

ASS. REC. BY:

REF:

CS/LPC 18019864/Atd3

n2

Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Ong Ji Li

of

LPC

Date/Time: 01/11/2018 @ 10:20am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLT 611P

Insured:

XD 5052L

at Workshop m/s

Best solution

Tel:

6744 0777

of

53 Ubi Ave 1 # 03-01

Policy No:

Claim No:

18/18/18 / VPOS / 021080

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29/10/18

CA / REV / REP. / REV 24 HRS

app

H.O.D. Endorsement:

Date/Time: 11:00am @ 1/11/18

Person Contacted:

Cuiping

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLT 611P-X
	XD 5052L-X
	lump sum \$5600 (Red: 7933, 58%), 8 days

RECEIVED 30 JAN 2019

Adrian

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

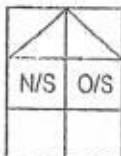
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLT611P Yr Regn: 2017, Oct.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Elantra c.c. 1591Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 24181 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH D841CMJ4564285Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/65R15R: 185/65R15

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

TOYO / YOKO or Nexen

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 01/11/18Survey held at Best SolutionDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

TP Lon Pac

Date/Time, File Pass to?

Date/Time, File Return to?

1) 3011019 typist

3) _____

5) _____

Prel. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

350

Nivitha (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Thursday, 1 November 2018 10:20 AM
To: ari@parwanilaw.com.sg; assignments@lkkauto.com; 'Admin-D (LKKAuto)'; shane@parwanilaw.com.sg
Cc: MT_Claim_SG
Subject: Your Ref: YP.282829.18(ac) Our Ref: 18/18/18/VP05/021080 Acc inv XD5052L & SLT611P on 29/10/2018
Attachments: 01112018101557.pdf

Without Prejudice
Save as to Costs

Dear Sir/Mdm

We refer to your fax.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the following list to conduct the joint pre-repair survey as a single joint expert.

No.	Name	Please tick ✓
1	Kalvin Ang	
2	Xing Guo Qiang	
3	Mohamad Taufikh	
4	Bryan Ang	
5	Adrian Ling	
6	Mohammed Rasul	
7	Marcus Chua	
8	Kenneth Kong	
9	Muhammad Nazril Bin Abdullah	
10	Sathya Sai Kathirrasen	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

Dear Catherine/Nivitha

Please see attached and arrange survey upon reply from law firm.

Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

21080

**PARWANI LAW LLC****ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS
NOTARY PUBLIC**

UEN No: 201410012K

Our Ref : VP.282829.18(ac)
Your Ref : Choose an item.
Date : 31 October 2018

- | |
|--|
| <input checked="" type="checkbox"/> Via Fax (6296 3767) |
| <input type="checkbox"/> Via AR Registered |
| <input checked="" type="checkbox"/> Via Certificate of Posting |
| <input type="checkbox"/> Via Ordinary Post |
| <input type="checkbox"/> Via Hand / Courier |
| <input type="checkbox"/> Via Email |

Managing Director

Vijai Parwani

parwani@parwanilaw.com.sg

Associates

Shane Yeo

shane@parwanilaw.com.sg

Nicholas Chandra

nicholas@parwanilaw.com.sg

Victor Huang Po Han

victor@parwanilaw.com.sg

Legal Executive

Ari James

ari@parwanilaw.com.sg

We do not accept service of court documents by fax



LONPAC INSURANCE BHD
300 Beach Road
#17-04/07 The Concourse
Singapore 199555

Attention: Motor Claims Department

Dear Sirs,

IMMEDIATE ATTENTION**CLAIMANT: GOH KOK KIM****ACCIDENT INVOLVING SLT 611P & XD 5052L AT JALAN AHMAD IBRAHIM
ON 29 OCTOBER 2018**

We act on the instructions of **GOH KOK KIM**, the owner of Motor Vehicle No. **SLT 611P** (the "Vehicle").

We are instructed that on or about 29th October 2018, the driver of **XD 5052L** was involved in an accident at **JALAN AHMAD IBRAHIM**.

As a result of the accident, our client's Vehicle has been damaged.

We hereby give you **two (2) working days** to appoint your own surveyors to conduct a pre-repair inspection of the Vehicle at our clients' repairer, **M/S BEST SOLUTION AUTOCARE PTE. LTD.** at **53 UBI AVENUE 1 #03-01 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934**.

If you intend to appoint your own surveyor, kindly liaise directly with our clients' repairer for the said pre-repair inspection to be carried out. Your surveyor may contact our clients' repairer **Ms. Lee Cui ping** at **6744 0777**.

