report Format: TP

Lump Sum / I.B.I. (\$) 3600

Survey Fee: 240

Transportation: 60

S + RS, SI 80

Photos 53

Others 12/11/18

TOTAL

433

Nivitha (LKK Auto)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Thursday, 25 October 2018 2:52 PM
To: liusbrojasmine@yahoo.com; SUR; assignments
Cc: Susan Low
Subject: RE: Request for 3rd party claims survey GBD4162U Claims against GZ8304B
Attachments: 4162.zip

WITHOUT PREJUDICE

Dear Jasmine,

As spoken, we will appoint LKK as SJE.

Dear Catherine/Shiau Chan,

Please arrange to survey the vehicle at Liu's Brother.

Password for attachment: uoi123

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909

Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: LEW JENNY
Sent: Thursday, 25 October, 2018 12:36 PM
To: 'Susan Low' <liusbro@ymail.com>
Subject: RE: Request for 3rd party claims survey GBD4162U Claims against GZ8304B

WITHOUT PREJUDICE

Dear Susan,

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case, we propose to appoint M/s STA Inspection Pte Ltd.

Please revert to the undersigned within **two (2) working days** whether you have any objections to the appointment of any of our Surveyors, failing which we shall proceed to carry out the survey of your client's vehicle by our appointed Surveyors.

We reserve all our rights in this matter.

Thank You.

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909

Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: Susan Low [<mailto:liusbro@ymail.com>]

Sent: Thursday, 25 October, 2018 12:35 PM

To: LEW JENNY <jennylew@uoi.com.sg>

Subject: Re: Request for 3rd party claims survey GBD4162U Claims against GZ8304B

We refer to your requested and our attachment.

Kindly arrange ASAP.

Thank.

Best Regards,

Susan Low

M/s Liu's Brother Auto Engineering Workshop

No. 1 Kaki Bukit Avenue 6 #01-01

AutoBay @ Kaki Bukit

Singapore 417883

Tel: 67411730 Fax: 67445746

On Wednesday, 24 October 2018, 3:44:23 PM SGT, LEW JENNY <jennylew@uoi.com.sg> wrote:

WITHOUT PREJUDICE

Dear Susan,

Please forward us a copy of the estimated cost of repair before we arrange for survey.

We reserve all our rights in this matter.

Thank You.

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909

Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: Susan Low [<mailto:liusbro@ymail.com>]
Sent: Wednesday, October 24, 2018 3:08 PM
To: CORPORATE SERVICES <contactus@uoi.com.sg>
Subject: Request for 3rd party claims survey GBD4162U Claims against GZ8304B

Accident on 23/10/2018 Along 39 Abingdon Road

Involving GBD4162U and GZ8304B

We refer to the above accident and 3rd party claims.

We hereby write to request of 3rd party claims pre-repair inspection for our client's vehicle.

Please let us have your single joint expert motor surveyors list (SJE) to conduct a pre-repair survey of the damage to our client's vehicle jointly with our client/our motor workshop at No. 1 Kaki Bukit Avenue 6 #01-01 AutoBay @ Kaki Bukit Singapore 417883 as soon as possible.

Kindly arrange.

Thank you.

Best Regard!

Susan Low
M/s Liu's Brother Auto Engineering Workshop
No. 1 Kaki Bukit Avenue 6 #01-01
AutoBay @ Kaki Bukit
Singapore 417883
Tel: 6741 1730
Fax: 6744 5746

Date of Survey:- _____

Name of Authorise Surveyor:- _____

Surveyor Email: _____

Remark :- _____

Shiau Chan (LKKAuto)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Monday, 12 November 2018 10:54 AM
To: Shiau Chan (LKKAuto); assignments
Cc: SUR
Subject: RE: Request for 3rd party claims survey GBD4162U Claims against GZ8304B

Dear Shiau Chan

Claim No: M11D05551811

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: Shiau Chan (LKKAuto) [<mailto:siewsc@lkkauto.com>]
Sent: Monday, 12 November, 2018 10:53 AM
To: LEW JENNY <jennylew@uoi.com.sg>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: Request for 3rd party claims survey GBD4162U Claims against GZ8304B

Dear Jenny,

Kindly provide us the claim number of above mentioned.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto)
Sent: Thursday, 25 October 2018 3:59 PM
To: 'LEW JENNY' <jennylew@uoi.com.sg>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: Request for 3rd party claims survey GBD4162U Claims against GZ8304B

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed repairer agreed survey on 26/10/2018.



