

11/09/2001

ASS. REC. BY:

REF:

CS3/III18017675/ QV03

with instruction:

Surveyor:

Guo Qiang

ASSIGNMENT (Office)

From (Person):

Joel Nah

of

III

Date/Time: 26/11/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

CB 6394C

Insured:

SHA 1152M

at Workshop m/s:

Triple-T Automobile

Tel:

9838 8224

of

Blk 5 Defu Lane 10 # 01-574

Policy No:

Claim No:

MCT 1180 90841

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 27/09/2018

CA / REV / REP. / REV 24 HRS ^{1 up}

H.O.D. Endorsement:

Date/Time: 11:47am @ 28/1/18

Person Contacted:

Ms. Tan

Vehicle IN ☒ OUT

Date/Time

Action/Instruction (X) Estimate

CB 6394C - CS/CA109020999/Utr

DUA: 25/5/2009

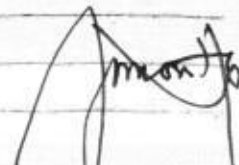
SHA 1152M - CD/AXA 10020367/J

DUA: 20/07/2010

After repair: 9/10/2018

30/11/18. Submit \$1450 (LS) 4 Days

(Red 1650, 53m)


 29/11/2018

RECEIVED 30 NOV 2018

250-120

PRS

REF: III

ASSIGNMENT

From: Date: 05-10-2018
 Estimated Cost:
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: CB 6394C
 at Workshop no: Trip - T
 of 2 Kaki Bukit Ave 2 #01-12
 Insured:
 Policy No:
 Claims No:
 Sum Insured: Excess:
 (Client's Record)
 Make of Veh:

(Policy Condition) 10:30am - 11am
 owner waiting

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

N/S	O/S

Bal. or Market Value
 IDAC Accident Report: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: 4 days Res: Yes or No
 Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Date / Time Action / Instruction

\$1000 - \$2000

Veh No: CB 6394C Yr Regn: 08
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota ADVAN cc 4000
 Colour: Silver A/C Insured / Std / NI / NA
 Sp Reading: 421393 T/Ratio: Insured / Std / NI / NA
 Eng/No: ITGF C538103000333
 C/No:
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: M/S/Rim / STD A/Rim or
 Tyre Size: F: 25/75R17.5
 R: 11

IS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or FIRENZA

Front Rear
 R/Bal. 6 mm R/Bal. 6/6 mm
 L/Bal. 6 mm L/Bal. 6/6 mm
 D.O.A D.O.I
 Survey held at W/S 05-10-18 11AM

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

The ☒ Chassis frame / Body Structure affected due to collision

Date/Time: File Pass to?

☐ : Prel. Report
☐ : Final Report

Date/Time: File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation

1 - 5 x PR - \$

1 - Photo

1 - Chart

TOTAL

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

Report Format: PRS

Lump Sum / I.B.F. \$

1	Reserves			
		PRESERVE		
	TPPD			
	TPPI	PRESERVE		
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	Investigation Fees			
	Survey Fees			
	Legal Fees			
	Others			
2	Fraud Check			
	Upload to meriman			
	Grant Rights			
	Payment			

411

 PC - DC

300.00

Motor Claim - III

From: Motor Claim - III
Sent: Wednesday, 21 November, 2018 12:00 PM
To: 'Irene'
Cc: candy@iaconsultingsg.com
Subject: RE: ACCIDENT INVOLVING CB6394C AND SHA1152M ON 27.09.2018

Dear Irene,

We have received the acknowledgment of the LOd.

The officer In charge will get back to you in due time.

Joel.

From: Irene [mailto:motor@iaconsultingsg.com]
Sent: Wednesday, 21 November, 2018 11:53 AM
To: Motor Claim - III <motorclaim@iii.com.sg>
Cc: candy@iaconsultingsg.com
Subject: ACCIDENT INVOLVING CB6394C AND SHA1152M ON 27.09.2018

Dear Sir/Madam,

Attached is the LOD and enclosures for your perusal.