Address: 151 Chin Swee Road #13-06 Manhattan House Singapore 169876
Tel: 6734 9100 Fax: 6734 9160 Email: hello@parwanilaw.com.sg
Website: www.parwanilaw.com.sg

**PARWANI LAW LLC**

ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS
NOTARY PUBLIC

Take notice that in the event we, our clients or our clients' repairers do not hear from you within the stipulated time frame, our clients' repairers shall appoint their own surveyors to conduct the said pre-repair inspection on the Vehicle and carry out the necessary repairs without further reference.

For the avoidance of doubt, all our clients' rights are reserved.

Yours faithfully,

PARWANI LAW LLC

Shane Yeo

cc. Clients

=== COVER PAGE ===

TO: _____

FROM: PARWANI LAW LLC

FAX: 67349160

TEL:

COMMENT:

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	30/10/2018 16:00
Date Of Accident	29/10/2018 16:45
Exact Location Of Accident	JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT611P
Insured/Policyholder	
Name Of Registered Owner	GOH KOK KIM
NRIC No	S0212533A
Email Address	FRANKIE@CARWAY.COM.SG
Mobile Phone No	(LOCAL) +65-97269556
Alternative Phone No	OTHERS-97269556

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (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 PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2024036
Cover Note Number	

Driver

Name of Driver	GOH KOK KIM
NRIC No	S0212533A
Date Of Birth	13/08/1954
Occupation	INDOOR
Date Of Driving Pass	30/09/1976
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97269556
Fax Number	
Contact Number	OTHERS-97269556
Email Address	FRANKIE@CARWAY.COM.SG

Address	BLK 119A RIVERVALE DRIVE #10-302 SINGAPORE
Postcode	541119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PT5E LTD TEL 6741 5336

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	XD5052L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 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:

30/11/18
3:13pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

penen

Sketch Plan #2

SKETCH PLAN

		Vehicle No.	
		A -	
		B -	
		Legend Vehicle Bike	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to attach