**GENERAL INSURANCE ASSOCIATION
OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-165052
Date of Request: 24/10/2018

Your Ref No: Online Purchase

LIU'S BROTHER AUTO WORKSHOP
1 Kaki Bukit Ave 6 #01-01
Auto Bay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 24/10/2018
Enquiry By Susan Low Siew Yian
TP Vehicle No. GZ8304B
Accident Date 23/10/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GZ8304B	United Overseas Insurance Ltd	21/09/2018-20/09/2019	64909318

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

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	23/10/2018 16:27
Date Of Accident	23/10/2018 11:35
Exact Location Of Accident	39 ABINGDON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4162U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 5AT 5DR EURO V (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18090757MFCV
Cover Note Number	

Driver

Name of Driver	MOHAMAD ISHAIRUL BIN SUMALI
NRIC No	S7817384Z
Date Of Birth	23/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96648095
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 648 PUNGGOL CENTRAL #05-382
Postcode	820648
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	
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)	2
Passenger 1	NAME: : NOT APPLICABLE
	GENDER: : FEMALE

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

ON 23/10/18 AT ABOUT 1135HRS, I WAS TRAVELLING ALONG THE PREMISES OF 39 ABINGDON ROAD TOWARDS THE EXIT. VEHICLE B WHICH WAS PARKED IN A LOT SUDDENLY REVERSED OUT WITHOUT CHECKING FOR TRAFFIC CLEARANCE. AS A RESULT, VEHICLE B COLLIDED INTO MY VEHICLE'S LEFT BACK PORTION, CAUSING DAMAGES.

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	GZ8304B
Vehicle Make/Model/Colour	MITSUBISHI / WHITE
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG HENG HOO
NRIC/Passport Number	S0130702I
Contact Number	93833820
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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 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:

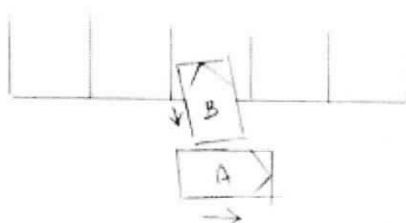
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

ABD 4162

Sketch Plan #2

SKETCH PLAN



Vin A GBD41620
B G283048

→ Fig

39 Abingdon Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/10/13 at about 11.35hrs, I was travelling along the premises of Fittingdon Rd towards the exit. Van B which was parked in a lot suddenly reversed out without checking for traffic clearance. As a result, van B collided into my vehicles' left ^{back} portion causing damage.

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:

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 1196N

Vehicle Details

Vehicle No.: GBD4162U
Vehicle to be Exported: No
Intended Deregistration Date: 24 Oct 2018
Vehicle Make: NISSAN
Vehicle Model: NV350 PANEL VAN 2.5 5AT
5DR EURO V

Primary Colour: White

Manufacturing Year: 2014

Engine No.: YD25355817A

Chassis No.: JN1MC2E26Z0003156

Maximum Power Output: -

Open Market Value: \$24,940.00

Original Registration Date: 10 Oct 2014

First Registration Date: 10 Oct 2014

Transfer Count: 1

Actual ARF Paid: \$1,247.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 09 Oct 2024

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$32,485.00

COE Rebate Amount: \$19,353.00

Total Rebate Amount: \$19,353.00

The information contained herein is correct as at 24 Oct 2018

OK

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

ROB No: 53291793J . Tel: 6741-1730 / 731 . Fax: 6744-5746. Email: liusbros@gmail.com

Invoice/Ref No: GBD4162U181023

Estimate**Customer****Name:** United Overseas Insurance Limited**Address:** Motor Claims Department