Please let us have your settlement terms a.s.a.p.

Thank you.

Regards,
Irene Tan

MCT/18090841,

She/Aid

PC RL

NC 34

TRIPLE-T AUTOMOBILE

BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186

TEL: 6385 1171 FAX: 6385 1141

BUS. REG. NO. 53176519M

21st November 2018

Our Ref: CL18057

Your Ref: SHA1152M

India International Insurance Pte Ltd

Motor Claims Department

64 Cecil Street

#04-05 IOB Building

Singapore 049711

Dear Sirs,

ACCIDENT INVOLVING CB6394C AND SHA1152M ALONG BLK 507 BEDOK NORTH CARPARK ON 27.09.2018

We are the representative for Mr Tan Poh Tee, whose vehicle registration number **CB6394C** was damaged in the above accident.

We are instructed to claim for damages against your insured in connection with the above-captioned road traffic accident driven by your insured.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration **SHA1152M**. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows:

Cost of repairs	\$ 3,100.00
Loss of use for 04 days @\$180.00	\$ 720.00
Survey report	\$ 466.00
LTA search fee	\$ 7.45
	<u>\$ 4,293.45</u>

Enclosed are the supporting documents for your perusal:-

GIA

LTA search

Repair bill

Kindly let us have your payment of **\$4,293.45** in our workshop's name within the next 14 days.

Please do not hesitate to contact our Ms Tan at 9838 8224 or email motor@laconsulting.com.sg should you have any queries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully,

Encl.



LETTER OF AUTHORITY

We/I, Tan Poh Tee ("the third party claimant") of UEN/NRIC No. S 1160390D, owner of vehicle Reg.No CB6394C hereby authorize M/s Triple - T Automobile ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use and/or survey fee ("claim") for my vehicle no. CB 6394C that was damaged pursuant to the accident which occurred on 27/09/2018 along Bik 507 Bedok North Carpark involving vehicle no/s SHA 1152M ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 05 of October 2018


Signed by the third party claimant

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the Insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/09/2018 10:43
Date Of Accident	27/09/2018 15:40
Exact Location Of Accident	AT BLK 507 BEDOK NORTH CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6394C
Insured/Policyholder	
Name Of Registered Owner	TAN POH TEE
NRIC No	S1160390D
Email Address	IRENETAN2011@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96676406
Alternative Phone No	OFFICE-96676406

Vehicle Particulars

Manufacturer	TOYOTA
Model	COASTER
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	BUS

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D17MTSCBU000684
Cover Note Number	01/12/2017 - 30/11/2018

Driver

Name of Driver	TAN POH TEE
NRIC No	S1160390D
Date Of Birth	17/01/1955
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1977
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96676406
Fax Number	
Contact Number	OFFICE-96676406
Email Address	IRENETAN2011@GMAIL.COM

Address	BLK 123 SIMEI STREET 1 #10-392
Postcode	S520123
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	SIDE SWIPE
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

PLEASE REFER TO REPORT ATTACHED.

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	SHA1152M
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

Accident 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.:

Accident Sketch Plan

SKETCH PLAN

57C84124

221

CLL394C

BK 507
Bedok North
Car park

SHA 1152M

Car park

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time I was driving along BK 507 Bedok North Car park.

As I was turning right the vehicle SHA 1152M overtook me from my right side.

I stopped to check and I realised that a taxi SHA 1152M collided onto my vehicle right side portion.

That's all.