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 2:13pm

GIA/BMC SketchPlanForm_V3

Driver's Signature

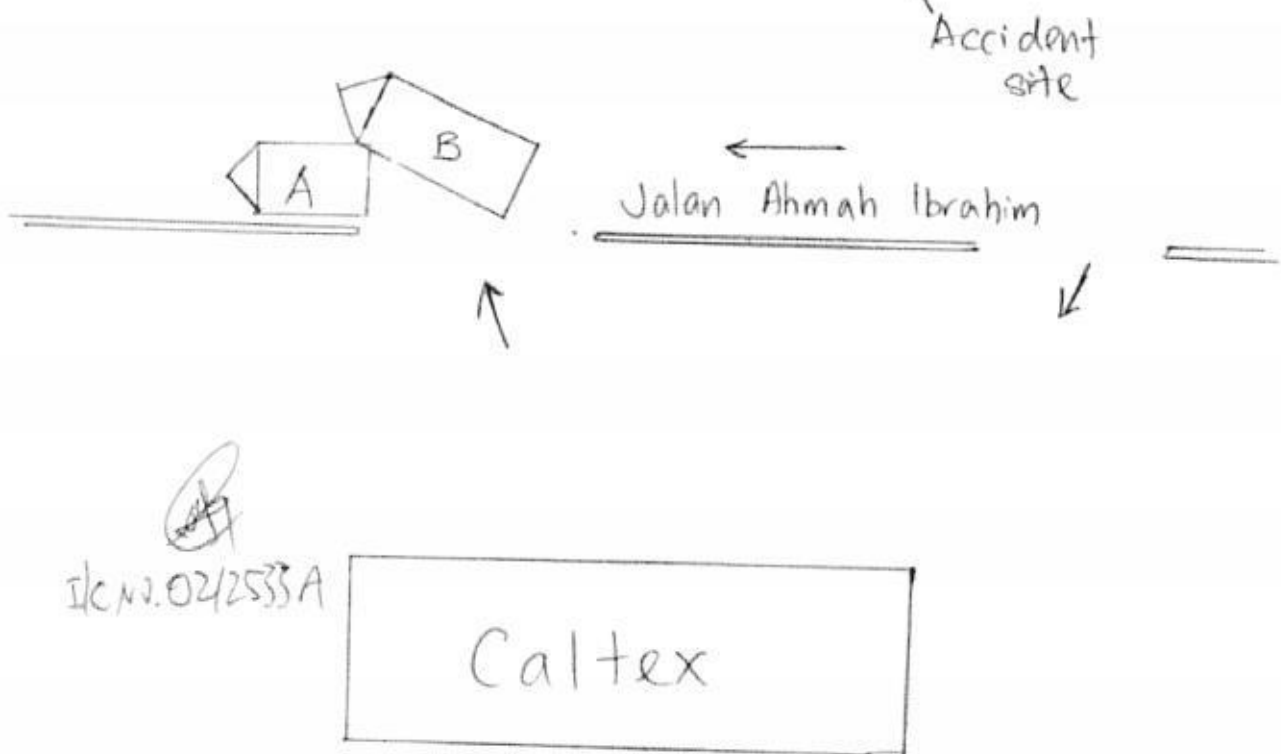
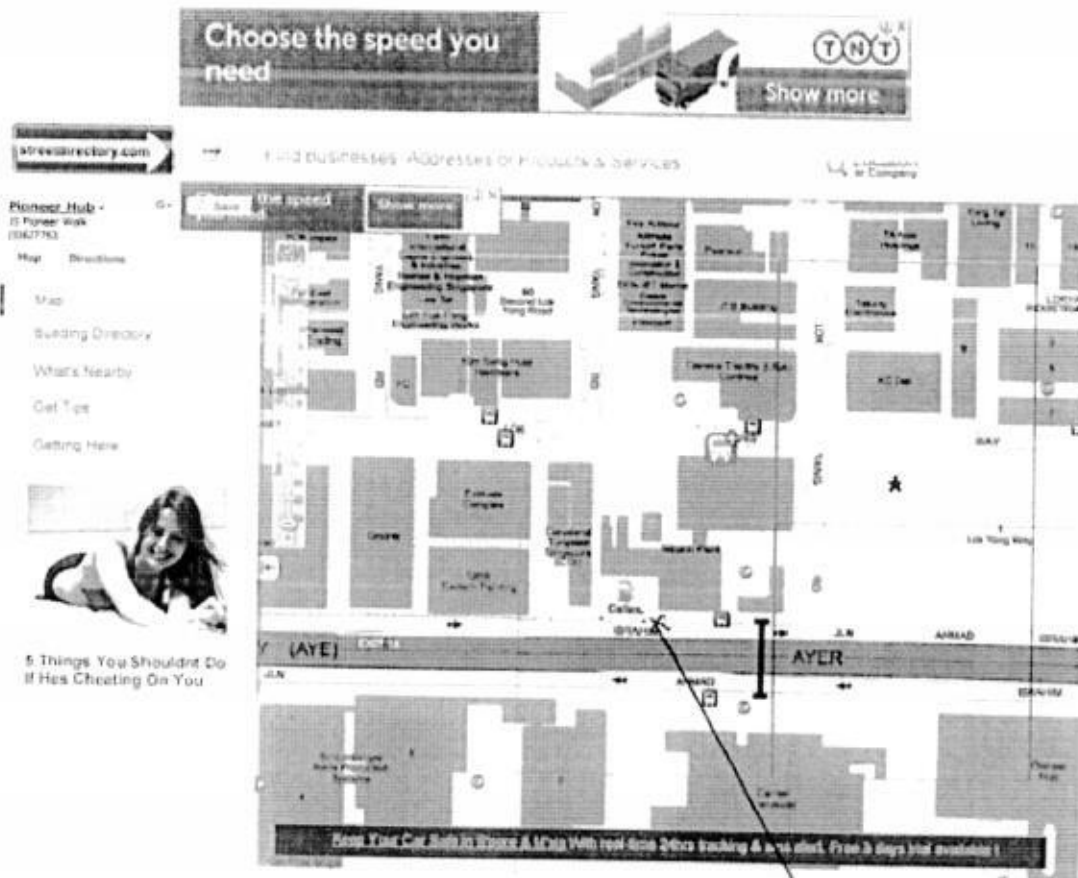
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



30/10/2018

Sketch Plan #4

Accident Statement

On 29th Oct 2018 around 1645Hrs, I was driving my vehicle (SLT611P) exiting Caltex petrol station (Jalan Ahmad Ibrahim). After I had completed my exit, suddenly a vehicle (XD5052L) also exiting the same petrol station hit onto the right rear of my vehicle. I'm making a claim against third party.