3 Anson Road #28-01

Spingleaf Tower Singapore 079909

Date: 24-10-18**Vehicle No:** GBD4162U**Model/Make:** Nissan NV350

Panel 2.5 5AT

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Rear Bumper <i>2 deep cut / to. 1 600.50</i>	\$ 770.00	
2	Bumper Bracket <i>cm</i>	\$ 30.20	
3	Tail Lamp <i>1/5 320</i>	\$ 210.90	N
4	Fender <i>1/5 320</i>	\$ 2,010.00	N
5	Fender Inner Panel <i>2000/cm 1793.40 102</i>	\$ 966.00	N
6	Slide Door Roller Rail <i>1/1</i>	\$ 641.00	N
7	Slide Door Roller Rail Protector <i>cut</i>	\$ 208.50	N
8	"Corporate" Advertisement & Artwork <i>1/1</i>	\$ 400.00	SN <i>2805.2</i>
	To check all wiring & electrical component for proper function	\$ 50.00	-
	To Dismantle & Replacing Side Panel to facilitate for repair	\$ 120.00	X <i>20</i>
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 1,400.00	- <i>1000</i>
	To putty & spray painting & including touch up paint on accident affected	\$ 1,200.00	- <i>600</i>
	To apply Rust Proofing, reseal tuff-coating treatment on accident area	\$ 60.00	- <i>50</i>

Total Parts & Labour of estimate for damaged vehicle

\$8,066.60

Total amount in Lump Sum Basis for repaired vehicle

SDLS:



M/s Liu's Brother Auto Engrg Wks

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are 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:

*Not Authorized**Liu**26/10/18**2/5 @ 3600**Take photo After repair 5 day.**2-2843.50**10%**2859.15**4509.15**3607*




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				
UNITED OVERSEAS INSURANCE LTD			Ref : CS/UOI18019432/Uqd3e2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909			Date : 19-11-2018	
			Code : UOI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GZ 8304B	Veh. Inspected	GBD 4162U	
Policy No.		Coverage (\$)	0.00	
Claim No.	M11D05551811	Excess (\$)	0.00	
Assign From	JENNY LEW	Assign Date	25/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN NV350 (A)	c.c	2488	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	JN1MC2E26Z0003156	Colour	YELLOW	
Odometer	62780	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15	BRIDGESTONE	6 mm	
L/H Front Tyre	195 R15	BRIDGESTONE	6 mm	
R/H Rear Tyre	195 R15	BRIDGESTONE	6 mm	
L/H Rear Tyre	195 R15	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	23/10/2018	Inspection Date	26/10/2018	
Survey held at	LIU'S BROTHER AUTO ENGINEERING WORKSHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTOBAY @ KAKI BUKIT SINGAPORE 417883			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



LKK Auto Consultants Pte Ltd

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

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBD 4162U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEEP CUT / TORN	770.00	600.50
1	REAR BUMPER BRACKET	CRACKED	30.20	30.20
1	REAR TAIL LAMP N/S	BROKEN	210.90	210.90
1	REAR FENDER N/S	BADLY DENTED / CRACKED	2,010.00	1,793.40
1	REAR FENDER INNER PANEL	TO REPAIR SEE LABOUR	966.00	-
1	REAR SLIDE DOOR ROLLER RAIL	NOT NECESSARY	641.00	-
1	REAR SLIDE DOOR ROLLER RAIL PROTECTOR	CUT	208.50	208.50
	LESS 10% DISCOUNT		-	-284.35
			4,836.60	2,559.15
	<u>SPECIAL NETT ITEMS</u>			
1	REAR "CORPORATE" ADVERTISEMENT & ARTWORK (SN)	NECESSARY	400.00	280.00
			400.00	280.00
	<u>LABOUR</u>			
	TO CHECK ALL WIRING & ELECTRICAL COMPONENT FOR PROPER FUNCTION.		50.00	20.00
	TO DISMANTLE & REPLACING SIDE PANEL TO FACILATE FOR REPAIR.	NOT NECESSARY	120.00	-
	LABOR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN & REPLACING PARTS ETCS. INCLUSIVE OF THE REPAIR OF REAR FENDER INNER PANEL.		1,400.00	1,000.00
	TO PUTTY & SPRAY PAINTING & INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED.		1,200.00	600.00
	TO APPLY RUST PROOFING, RESEAL TUFF-COATING TREATMENT ON ACCIDENT AREA.		60.00	50.00
			2,830.00	1,670.00
	GRAND TOTAL		8,066.60	4,509.15
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,600.00

Report Ref No. CS/UOI18019432/Uqd3e2

CHUA KANG SENG

Licensed Appraiser

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