Sampo	
CLL394C	Cash Recd. 27/09/2018
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	

Workshop Triple-T Automobiles

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/ID No.:

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 28 Sep 2018 / 10:46:19

Receipt Date/Time : 28 Sep 2018 / 10:46:19

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180928-000654

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHA1152M As at 27 Sep 2018/15:40:00 Insurance Co: INDIA INTL INS PTE LTD				
1	Insurance Enquiry - SHA1152M Enquiry Fee 20180928104525268048	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
 Paid By				
	20180928104546597	Direct Debit: eNETS Debit (Internet Banking)		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

TRIPLE-T AUTOMOBILE

BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186

TEL: 63851171 FAX: 63851141

INVOICE

To: Tan Poh Tee

Invoice No. : CL18057
Date : 21/11/2018
Vehicle No. : CB6394C

No.	Description	Qty	Unit Price	Amount
1	REPAIR COST		\$ 3,100.00	\$ 3,100.00
Total:				\$ 3,100.00

Payment by cheque should be crossed and made payable to 'Triple-T Automobile'

Issued By:

.....

Authorised Signature

Our reference: 18-10-1241
Date: 15/10/2018

INVOICE NO. 1241

Tan Poh Tee
c/o Triple-T Automotive
Blk 6 Defu Lane 10
#01- 556
Singapore 539187

Registration No. **CB6394C**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$ 466.00
Total amount			<u>\$ 466.00</u>

Please kindly cross all cheques made payable to " Impact Analysis Consultant".

We thank you in anticipation for your prompt payment.



L. L. Tan (Ms)
Principal Consultant

Our reference: 18-10-1241

Date: 15/10/2018

c/o Triple-T Automotive
Blk 6 Defu Lane 10
#01- 556
Singapore 539187

Dear Sirs

**RE: Road Traffic Accident on 27/9/2018
Tan Poh Tee**

In accordance with your instructions received in this office on **28/9/2018**, we made arrangements to examine the vehicle on **28/9/2018** at above-mentioned address. The following data was recorded:

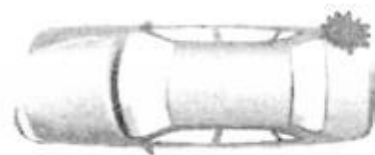
Vehicle details

Make	Toyota	Registration	CB6394C
Model	Coaster	Chassis	JTGFC538103000333
Colour	Light green	Gearbox	Manual
Odometer	*	Paintwork	Good
Steering	Good	Brakes	Good
Condition	Good		

Tyre Depths

Front left	215/75R17.5	85% Compasal
Front right	215/75R17.5	85% Compasal
Rear left	215/75R17.5	90% Firenza
Rear right	215/75R17.5	90% Firenza

Impact Direction & Area of Damage:



Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of **\$3,100.00** and **5** working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Our reference 18-10-1241

Date 15/10/2018

Page 2

Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
List Items:				
Rear fender rh	1	damaged	2850.00	0.00 R
Rear fender shield rh	1	damaged	85.60	85.60 NN X
Rear bumper	1	deformed	652.30	652.30 cut ✓
Rear bumper side retainer rh	1	bent	32.40	32.40 NEC ✓
Sub- Total costs			3620.30	770.30 684.7
Percentage discount : 25%			905.08	192.58
Sub-Total costs for parts			2715.23	577.73 513.53
Special Nett Items:				
Rear bumper clips @\$4.50	10	necessary	45.00	45.00 NEC ✓
Rear tyre rh-@90%	1	necessary	250.00	225.00 NN X
Sub-Total costs for parts			295.00	270.00
Parts Repair				
*	*	*	0.00	0.00
Sub- Total costs			0.00	0.00
Total costs for parts			3010.23	847.73

Our reference 18-10-1241

Date 15/10/2018

Page 3

Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total	
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 48.00	18	\$ 864.00	600.00
Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 900.00	500.00
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 150.00	XNN
Wiring / bulb checking	\$ 48.00	0	\$ -	NN
Remove and refix upholstery / passenger seat to facilitate repair of rear fender rh	\$ 48.00	10	\$ 480.00	200.00
*	\$ -	0	\$ -	1300
Total labour cost			\$ 2,394.00	