Name: Goh Kok Kim
I/C: S0212533A

BEST Solution Autocare Pte Ltd

53 Ubi Avenue 1, #03-01, Paya Ubi Industrial Park, Singapore 408934

Business Reg. No.: 201626438D

☎ 6744 0777

☎ 6744 2377

Estimate Quotation

TP Lontac
Denise

Quotation No	Oct 004/2018
Date	31/10/2018
Vehicle No	SLT611P
Make / Model	Hyundai Elantra

KMH D841CMJU564285

To:

Address:

Qty	DESCRIPTION	UNIT	Amount
	Items		
1 pc	rear bumper <i>Deband</i>		\$ 295.00 ✓
2 pcs	rear bumper side retainer <i>RH 200d.</i>	\$ 68.00	\$ 136.00 68
1 set	rear bumper clip <i>re</i>		\$ 40.00 ✓
1 pc	o/s rear bumper reflector <i>ct</i>		\$ 64.00 ✓
1 pc	boot lid <i>Deband</i>		\$ 1,870.00 1048.
1 pc	boot lid "S" emblem <i>3 re</i>		\$ 38.00 ✓
1 pc	boot lid "CENTRE" emblem <i>3 re</i>		\$ 48.00 ✓
1 pc	o/s tail lamp <i>crushed</i>		\$ 432.00 1560.
1 pc	o/s rear fender <i>Deband</i>		\$ 1,968.00 ✓
1 pc	o/s rear fender inner shield <i>Deband</i>		\$ 85.00 ✓
1 set	o/s rear fender inner shield clip <i>re</i>		\$ 40.00 ✓
1 pc	o/s rear door <i>Deband</i>		\$ 1,975.00 1350.
1 pc	rear windscreen glass sealant <i>re</i>		\$ 48.00 ✓
1 pc	rear axle beam <i>re</i>		\$ 1,488.00 ✓
1 pc	o/s rear shock absorber <i>re re</i>		\$ 265.00 ✓
1 pc	o/s rear wheel bearing <i>re re</i>		\$ 545.00 ✓
1 pc	boot lid "ELANTRA" emblem <i>re</i>		\$ 65.00 ✓
1 pc	o/s rear sports rim <i>lt</i>		\$ 971.00 500 (sw).
	Labour Charge		
1	to dismantle damaged parts, panel beat, repair		\$ 1,000.00 800
2	to putty and spray painting on affected area		\$ 1,200.00 800
3	R&R rear windscreen		\$ 150.00 120
4	R&R cushion seat, rooflining, carpet etc.		\$ 100.00 80
5	R&R o/s rear door mechanism		\$ 80.00 ✓
6	anti rust		\$ 80.00 50
7	wiring check		\$ 50.00 20
8	R&R rear undercarriage		\$ 300.00 200
9	rear wheel alignment		\$ 120.00 80
10	R&R rear bumper reverse sensor		\$ 80.00 50
	Subtotal:		\$ 13,533.00

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:

Supplementary: 92 BEST SOLUTION AUTOCARE PTE LTD

total: 7026.80

h/s: 5.6k

Authorised Signature

BEST Solution Autocare Pte Ltd

53 Ubi Avenue 1, #03-01, Paya Ubi Industrial Park, Singapore 408934

Business Reg. No.: 201626438D

☎ 6744 0777

☎ 6744 2377

Supplementary Quotation

Quotation No	Oct 005/2018
Date	2/11/2018
Vehicle No	SLT611P
Make / Model	Hyundai Elantra

To: *Lonpac*
Address:

Qty	DESCRIPTION	UNIT	Amount
	Items		
1 pc	right rear fender air vent <i>cracked</i>		\$ 115.00 ✓
Subtotal:			\$ 115.00

BEST SOLUTION AUTOCARE PTE LTD



Authorised Signature

To: Mr. Adrian Ling

115
92



Chassis Measurement Chart

Subsidiary/Branch-Company no.

Customer:

C&Y AUTO PTE LTD

CARWAY ENTERPRISE

**53 UBI AVE 1 #01-28 PAYA UBI INDUSTRIAL PARK
S'PORE 408934**

Vehicle ident. no.

Repair order no.

Measurement made: Name

Date:

WEI KEN

30/10/2018

Reg. N.:

First registration:

Type

Mileage: Km/miles

SLT 611 P

HYUNDAI ELANTRA AD SERI 2016 - (63827)

km

Complaint or reason for measurement

Tyres: make

Description

Mileage: Km/miles

		front LH	front RH	rear LH	rear RH
Pressure measured (cold) bar/psi/kPa		2.3	2.3	2.3	2.3
	external				
Tread depth (mm)	centre				
	internal				
		Before correction		After correction	
Vehicle level					
Camber +/- (°)	LH	-01.18°	-01.20° / +00.50° -00.50°	-01.18°	
	RH	-02.48° *	-01.20° / +00.50° -00.50°	-02.48° *	
REAR AXLE		total	+00.54°	+00.30° / +00.30° -00.30°	+00.54°
Toe +/- (°)	LH	+00.42° *	+00.15° / +00.15° -00.15°	+00.42° *	
	RH	+00.12°	+00.15° / +00.15° -00.15°	+00.12°	
Thrust angle		+00.15°		+00.15°	
Camber +/- (°)	LH	+00.23° *	-00.50° / +00.50° -00.50°	+00.23° *	
	RH	-00.20°	-00.50° / +00.50° -00.50°	-00.20°	
Caster (°)	LH		+04.50° / +00.50° -00.50°		
	RH		+04.50° / +00.50° -00.50°		
FRONT AXLE		Lh steering lock lh wheel 20°			
		Rh steering lock rh wheel 20°			
Set Back		-00.23°		-00.23°	
Toe +/- (°)	total	-00.28° *	+00.10° / +00.10° -00.10°	-00.28° *	
	LH	-00.23° *	+00.05° / +00.05° -00.05°	-00.23° *	
	RH	-00.05° *	+00.05° / +00.05° -00.05°	-00.05° *	
Maximum steering angle on wheel side on inside of bend (°)	LH		+39.40° / +00.50° -01.50°		
	RH		+39.40° / +00.50° -01.50°		



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				
LONPAC INSURANCE BHD			Ref : CS/LPC18019864/Atd3n2	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Date : 31-01-2019	
			Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	XD 5052L	Veh. Inspected	SLT 611P	
Policy No.		Coverage (\$)	0.00	
Claim No.	18/18/18/VP05/021080	Excess (\$)	0.00	
Assign From	ONG LI LI	Assign Date	01/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI ELANTRA	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KMHD841CMJU564285	Colour	GREY	
Odometer	24181	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	NEXEN	6 mm	
L/H Front Tyre	195/65 R15	NEXEN	6 mm	
R/H Rear Tyre	195/65 R15	NEXEN	6 mm	
L/H Rear Tyre	195/65 R15	NEXEN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/10/2018	Inspection Date	01/11/2018	
Survey held at	BEST SOLUTION AUTOCARE PTE LTD 53 UBI AVE 1 #03-01 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934			
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:			8 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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLT 611P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	295.00	295.00
2	REAR BUMPER SIDE RETAINER @\$68.00	O/S DAMAGED	136.00	68.00
1	SET REAR BUMPER CLIP	NECESSARY	40.00	40.00
1	O/S REAR BUMPER REFLECTOR	CUT	64.00	64.00
1	BOOT LID	DENTED	1,870.00	1,048.00
1	BOOT LID "S" EMBLEM	NECESSARY	38.00	38.00
1	BOOT LID "CENTRE" EMBLEM	NECESSARY	48.00	48.00
1	O/S TAIL LAMP	CRACKED	432.00	432.00
1	O/S REAR FENDER	DENTED	1,968.00	1,560.00
1	O/S REAR FENDER INNER SHIELD	DEFORMED	85.00	85.00
1	SET O/S REAR FENDER INNER SHIELD CLIP	NECESSARY	40.00	40.00
1	O/S REAR DOOR	DENTED	1,975.00	1,350.00
1	REAR WINDSCREEN GLASS SEALANT	NECESSARY	48.00	48.00
1	REAR AXLE BEAM	NOT NECESSARY	1,488.00	-
1	O/S REAR SHOCK ABSORBER	NOT NECESSARY	265.00	-
1	O/S REAR WHEEL BEARING	NOT NECESSARY	545.00	-
1	BOOT LID "ELANTRA" EMBLEM	NECESSARY	65.00	65.00
1	RIGHT REAR FENDER AIR VENT (ADDITIONAL)	CRACKED	115.00	115.00
	LESS 20% DISCOUNT		-	-1,059.20
			9,517.00	4,236.80
<u>SPECIAL NETT ITEMS</u>				
1	O/S REAR SPORTS RIM (SN)	CUT	971.00	500.00
			971.00	500.00
<u>LABOUR</u>				
	TO DISMANTLE DAMAGED PARTS,PANEL BEAT,REPAIR.		1,000.00	800.00
	TO PUTTY AND SPRAY PAINTING ON AFFECTED AREA.		1,200.00	800.00
	R&R REAR WINDSCREEN.		150.00	120.00
	R&R CUSHION SEAT,ROOFLINING,CARPET ETC.		100.00	80.00
	R&R O/S REAR DOOR MECHANISM.		80.00	80.00
	ANTI RUST.		80.00	50.00
	WIRING CHECK.		50.00	30.00
	R&R REAR UNDERCARRIAGE.		300.00	200.00
	REAR WHEEL ALIGNMENT.		120.00	80.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	R&R REAR BUMPER REVERSE SENSOR.		80.00	50.00
			3,160.00	2,290.00
GRAND TOTAL			13,648.00	7,026.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,600.00

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ADRIAN LING WAI PING

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

Licensed Appraiser

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