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

1858.53

20% = 1450

5404.23

Repair days 4

lin

29/11/18

Our reference 18-10-1241

Date 15/10/2018

Page 4

Section C: Summary Table of Total Repair Cost

Description		Cost	
Damaged Parts Assessment (See section A)		\$847.73	
Replace parts		\$127.16	
Further discount	15%		
Recommended cost of parts replacement		\$720.57	(1)
Labour Cost Calculation (See section B)		\$2,394.00	(2)
Total Repair Cost (Round off to hundred)		\$3,100.00	(1) + (2)

We would recommend a sum of **\$3,100.00** and **5** working days for repair.
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.



Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)

B.Eng. (Hons, NUS)

Diploma.Mechanical, ITC. Mechanical & Electrical

NTC-2 Automovite Technology

Sr.MIES, Institution of Engineers, Singapore


**THE INSTITUTION
OF ENGINEERS
SINGAPORE**

MATAI, Maryland Association of Traffic Accident Investigators

IAARS, International Association of Accident Reconstruction Specialists

ARC #1649, CLI, CGI




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				
INDIA INTERNATIONAL INSURANCE PL		Ref : CS3/III18017675/Gvd3s2-1		
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 30-11-2018		
		Code : III2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 1152M	Veh. Inspected	CB 6394C	
Policy No.	MCOM0015	Coverage (\$)	0.00	
Claim No.	MCT18090841	Excess (\$)	0.00	
Assign From	JOEL NAH	Assign Date	26/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA ADVAN	c.c	4009	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	JTGFC538103000333	Colour	SILVER	
Odometer	421393	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/75 R17.5	FIRENZA	6 mm	
L/H Front Tyre	215/75 R17.5	FIRENZA	6 mm	
R/H Rear Tyre	215/75 R17.5 (D)	FIRENZA	6/6 mm	
L/H Rear Tyre	215/75 R17.5 (D)	FIRENZA	6/6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. THE UNDERCARRIAGE AFFECTED DUE TO COLLISION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	27/09/2018	Inspection Date	05/10/2018	
Survey held at	2 KAKI BUKIT AVE 2 #01-12			
Repairer	TRIPLE-T AUTOMOBILE			
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:		4 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. CB 6394C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR FENDER RH	TO REPAIR SEE LABOUR	2,850.00	-
1	REAR FENDER SHIELD RH	NOT NECESSARY	85.60	-
1	REAR BUMPER	CUT	652.30	652.30
1	REAR BUMPER SIDE RETAINER RH	NECESSARY	32.40	32.40
	LESS 25% DISCOUNT		-905.07	-171.17
			2,715.23	513.53
	<u>SPECIAL NETT ITEMS</u>			
10	REAR BUMPER CLIPS @ \$4.50 (SN)	NECESSARY	45.00	45.00
1	REAR TYRE RH (SN)	NOT NECESSARY	250.00	-
			295.00	45.00
	<u>LABOUR</u>			
	TO DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS-MENTIONED ON THE 'PARTS REPAIR' COLUMN INCLUSIVE OF REPLACEMENT PARTS. INCLUSIVE OF THE REPAIR OF REAR FENDER RH.		864.00	600.00
	SPRAY PAINTING TO ADJACENT PANELS. JOB ALLOWANCE. PAINT / MATERIAL.		900.00	500.00
	APPLY RUST PROOFING ON THE ADJACENT PANELS.	NOT NECESSARY	150.00	-
	WIRING / BULB CHECKING. (NPA)	NOT NECESSARY	-	-
	REMOVE AND REFIX UPHOLSTERY / PASSENGER SEAT TO FACILITATE REPAIR OF REAR FENDER RH.		480.00	200.00
			2,394.00	1,300.00
	GRAND TOTAL		5,404.23	1,858.53
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,450.00

Report Ref No. CS3/III18017675/Gvd3s2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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